The Living Memory Research Trust

A Radical Holistic Approach to Working with Adults with Learning Disabilities to Encourage Optimum Potential. Combining the Human Voice (Toning) with Energy Field Alignment to Access Higher Intuitive Pathways Beyond the Cognitive Faculties.

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ABSTRACT

A Study of an alternative holistic approach for adults with learning disabilities demonstrating a methodology to open up the higher intuitive pathways beyond the cognitive faculties, to trigger the body's own self-healing mechanism. The vocal toning and energy alignment programme posits the belief that human consciousness is multidimensional. This process increases subtle energy flow within the electromagnetic field, accessing the creative aspects of the brain and encouraging the individual to realise a fuller potential. Where confidence is restored medication is reduced and communication, sociability and behaviour significantly improve. Learning disability is examined historically with an alternative methodology offering a radical approach to self-help. Three case studies validate the benefits of this approach underpinned by an explanation of the subtle energy system.

KEY WORDS

Learning disabilities, cognition, trauma, vibration, intuition, multidimensional consciousness, sociability, behaviour, memory, imprints, radical approach, self-help, vocal toning, energy field alignment, emerald alignment, electromagnetic field, subtle energy system, chakras, case studies, potential, alternative methodology, perception, holism, harmony, human energy field.

INTRODUCTION

As a speech and language generic specialist within the National Health Service Trust in the north of England, I was responsible for planning coordinating and delivering an area wide service to adults with learning disabilities in a variety of long-stay asylum hospitals and independent

community settings. I became increasingly disillusioned by orthodox methods of intervention which focused on stimulating the intellect in order to improve an understanding of language and facilitate verbal expression. This approach can fail to address the emotional wellbeing of an individual who has little or no control over their daily life. Professional assessment while providing a diagnosis, often makes a list of limiting assumptions which can veil perception of the client's potential and may actually interfere with their ability to progress. I eventually left the profession to train in holistic therapies in my search for alternative ways of working with this client group and their carers in the private sector.

The holistic approach seeks to restore harmony and equilibrium by identifying and eliminating underlying causative factors. To understand the process fully there is a requirement to focus attention beyond the parameters of the brain and body, recognising the complex multidimensional field of mind/conscious awareness which envelops them. Before discussing this holistic approach I will examine the perception of learning disability from a historical perspective.

LEARNING DISABILITY

Learning disabilities and learning difficulties are terms commonly used in the UK. Although many are under the impression that these are two names for the same thing, this is now recognised as incorrect**.** A learning disability, which can be mild, moderate or profound, affects overall cognitive impairment. A learning difficulty, unlike learning disability does not affect intellect and refers to a difficulty in learning which is more specific and not global, affecting the ability to learn in specific areas. Conditions like dyslexia, a general term for disorders that involve difficulty in learning to read or interpret words, letters, and other symbols being an example.

It was not until the 1980s that people with learning disabilities were involved even as interviewees in research that was about them, their views were rarely sought in evaluations of the services they received (Kiernan C 1999). In this period, individuals were discharged from the long-stay hospitals and 'resettled' in their 'communities of origin'. This was a traumatic process because for many, the long-stay hospitals had been the only home they had known since childhood and the criteria for small group accommodation in a community setting paid little regard to the emotional

needs of those who were being uprooted and placed with others not of their choosing.

For many, violation of their human rights is 'a normal part of their everyday lives' (Joint Committee for Human Rights UK Parliament (JCHR) 2008: JCHR, p. 16; European Committee for Human Rights (ECHR) - 2011). There are ethical implications for undertaking social research and there is clear historical evidence of the abuse of people with learning disabilities within this process. Within higher education and research institutions, people with learning disabilities were studied by academic researchers, some being subjected to abusive research practices. (Gustafsson et al. 1954; Krugman et al 1962) Discussions about learning disability often refer to 'disorders' and other 'clinical abnormalities'. Such ideas are consistent with an understanding that attributes biomedical causes, pathology, impairment, or dysfunction to the difficulties experienced, thus excluding psychological, environmental, and social influences. (Oliver 1990).

An understanding of the potential causes is essential for professionals who wish to work holistically. From a physiological perspective, there may be general health concerns, genetic issues, maternal infections and other environmental conditions prior to birth, or difficulties surrounding the birth and in the postnatal period following the birth. In some cases, a learning disability may only become apparent if delayed development is observed, or the child is subject to accidents or infections. (Learning Disabilities Toward Inclusion 2011). Piaget dedicated his life to studying childhood developmental stages with particular reference to the ability to adapt to new information and alter pre-existing information. From conception to birth, the child must build a physical body with sensory, cognitive faculties and an intellectual capacity which enables the child to learn, retain knowledge and discriminate. Pregnancy may be stressful and the child in the womb has to adapt to the changes and challenges experienced by the mother.

During the first half of the twentieth century, academic research played a key role in creating the 'learning disability' category as 'certain kinds of individuals emerged hand in hand with new techniques of gathering knowledge about them' (Carlson Software data collection 2010). Academic Research also legitimised the need to shut these individuals away in institutions (Ryan and Thomas 1987). 'The diagnosis 'mentally deficient', especially when supported by the whole armoury of statistical diagnostic

procedures, became convincing evidence for the necessity of removal of the 'afflicted' from free society" (Radford J 1994).

The Valuing People White Paper, sets out the UK government's strategy for learning disability for the 21st Century and offers the following definition:

Learning disability includes the presence of:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with:

- A reduced ability to cope independently (impaired social functioning; which started before adulthood, with a lasting effect on development. (Department of Health 2001).

Unmanaged Emotions

Difficulty managing emotions affects the quality of day-to-day life, limiting mental clarity, productivity, adaptability to life's challenges and the ability to enjoy life. As a therapist, I found that by taking the time to develop a relationship with a client with a diagnosis of learning disability and endeavouring to highlight and develop positive aspects of their personality and creative ability, aggressive and often violent behaviour would reduce and begin to resolve. (see Case Study Client B)

Research now confirms that positive energy and joyful experience accelerates the energetic impulse to the heart inducing momentum within the electromagnetic field. Active enjoyment of a creative task causes a magnification of positive light energy to flow into those areas of the brain that are impaired, just as sunshine and water droplets stimulate plant growth through the process of photosynthesis. Positive thoughts and feelings enhance the flow of subtle energy, while negative thoughts and feelings restrict the flow of energy entering the physical body.

