

INFLUENCE OF THE BODYTALK ACCESS PROGRAM IN YOUNG SCHOOL GOING CHILDREN IN SOUTH AFRICA.

Christine Mc Nair *B.Sc.(Hons.) Physiotherapy (Wits), Cert. BodyTalk Practitioner and BodyTalk Access Trainer.*
christinemc@eject.co.za / +2784 222 8833 / +2711 788 4353

INTRODUCTION

The BodyTalk System of Healthcare is a simple, effective and none invasive holistic therapy that allows the body's energy systems to be re-synchronised so it can operate as nature intended.

The BodyTalk Access programme was launched in September 2005 by John Veltheim. His intention was to make available the key benefits of the BodyTalk System to everyone interested and especially to those who don't have access to good health care. The programme is currently being taught by practitioners in 39 countries worldwide. The programme consists of a predetermined set of five techniques, used most often from the BodyTalk protocol. Case studies have suggested that regular application of the techniques can make a significant reduction in users' reaction to external stressors – so enabling focus, concentration, clarity and improved learning. The programme also impacts on the immune system and the structural integrity of the body.

This outreach trial was undertaken to report on and attempt to quantify the influence of the BodyTalk Access programme on school-going children with learning disabilities in Johannesburg.

METHODOLOGY

Seven children between the ages of 6 and 7 years old were the sample for the trial. The school is a private school situated in the North of Johannesburg, South Africa. The socio-economic status of the school is middle to upper class.

The selected students were identified by the teachers as having learning issues and permission was granted in writing from the parents to enrol them in this study. The school is not only geared towards children with learning disabilities. There were initially 8 respondents and 1 withdrew. The classes were of normal size (about 20 – 25 children). There were no siblings in the group.

In a questionnaire, using a combination of questions taken from the ADHD information library, and the checklist for attention deficit and hyperactivity disorder, the teachers and the parents were asked to rate the children in several categories before and after treatment. The complete questionnaire is available on request. The 5 techniques from the BodyTalk Access programme were performed personally by the author 3 times per week for 8 weeks.

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The number of questions are indicated in parenthesis. The categories in the questionnaires were:

A. CONCENTRATION and REMEMBERING

Focus (9), Excitability (9), Reading (9), Writing (3), Spelling (4), Organising (4) and Remembering (4)

B. COORDINATION

General (3), Gross motor skills (7) and Fine motor skills (8)

The higher the score, the more frequent the criteria and vice versa. This means that a lower numerical score on the questionnaire was the more favourable score for these categories showing an improvement in criteria. Some examples:

- Makes careless mistakes in schoolwork – “very much”(given a numerical score of 4) “not at all”(given a numerical score of 1)
- Difficulty writing neatly or quickly – “all of the time”(given a numerical score of 5) “never”(given a numerical score of 1)

There were a total of 60 questions with a best possible score of 60 per child – if there would have been no issues, and 276 per child as the worst possible scenario.

FINDINGS

1. Graphs were drawn for before and after treatment from the information provided by the parents and the teachers on the questionnaires (not shown).
2. The following categories were combined for analysis:
 - a. reading, writing and spelling (RWS)
 - b. organising and remembering (O & R)
 - c. coordination (general, gross motor skill and fine motor skills)

Therefore 5 categories were investigated:

Focus, Excitability, RWS, O & R and Coordination

The results were analysed in 3 sets:

- A) As individuals in each category (results not shown)
- B) As individuals with grouped criteria for parent and teacher assessment (figures 1 to 10)
- C) As a total outcome of all the criteria for the study. (figures 11 to 12)

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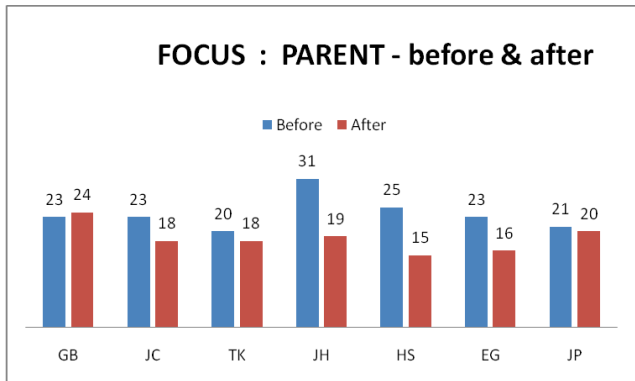


Figure 1: Graph for 9 questions about Focus before & after application of the BodyTalk Access program on 7 children aged 6 – 7 years for 8 weeks, 3x/week.

