

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.²

1. Energetic Intelligences

There are five Energetic Intelligences (eIs).³ 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.⁴

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