Orthodox symptom focused therapy which addresses a specific difficulty with communication and social interaction, will not be effective in the long term, unless the stress and emotional health of the client and carer are acknowledged, accepted and prioritised. Vulnerability may be mirrored in both staff and clients cared for in residential homes**.** Experience has shown that where care staff are reluctant to take personal responsibility for their own energy, thoughts and behaviour, they may continue to mirror and reinforce their clients' problems, exacerbating management issues.

Regular practice of toning will improve physical health as well as communication, thought processing and social interaction. When painful memories are triggered, we each take responsibility for choosing to let go or to hold on. An adult with a learning disability is unable to deliberately make this choice. True healing can only occur when these compounded memories are released and the individual is at peace. This process can be facilitated through vocal toning which affects neurological processing and the chemical cascade defining behavioural response. Toning is therefore a powerful tool to use in the breaking of addictive patterns and can be successfully integrated into therapeutic practice.

Patterns of emotional holding are connected to the memory of negative experience. Fears, if not resolved through positive experience and interaction, impact upon the physical body. Bowel disturbances such as irritable bowel, constipation, urinary infections etc. are manifested fear patterns resulting from tension located in the alimentary tract, their final resting place before release. Toning facilitates the process of emotional release, which encourages communication and impacts positively on health.

This is highly complex work and through my earlier experience as a speech and language therapist and later as a holistic therapist, I discovered the importance of offering a range of creative, holistic choices to enable disadvantaged adults and their support workers to experience relaxation within a stress-free environment and to acknowledge its importance. In this way, I hoped that clients and carers alike would be motivated and empowered to make more appropriate choices to improve their circumstances and their health on all levels, physical, emotional, mental and spiritual.

Spiritual Belief

There is increasing evidential research to show that creative activities have a positive effect on physical and mental health. Gaining an understanding of the spiritual dimension of our existence can be comforting in times of loss and separation and can play an important and positive part in the life of a person with a learning disability. Religious beliefs may help parents make sense of their experience of having a child with a disability and enable them to cope. Spiritual connectedness to nature and being aware of a positive force greater than ourselves can provide families with much-needed support. Very little research has explored the significance of this aspect of understanding. Assumptions should not be made that ideas about

spirituality require a high level of abstract thinking, leading to decisions as to what the 'necessary cognitive threshold' should be for such conversations. The potential of others is limited by the assumptions we make about them. An opportunity to extend awareness and to gain an understanding of the spiritual aspect of ourselves, can bring hope to clients and care givers alike. An unwillingness to address spiritual issues, may be indicative of a wider failure to address emotional needs in people with impaired cognitive ability (Swinton, 2001b).

Adults with a learning disability often find themselves at the receiving end of failed communication and stressful situations, which continually undermine their ability to process their thoughts and make appropriate decisions and choices because they may feel pressured and overwhelmed emotionally. As a result, they may be caught in a loop of triggered repetitive behaviour. Healing can only take place if stress levels are identified and reduced to allow unhelpful and often painful memories of past experience to be resolved and replaced by new positive experiences and outcomes.

An holistic approach requires a basic understanding of the subtle energy system and the way it impacts on our emotional and mental health as well as its effect on the health of the physical body. It is acknowledged that this understanding may be difficult to accept from an orthodox position of medical science at this time.

THE HUMAN ENERGY FIELD

The human condition is complex. In order to understand this process more fully we need to acknowledge the fundamental differences between orthodox medicine and holistic healing. Orthodox medicine recognises the anatomy of the physical body with a focus on restoration of function and mobility, whereas holism sees the human body as a unified system and through an understanding of the subtle energy system (electromagnetic field) endeavours to unify mind, body and spirit into an integrated whole. Unification cannot be achieved without consideration of the emotional, mental and intuitive aspects of this system. An understanding of both the physical body systems and the subtle energy system is essential in gaining a full appreciation of the principles of healing. 'Through a deeper understanding of the energetic interface beyond the brain, we begin to see

the significance of perception and belief in shaping our choices and their direct impact on physiology and health.' (Lamb C 2015).

From Cognitive Thought to Higher Awareness

This process is a key step. The lower mind directs ego-based pursuits, which serve personal identification. With increased awareness, the higher centres are accessed, changing perception and increasing empathy and discernment. The subtle energy system enables us to connect energetically with others and with our environment and can be likened to the wave bands on a radio, we have the ability to tune in or tune out a particular frequency '(Lamb C 2010). Physical health is governed by our ability to maintain a state of equilibrium within these vibrational fields. Through free will we can accelerate or inhibit energetic flow, our responses therefore dictate outcome. Cumulative stress responses destabilise flow, impacting on physical health. 'When optimum flow is restricted by the presence of energetic imprints at the mental/sensory level, unconscious cognitive processes are triggered.' (Lamb C 2018)

The human energy field envelops the physical body, it is also known as the bio-field, electromagnetic field or auric field. This multi layered field corresponds to the anatomical structure of the physical body systems. Recognised by quantum science as the particle field, it is composed of atoms and molecules having magnetic properties. Quantum physics describes the phenomena of energetic exchange, as the 'particle dance' which is activated beyond the physical world in a multidimensional reality of accelerating frequencies of higher conscious awareness. This electromagnetic field can be scientifically measured using high voltage electro-photography, based on the Kirlean digital camera used to capture the phenomenon of electrical coronal discharges. The Kirlean camera takes its name from Soviet electrician Semyon Kirlian, who discovered the process in 1939. Electro-photography was developed by Dr Korotkov Konstantin deputy director of the St. Petersburg Research Institute in Russia.

An understanding of the subtle energy which nourishes the physical body known for thousands of years as the life force, chi or prana, is closing the gap between ancient wisdom and scientific knowledge. A highly complex network of meridian channels, invisible to the naked eye but mapped since ancient times, transports and disseminates dynamic energy directly to the sub molecular level of the cells and from there to every system of the body via the seven key chakras (energy centres) in the location of the spine.

Each chakra governs a specific anatomical area of the body, metabolising subtle energy flow.

The subtle energy system is a hierarchical structure of accelerating wave frequencies that make up the particle field of subtle energy. This structure is comprised of electromagnetic bands vibrating at frequencies correlating to our thoughts and feelings. Our actions are thus determined by both the conscious and subconscious energy located as mental/emotional particle fields

'The physical body is the vehicle of action, the sensory body is a vehicle of emotional connection to past and present experience. The lower mental body houses the cognitive, reasoning faculties of logic and intellect connected to our individual egoic identity. A higher etheric or astral 'body' bridges the physical and the nonphysical realm via psychic, intuitive faculties. These particle fields interconnect with the physical body and are commonly referred to collectively as the four lower bodies.' (Lamb C 2015) The intuitive or etheric body is connected to higher consciousness in the form of a 5th field, often referred to as the Higher Mental body or the Higher Self. Right and left brain hemispheres are linked to the higher streams of consciousness via the crown chakra. In optimum conditions communication with this higher intuitive mental body develops in accordance with our free will and intention. Cognitive impairment disrupts flow, regular energy alignment helps restore function.

METHODOLOGY

ENERGY FIELD ALIGNMENT
Principle of Alignment

When we understand the process of energy flow, we can begin to understand how physical symptoms and behaviour are influenced by the thoughts and feelings associated with the memory of past experience. 'Energy follows thought' is a spiritual principle. Regular practice of energy alignment stabilises the emotions and curbs habitual negative emotional response to external triggers. When we align the physical, mental and emotional bodies of the electromagnetic field, we are bringing the misaligned atoms and molecules into line with and attuned to a higher consciousness.

Energy alignment follows the same principle as Faraday's Law of Induction,

one of the basic laws of electromagnetism, postulated by Michael Faraday in 1831. Changing a magnetic field, creates an electric current. The demonstration of how iron filings, which have magnetic properties, line up (align) with a magnetic pull of a higher vibrational frequency can be used to equate with the cells and molecules of the physical body**.** This is the principle underpinning energetic alignment, a lower frequency will align to an accelerated frequency. Energy alignment brings the atoms and molecules of the body into alignment. All atoms have magnetic properties due to the spinning action of the atom's electrically charged electrons. When we attune to a specific frequency, we are making a conscious choice and directing our focus and intention positively. This action restores and strengthens the field at the mental and emotional levels (Lamb C 2015)

Why Does The Toning Programme Require Energy alignment?
'It is the spine's job to keep the mind alert.' BKS Iyengar

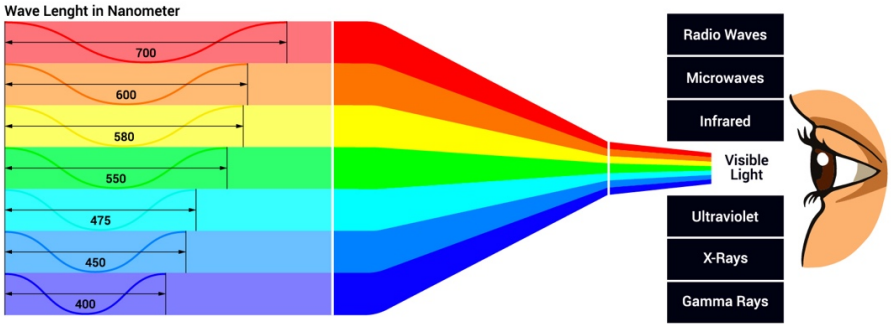
The crown chakra is the primary receiving centre and the spinal column is the central conduit. By focusing our attention from the crown to the spine, we make an immediate and direct link to higher awareness to ultimately fuse spirit with matter. Core energy is channelled via the central and governing meridians to the spine and neurological system. Our thought patterns are variable and inconsistent, resulting in a lowered energetic frequency, this is reflected in fluctuation within the electromagnetic field. To restore frequency it is necessary to sustain the positive charge within the field.

ALIGNMENT METHODOLOGY

THE EMERALD ALIGNMENT

The recommended Emerald Alignment exercise is incorporated into care plans, if practised on a daily basis, this alignment energises the body systems and has a positive and lasting effect. With spinal and energetic alignment, posture is an essential component, the person should stand or sit with the back straight. An erect position ensures the head is in the midline placing the vocal mechanism in the correct position for optimum results.

The entire electromagnetic spectrum, from the lowest to the highest frequency includes all radio waves, infrared radiation, visible light, and ultraviolet radiation. The human eye perceives light as the visible colour spectrum. The sun emits most of its radiation in the visible range, perceived as the colours of the rainbow. Frequency and resonance determine the colour. The emerald alignment focuses upon a specific wavelength visible to the human eye. The colour of emerald green is in the mid frequency, the midline of the visible spectrum and corresponds to the matter element i.e. the natural world, grass, trees.



In energetic terms, the higher emerald green frequency equates with coherence, it is the interface between the material and the non-material elements. Evidential research has statistically proved that the colour of emerald raises the vibration of the physical body, impacting positively on emotional and mental health.

All atoms have magnetic properties due to the spinning action of the atom's electrons and will therefore magnetise to an accelerated frequency. It is a principle of healing that energy follows thought, therefore where we put our attention is key. Focusing on the accelerated frequency of emerald green, aligns our atoms and molecules to coherence, balance and harmony.

The spine is the core and central conduit for this energy. As we focus on the anatomical structure of the body, we are linking body, mind and spirit, fusing subtle energy with the matter of the physical body. Through this process, the higher energy is downloaded, flowing from the crown of the head to the feet to ensure that the energy is grounded and earthed. Thus, the higher and lower frequencies are integrated and a transformative process begins.

The Spine as the Central Core System.



The systems of the physical body link via the nerve fibres distributed throughout the spine. The subtle energy system of chakras and meridians intersects via this physical network. The meridian system, as an energetic transport network, transfers the subtle energy to every part of the body. The 7 major chakra points which govern the energetic system, are located along the spine, the highest frequency being measured at the crown and the lowest at the base of the spine.

Energy Follows Thought

By focusing attention to the crown of the head and visualising the colour emerald green moving slowly down the spine, we activate the energetic frequency which engages with and is empowered by each specific chakra in turn. By focusing attention to the base of the spine (Root chakra) the energy is anchored and becomes an energetic reservoir on which to draw. Visualising a straight line of emerald from the crown to between the feet, assists the grounding of the energy to the earth.

Aligning the Upper Body (see diagrams in Appendix)

Focusing attention from the crown to the top of the spine, across the shoulders and down the arms to the hands, fingers and thumbs aligns the upper body, activating the energy of secondary chakras in the palms of the hands.

Aligning the Lower Body (see diagrams in Appendix)

Focusing attention from the crown of the head to the top of the spine, drawing the emerald down the spine and into the body, engaging with each chakra in turn and taking the focus and attention down to between the heels, aligns lower body. The atoms and molecules align to the accelerated frequency of emerald and the body begins to feel balanced and aligned on each side of the emerald line.

Strengthening the Personal Field

The human energy field is oval in shape, the emerald alignment exercise is completed by focusing attention to the outer rim (approximately at arms-

length). Focusing attention to the boundary of the personal field i.e. to the intuitive band strengthens coherence and integrity. (Lamb C. 2017) The higher blue 'frequency interval' shown in the diagram, correlates with the higher mental intuitive faculties and is used to seal this field. This is effective but temporary and should be repeated at intervals.

The alignment process harmonises the frequencies within the body so that we feel more peaceful. The effects are cumulative, without a disciplined practice, improvement cannot be sustained. Where a determined effort is made to integrate the Emerald Alignment into daily life, a momentum of light builds within the electromagnetic field. The effect is to align, strengthen, seal and protect the field, enhancing physical, health, mental stability and emotional wellbeing.

TONING METHODOLOGY

As language evolved, the earliest sounds made by man became recognisable vowel sounds i.e. ay/ee/ai/oh/oo which, when combined with voiced or voiceless consonants (sounds made when the breath is partly or completely obstructed) formed syllables to create early speech patterns.

When the body is exposed to specific sounds, the subtle energy system is affected. Vocal toning requires no singing or vocal talent. To utter a tone, the individual makes the shape of the tone with the mouth and expels air from the lungs, which travels up to the laryngeal/pharyngeal cavity via the bronchial passages. This action causes the vocal folds to vibrate together along the midline to create vocal sound. Each vowel represents a specific frequency, carrying a momentum of energy and when vocalised with intention within a specific tone, creates a resonance of sound. This ripples through the subtle energy system releasing stress and blocked energy frequencies via the meridian network to harmonise and balance energetic pathways.

Toning provides a means of creative expression through simple vocal techniques to create specific sounds. There is no need to express a tone at a specific pitch because we make a tone at the pitch of our unique fundamental note (Purce J1974). Toning can alter the molecular structure of our bodies and the vibration of the space around us, triggering our own self-healing mechanism.

Healing Process

The toning process draws upon the body's natural inbuilt systems of self-healing to strengthen and balance the electromagnetic field. It recharges and opens the ear enabling it to attune to higher frequencies by releasing inner tensions and opening up the neural pathways (Warters J. 2011). Toning is a radical approach to harmonising vibrational frequencies within the brain, the physical body and the subtle energy system. The process of toning sends a pulse of vibration to the heart, a return pulse recharges and opens the ear allowing connection to the intuitive faculties beyond the brain. If practice is sustained, the focused vibration of the tone acts like a laser of light to disperse constricted energy. This process begins to dissipate negative emotional frequencies held within the cells, dispelling anxiety from the mind. Daily practice of simple vocal techniques strengthens the immune system, creating healing vibrations. Disciplined practice charges neural pathways to increase stimulation of the auditory cortex, sending acoustic stimulation to every part of the body. This triggers an abundance of internal sensations that turn the body into a vibrating instrument (Tomatis A.1997).

Chakra Toning System

The Toning and Alignment programme uses a specific chakra toning system which offers a unique system of eight vocal tones. Each tone resonates with a specific chakra (energy centre) and corresponds to a specific anatomical area of the body. (Warters J 2004)

There is a correspondence between sound and colour and the vibration of each vocal tone resonates with the corresponding vibration on the colour spectrum. In preparation for using the voice in this way, a specific breathing technique enables the lungs to fill to their full capacity. This provides a cushion of air which supports the voice during the toning process, improving circulation and oxygenating the blood.

Toning has many applications and disciplined practice and repetition of a specific tone combined with daily energy alignment can stabilise emotion and alleviate physical pain and disorder. For example, the solar plexus tone /YEE/ resonates with the solar plexus chakra, positioned at the centre of the abdomen. This chakra links to emotional response via the digestive system, the reason we develop ulcers if we worry. Energetically the tone encourages emotional balance, stability and peace. The heart tone /HA/ resonates with the heart chakra, positioned at the centre of the chest. At

the physical level it links to emotional connection and the autonomic nervous system and at the higher level to intuition.

Impact of Toning

If the individual is experiencing painful emotions, jealousy, bitterness or resentment and feels out of control, fearful or anxious, these negative thoughts and feelings impact on the electromagnetic field at the mental and sensory levels. The disturbed equilibrium impacts upon the physical body and may manifest as physical symptoms. Positive flow is restored as the vocal tone realigns the molecules within the cells, restoring feelings of wellbeing.

In extreme cases of verbal, physical or sexual abuse, the energy field retracts and becomes weakened. The ability to self-regulate is impaired through a potentially dangerous survival mechanism of retreating mentally and emotionally. This is detrimental to development and is reflected in chronic impairment of the energy field. A prolonged habitual energetic retraction will result in separation and even detachment of the mental emotional fields. An adjustment must occur to avoid what is referred to as 'attachment disorder'.

It is a natural response to shrink away from perceived threat. Raised voices and loud or aggressive communication creates a response and a desire to withdraw. When aggression is accompanied by threats of violence, the effect is compounded. Mental abuse and fear of being hurt can be more damaging than actual physical abuse, because it is exacerbated by anticipation, which reinforces expectation and belief. If the individual is experiencing or observing uncontrolled negative emotions the response pattern can become fixed. Although initially absorbed, physical symptoms eventually manifest, reflected within the stomach and digestive tract.

Significance of Colour

A structured and monitored programme of chakra tones and their associated colours combined with energy alignment, instils positive feelings, enhancing the healing process. Light and sound are both manifestations of vibration. Each colour corresponds with a specific frequency on the rainbow spectrum. Combining a chakra tone with the corresponding colour, creates a rainbow of colour and sound to strengthen and balance the auric field. The cones (photoreceptors) within the human eye and pineal gland are receptive and sensitive to colour and light. Colour

and sound when combined, awaken the creative intuitive aspects of the brain, transmitting energetic information to stimulate the client's own self-healing mechanism.

Detailed case studies of clients engaged in the self-help programme provide a data base of information that allows refinement of the methodology.

CASE STUDIES

CLIENT A

Female – 35 years
Only child
Lives at home with parents and attends a Day Care Centre.
Diagnosis of Learning Disability.

History
Parents came to England from Pakistan. Mother speaks no English. Client C's father resistant to outside intervention, although eventually agreed to Day Centre placement for his daughter. At the end of the day when Client C is transported home, Day Care staff report that the client is isolated from her parents and placed in a separate room, where she takes her meals and listens to the radio until she is put to bed. Client C has very little social interaction and the health care professionals are concerned for her mental health and determined to help her choose suitable accommodation that meets her needs.

Client's Physical Disability

- Paralysis from waist down
- Marked muscle wasting.
- Uses a wheel chair for mobility
- Right arm and right hand- function is limited, can raise right arm slightly.
- Able to hold a mug in her right hand
- Spasticity of left arm
- Left- wrist turned in
- Left hand clenched in fist.
- Toes clawed on both feet
- Can raise lower legs in flexed position but unable to stand and weight bear.

Communication

Expression

- Father speaks English. Parents speak Punjabi at home
- Fine precision of tongue movement for articulation is impaired and restricted.
- Articulation of speech sounds is sluggish and unclear and therefore attempts at communication are difficult to understand
- Not ending words
- Use of words – single words and short phrases only in both English and Punjabi.

Social interaction

- Does not initiate social interaction.
- Does not ask questions
- Does not comment on activities.

Understanding

- Difficult to assess.
- Appears not able to understand complex grammatical structures i.e. questions referring to past and future events.
- Tendency to be a passive responder.
- Unwilling to make choices

Reason for Referral

6 months ago - Day Care staff noticed that Client A was quiet and wondered if she was in pain. A referral to a consultant revealed that the client had kidney stones (in energetic terms, kidney stones are a manifestation of calcified emotional energy). However, since the kidney stones were removed, Day Care staff have noted that Client A is happier and slightly more communicative and this has prompted referral to the therapist to encourage further improvement.

Consultant clinical psychologist report states that Client A's needs were not being met at home and the client is depressed. Client's consent is required before new living accommodation can be sought. Would like to find ways of encouraging the client to make choices and express her wishes. Support staff have difficulty understanding the client. Client requires strategies to reduce her stress levels. Care staff hoped that improved confidence would enable vocal expression

Therapist met with Client A's support worker to explain the holistic approach and reasons for energy alignment and the rationale underpinning the methods used. The therapist stressed that in order for the client to be able to make a choice of accommodation, she needed to visit and experience different placement options so that she could then make an informed choice. Client A had no interest in photographs at this stage.

Initial Session with Client C

- Client's hands were very cold.,
- Head down
- Avoiding eye contact
- Cried unconsolably. When therapist touched her left hand lightly.
- Stopped crying when therapist took her through the alignment process.
- When therapist demonstrated the base, sacral and solar plexus vocal tones, client raised her head and smiled.
- When client was shown silk material in the colours corresponding to the tones vocalised, the client reached for the orange silk (corresponding with the sacral tone) and clutched it to her chest. The therapist put it around the client's shoulders and repeated the tone. The client joined in with the sound and endeavoured to raise her right arm and left foot as she toned, laughing as she did so.

Improvement Noted

Over the next 6 weeks, all sessions began and closed with the energy alignment exercise.

The therapist demonstrated the system of eight chakra tones and corresponding colours to find client's preference, which would be indicative of the area which required focus.

With each week, the client's voice became stronger and Day Care staff reported that the client's mood had lifted, she was more communicative and would tone the heart tone and sacral tone when alone and unoccupied.

During the recap at the beginning of each session the client remembered the tones and colours from the previous session and without prompting, made the appropriate tone when given the corresponding coloured silk.

Therapist referred client for gentle massage in between holistic therapy appointment to ease muscle tension and spasticity.

Outcome

- The client was motivated to communicate and made a verbal choice when given options of places to visit and food to eat rather than passively accepting the choice of another
- When we played the client's favourite song: Radio Gaga by Queen, she would raise her right arm and left foot and move them from side to side smiling and saying *'I'm dancing*'. It is of interest to note that Radio Gaga tells the story of someone who has only the radio for company:

  'I'd sit alone and watch your light.
  My only friend through teenage nights,
  and everything I had to know.
  I heard it on my radio.'

- The client spontaneously makes the heart tone when she is feeling happy.
- Visibly enjoyed the process of alignment and became quiet and respectful.

Improved Confidence and Sociability

More sociable and spontaneously interacting with others. Beginning to ask. Questions. One morning, while waiting for her appointment, the client asked a young woman what she was doing when she saw her writing in a book at the desk. When the woman replied that she was booking an appointment, the client said '*for hair- cut?*' The young woman had long hair.

At the end of her six allotted therapy sessions, the client referred someone she knew from the Day Centre for therapy, saying '(*name) come see you.*' When the therapist queried with support staff, the name Client A had given, she discovered that it was an appropriate referral because the young woman with learning disabilities in question, had recently lost both parents in a car accident and was currently in the care of her older brother and sister. The young woman was in need of specialist help because her physical state and limited communication had regressed as a result of the compounded loss and upheaval. This indicated clients empathy,

understanding and a willingness intervene on her friends behalf and a therapy appointment for Client's A's referral was subsequently booked by support staff.

Strategies for intervention

Choosing a New Home

Suitable options of future accommodation were offered with visits arranged over a 6- week period. The client was clear that she no longer wished to live at home and stated determinedly that she wanted '*To go to God'*, indicating her chosen preference as a place of residence under the auspices of Saint John of God Hospitaller Services. The client's support staff integrated energy alignment into her daily routine and she made a positive transition to her new home where she now lives happily, enjoying social occasions and activities with other residents. A favourite expedition is to the local shops to choose colourful clothes in her favourite rainbow colours

CLIENT B

Male 45 years

Diagnosis of Learning Disability.
Severely visually impaired – sustained detached retinas in both eyes at the age of 43. Refused to stay in bed after his operation and vision did not return.

Medication

Risperidone, an antipsychotic medication, used to treat mental/mood disorders. Client showed increasing disinterest in walking and was in danger of losing mobility.

Known History

The client grew up in a large asylum hospital and had no contact with family. He was discharged from the hospital in the late 1980s and now lives in small group home with three other men, where he receives 24-hour monitoring and assistance.

Presenting Behaviour in the Home

Client B has a poor sleep pattern and is often up in the night in a distressed state. He crawls from his bedroom, along the corridor and bangs on the

bed room door of member of staff uttering ingressive sounds (speech sound made with an intake of air rather than an exhalation) in a distressed tone. This regular behaviour wakes other residents. When left alone, Client B curls into the foetus position on the floor with his hands between his legs.

Communication

- Staff believe that Client B understands much of what is said to him.
- Uses simple a version of sign language (Makaton) which is designed to help hearing people with learning or communication difficulties to make requests.
- Staff report that Client B repeatedly lifts his hand to his mouth to make the sign for 'drink'
- If distressed, Client B vocalises ingressive sounds (sounds made with an intake of air rather than an exhalation) in a distressed tone.
- Occasionally inappropriately repeats phrases that he has heard in the past e.g. 'naughty boy'
- Recoils from cold objects
- Recoils from hard objects
- When outside kicks heavy garden pots over
- Pulls up flowers from the garden.
- When distressed, screams, slaps himself, bangs furniture with his hands, slaps his head.
- Sits on floor, slapping and punching face with left hand until it bleeds.
- Quietens when in the company of those he likes.
- Short attention span
- Dislikes being in the bathroom and exits the bathroom if left alone.
- Appears to enjoy all food, has not indicated a preference.
- Client has only been exposed to the staff choice of background music (Radio 1 or Radio 2,) therefore staff are not aware of Client B's musical preference.
- Staff not aware of client's preferred fragrances.

Therapist Observations

Client was reluctant to spend time in his room. Wallpaper in client's room was in bold, bright colours of acid yellow, lime green and hot orange with patterned bed linen and curtains in similar shades. At an energetic level., we are able to feel vibration and therefore colour can be felt as well as seen. Hot orange, acid yellow and lime green are not conducive to the colours required to create a peaceful sanctuary. To encourage the client to spend

time in his room, therapist recommended softer pastel shades of his own choosing. The only chair in his bedroom was not adequately upholstered and lacked the comfort he required if he was to spend time in that space.

Swatches of material were presented to him in pastel shades of the seven rainbow colours to allow him to make a choice despite his severe visual impairment. After having felt each swatch of colour, the client focused on a soft pale green. Appropriate bed linen with a design of small flowers on a pale green background was found and the walls of the client's bedroom were painted in a soft pastel green in keeping with his choice.

The therapist attended meetings with management and care staff to explain the holistic approach and the methods used to empower the client and enhance his day to day living.

Suggested Therapeutic approach

- To create a multisensory soothing environment
- Therapist softly toned the throat tone/00/ to the melody of lullabies e.g. Brahms lullaby. This encouraged the client to relax. Words may have triggered an unhappy feeling or thought.
- The therapist wore clothes in soft pastel shades to encourage the client to relate to her.
- To create a peaceful sanctuary in Client B's bedroom
- To improve the client's awareness by encouraging him to sit by an open window on sunny days to hear the sounds of nature, bird song, buzzing of bees, wind rustling leaves, feeling breeze on his face.
- To encourage the client to express vocally by responding to and imitating any sounds he makes and waiting for his response, to increase awareness of turn-talking vocal interaction.
- To introduce music characterised by more high frequency notes i.e. music of Mozart to improve ability to listen and improve discernment of speech sounds.
- To introduce choice of fragrances to discover client's preferred fragrance.

Strategies for intervention

- Not to invade his space but allow Client B to follow therapist's voice and move towards her if he wished.
- Softly toning lullabies' e.g. Golden Slumbers/Brahms Lullaby, client visibly relaxed i.e. he uncurled from the foetal position.
- The client hums when feeling relaxed, staff encouraged to hum tunes

- To introduce items soft to the touch e.g. dish of rose petals because the client recoils from cold, hard objects.
- To encourage client to use vocal tones to strengthen and empower his voice.
- To gently use vocal toning i.e. base tone, sacral tone and solar plexus tone to reassure and assist in the release of imprinted memory of negative experience from the past.
- To identify preferred fragrances to trigger positive memories i.e. lavender, rose, lemon, cloves, cinnamon, chamomile, vanilla etc.
- To provide comfortable armchair.

Outcome of intervention

- Client B stopped hitting his face
- Improved mobility.
- Reduced emotional outbursts.
- Client B enjoys listening to a CD of Mozart's flute and harp concerto. Sits by the window in his bedroom and smiles when the music is playing.
- Client inclines his head towards music when it is played.
- Staff play client's favourite music when he settles down to sleep. If he wakes in the night, the music soothes him back to sleep.
- Client's armchair moved next to the open window. Client sits by the window and breathes in fresh air while he listens to bird song
- Client smiles when staff imitate his vocalised attempts at communication.
- Daily energy alignment integrated into care plan
- Client B smiles when the therapist and members of staff take him through the alignment process.
- Sleep improved.

Progress Review - Making Choices

- Client B takes the therapist's hand and leads her to the CD player in his room.
- When therapist plays the CD of Mozart's music played on the flute, the client taps therapist's arm lightly to request a repeat of the music.
- When therapist sings, Client B hums in accompaniment
- Client B recognises the therapists voice on arrival and walks towards her leading her to the sofa and sits beside her.
- No longer pulling up plants in the garden.

- If agitated takes member of staff to room, and stands by CD player, when he hears music, inclining head towards the music.
- In the Summer spontaneously sits by the open window in his comfortable arm chair, listening to the birds singing in the garden and feeling the breeze from the open window on his face.
- No longer making ingressive sounds
- Extends feet for member of staff to put his shoes on
- At mealtimes, feeling for his dish and now chewing and feeding himself
- If Client A wakes in the night, staff put on his flute music and it is also played in the morning when he wakes
- Has stopped self- abusing.
- Medication is reduced.

Communication Break Through.

On one particular occasion, the therapist was met excitedly by two members of staff who said that they had been sitting with the client at breakfast and were chatting to each other, when suddenly the client looked up from his plate and loudly announced '*My name's….(.giving his full name*). Up to this time, the client had only intermittently used learnt phrases and the simple signing system to make requests.
'

Final Review

Client B was present at the therapist's final review meeting, which included his care staff and interested team members from other care homes. Although the client's care staff acknowledged the progress the client had made, staff from other homes, were sceptical and questioned the client's ability to request that music be played when he required it. To everyone's surprise, as the therapist's explanations were being challenged, Client B suddenly stood up and left the room. A member of staff followed him. The member of staff returned to the meeting five minutes later saying that Client B had gone into his room and had stood next to his CD player. When she asked if he wanted to listen to some music, he didn't make a sound but remained standing but inclined his head towards the CD player. The member of staff played the CD in the player (his favourite flute and harp concerto by Mozart) and when the music started to play Client B went to his chair by the window and sat down smiling. The client did not return to the meeting…..he didn't need to, he had confirmed his ability.

Outcomes

Setting up Alternative Care Group

The therapist met with a member of staff who was qualified in massage and had expressed a desire to set up a support group for staff in this and other group homes, who wished to offer alternative holistic care to clients in their care. Strategies were put in place and support was offered to facilitate this plan.

Long Term Benefits

This therapeutic work had brought Client B to the attention of the Mental Health team who were intrigued by his progress and began to explore more holistic choices for him.

A student on the team chose Client B as the subject for her thesis. This would hopefully bring him to the attention of those who could improve funding opportunities for him and others like him. The therapist was happy to leave Client B in safe hands and his support staff, encouraged by the progress he had made took advantage of training opportunities in energy alignment, toning, massage and aromatherapy.

CLIENT C

Male - Early 50s

Diagnosis of Learning Disability

History

Client C had lived in a large asylum hospital for many years from an early age, with reportedly no contact from family members. In the late 1980s he was moved into community residential care with five men with whom he had had no previous contact. In the mid 1990s Client C was moved to a custom built flat when he and those he was living with him became ill because of toxic fumes emitted by the central heating boiler.

Other health care professionals had withdrawn and at the time of the referral, Client C was sharing accommodation with one other female resident with learning disabilities with whom he had had no previous contact and a team of carers.

Client C was referred for therapy because he was completely dependent on staff assistance to tend to his daily needs. He self-harmed (scratched himself when alone) and made no attempt to vocalise or speak. Client C spent his day in a wheelchair because of limited mobility.

Presenting Behaviour

- Able to rise from his wheelchair and stand unaided.
- Able to walk in a limited shuffle forwards but chose not to.
- Made no attempt to vocalise
- Unable to feed himself.
- Requires prompting for the toilet and accompanied by staff member.
- Incontinent at night.
- Wore gloves when he went to the bathroom and when he went to bed because he continually self-harmed.
- Spends much of his day in front of the television

Therapeutic Intervention

After a period of observation of client/staff interaction, client mobility, body language, facial expression and desire to communicate, the therapist attended a meeting with residential staff to gain their cooperation and to explain her holistic approach and the methods used i.e. energetic alignment and vocal toning.

After consultation with care- staff, a six-week period of weekly visits was arranged.

Energy Alignment

The therapist stressed the importance of staff team using the energy alignment themselves to seal and strengthen their electromagnetic field. and to release any tension or anxiety they may have been feeling prior to engaging with the client.

Twice daily alignments (morning and evening) were incorporated into the client's care plan, to reduce mental/emotional tension and encourage participation

Toning

On each visit, the therapist gradually introduced the two base chakra tones, the sacral chakra tone and the solar plexus tones (Rainbow Chakra Toning system Warters J 2004), which link to the base of the spine, the kidneys, the

pelvic area and the digestive system, areas affected by long standing tension pattern.

Mobility

To encourage the client to move spontaneously, the therapist suggested that a member of staff stood silently behind the client's left shoulder rather than in front of him when he stood up from his chair, to encourage unpressurised spontaneous movement and to avoid blocking the client's path.

If the client spontaneously shuffled forward in any particular direction, the member of staff was instructed to follow the client's lead, to allow the client choice of speed and direction.

Outcome of therapeutic intervention

- Client C began to vocalise using guttural sounds and vowel sounds in response to the tones made by the therapist
- This progress prompted the therapist to introduce the throat tone to encourage the client to imitate the tone to strengthen his voice and build confidence in his ability to vocalise and communicate.
- Staff were encouraged to imitate his vocal responses to encourage turn -taking interaction.
- The client indicated a choice of food through gesture and an emerging vocabulary of single words.
- The client developed the ability to feed himself.
- Finger foods were introduced to encourage chewing which would strengthen his oral musculature. This would in turn improve the client's ability to articulate more diversity of speech sounds.
- Self- harming gradually abated as the client became more confident and independent.
- Ability to recognise toileting needs and spontaneously visit the toilet.
- No longer incontinent at night.

Break Through

While outside enjoying the evening sunshine with a member of staff, the client suddenly got out of his wheel chair and having shakily steadied himself, began to shuffle forwards. The staff member, as instructed, placed herself behind his left shoulder to see what would happen next…. walking slightly behind him to avoid blocking his path. She said that at first he

seemed to be testing her by moving first one way and then another to see if she would follow his lead….. she did…. He then shuffled his way across the road towards the church which faced the road on which he lived.

Slowly and steadily, with the member of staff behind him, he shuffled his way through the church gate and into the church where the Ash Wednesday evening service was taking place. The client sat in a pew at the back of the church and somewhat stunned by what had occurred the staff member settled herself next to him. When members of the congregation left their pew to take communion, the client stood and shuffled out to join the back of the queue forming in front of the altar. At this point, however, she lost her nerve and ushered him back home.

The carers acceptance of following his lead had reached its limit and her own feelings of discomfort had prevailed. It is to the member of staff's credit that the client had been able to choose the church as his destination. Although he hadn't been able to follow through and take communion as he was indicating a desire to do, the therapist hoped that his journey to the church and being able to sit inside for an Ash Wednesday service had been a healing experience for him.

Another Break-Through

This came during a regular outing to the local supermarket, when the client was patiently sitting in his wheelchair by the fruit counter, waiting for two members of staff to finish their conversation. At some point, one of them looked back to check on the client and instead saw an empty wheelchair. Presumably the client was strongly motivated by the fruit in front of him and no longer able to contain himself, had pulled himself up from his wheelchair and shuffled towards the fruit counter having spotted his favourite. He was discovered, clutching a large bunch of bananas to his chest, which were then purchased for him by amazed care staff.

Postscript

Ongoing energy alignment for both staff and client helped to sustain the progress being made. At a later review appointment, the therapist was informed that the client no longer used his wheel chair because he was now strong enough to walk into the local town in the company of a member of staff. Unfortunately, therapeutic sessions ceased when the management was re structured. However, several years later, the therapist did catch sight of him walking through a local shop in the company of a staff member

enjoying an animated conversation with a group of fellow residents, having sustained progress and no longer isolated and alone.

CONCLUSION

The paper evaluates three selected case studies from a research programme monitoring twelve adults with a diagnosis of moderate to severe learning disability over a twelve-month period. Documented Outcomes demonstrate that where sessional attendance was sustained and care staff engaged with the process, positive outcome was sustained.

- Clients became generally more communicative, with increased response and vocabulary.
- Where expressive language was impaired, clients began to use descriptive words to identify their personal needs,
- Clients were more able to process and express their thoughts and feelings more effectively, resulting in fewer emotional outbursts.
- Reduced tension in the bowel area, alleviated bowel problems.
- Sleep pattern improved.
- Medication was reduced under medical approval.
- As improvements were noted, family members showed an increased willingness to interact, restoring connections and relationships.
- Clients became less isolated as family visits increased.

Recommendations

Pressure to learn new vocabulary and concepts often impact on an adult's way of communicating, altering their perception and causing distress and withdrawal from interaction compounding patterns of failure and low self esteem. The goal of the programme is to focus upon activities which encourage positive interaction and creativity as opposed to a skills-based assessment.

It is important to provide positive creative experiences to replace the habitual unhappy feelings of lack of control and lack of confidence, isolation, loneliness and abandonment, all of which impede positive interaction. In this way, the individual is more able to make informed choices and indicate preference.

Make no assumptions, the client may be unable to indicate choice unless allowed and encouraged to experience other options. Offering photographs to assist this process may be a poor substitute and meaningless where understanding and experience is limited. For example, a favourite brightly coloured towel will suggest a trip to the hydrotherapy pool. A specific piece of music or song will provide a reminder of a trip in the mini bus.

The Emerald Alignment

If practised on a daily basis and incorporated into individual care plans within residential centres and Care Homes, energy alignment aids relaxation and stabilises emotional response, lessening attachment to addictive behaviour.

The effect of 'attachment disorder' frequently seen in clients who have experienced trauma or abuse. is lessened by strengthening and sealing the subtle energy field. This helps to minimise unhealthy relationships, characterised by co-dependency and a blurring of boundaries on both sides. This is particularly beneficial where carers engage with the programme to practice energy alignment themselves.

A further paper will discuss clients with learning disability who exhibited violent behaviour as a result of compounded trauma due to abuse and incarceration.

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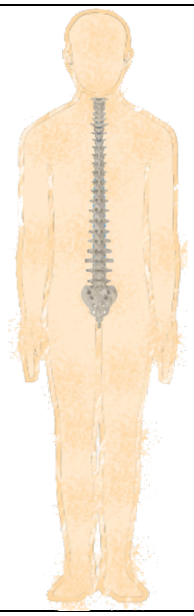
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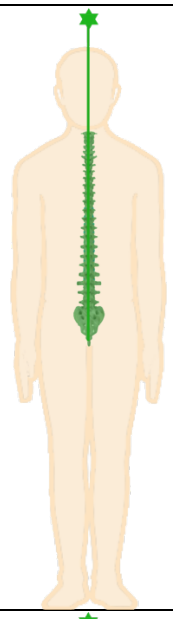
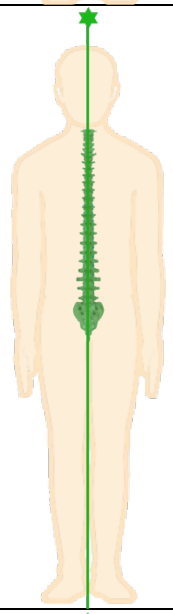
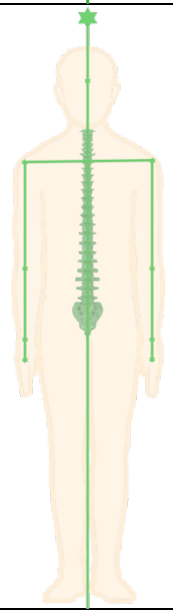
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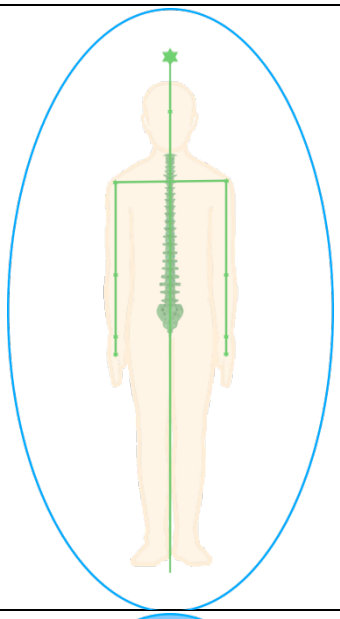
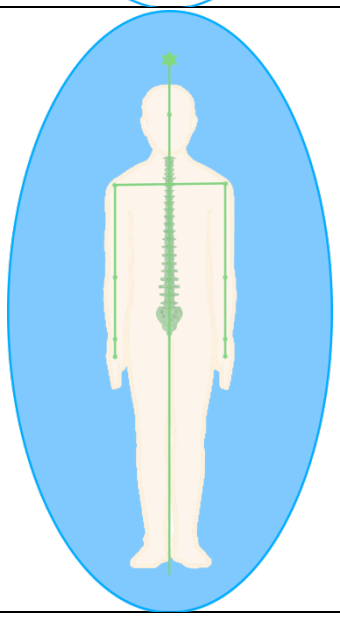
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APPENDIX

The Emerald Alignment

	Take a moment to relax. Breathe down the body, from head to the fingers and toes, releasing any tension or heaviness within the body as you breathe out.

	Visualise a point of emerald green light above the crown of the head. Breathe the emerald light down to the top of the spine and into the body, following the line of the spine. Anchor the emerald light in the base of the spine.
	Continue breathing the beam of emerald down to between the heels and into the earth. Feel the body straight and balanced on each side of that line.
	Again, focus to the crown of the head, drawing the emerald green down to the top of the spine. Breathe the emerald across the shoulders, holding the shoulders light and straight. Breathe the emerald down the arms to the elbows, to the wrists and into the palms of the hands.

	At a distance of arm's length, visualise an oval bubble of blue light surrounding the body
	Visualise this bubble of blue light sealing and protecting all the positive light within.