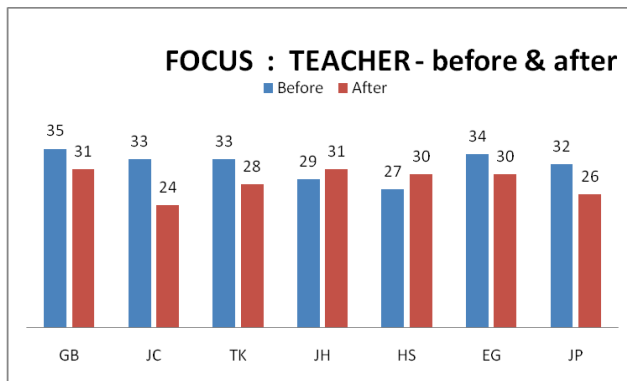


Figure 2: Graph for 9 questions about Focus before & after application of the BodyTalk Access program on 7 children aged 6 – 7 years for 8 weeks, 3x/week.

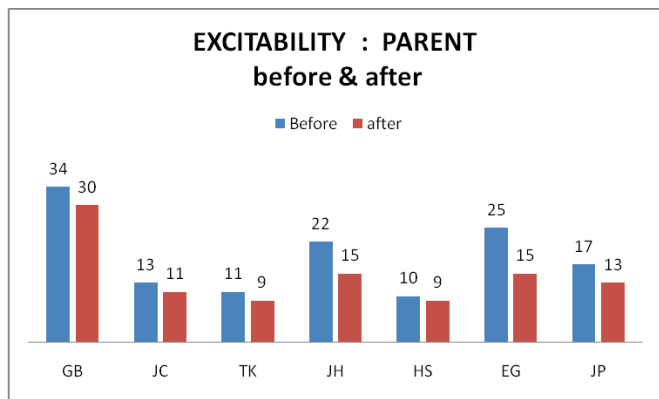


Figure 3: Graph for 9 questions about Excitability

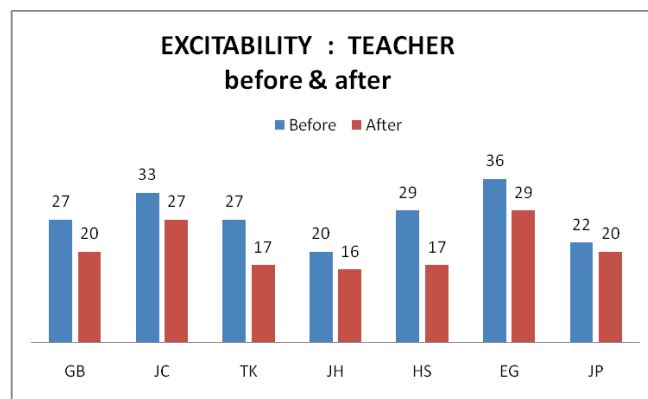


Figure 4: Graph for 9 questions about Excitability

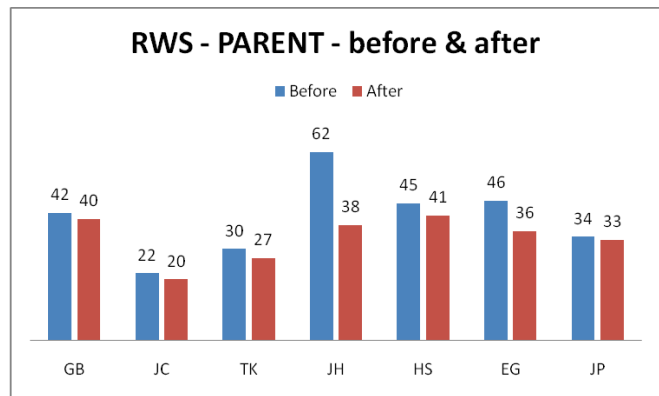


Figure 5: Graph for 16 questions about Reading, Writing & Spelling

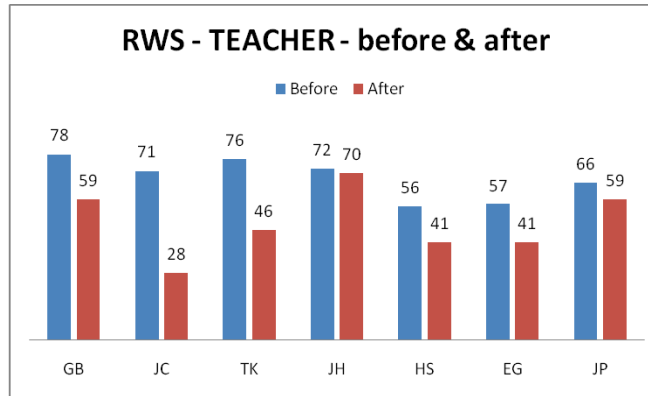


Figure 6: Graph for 16 questions about Reading, Writing & Spelling

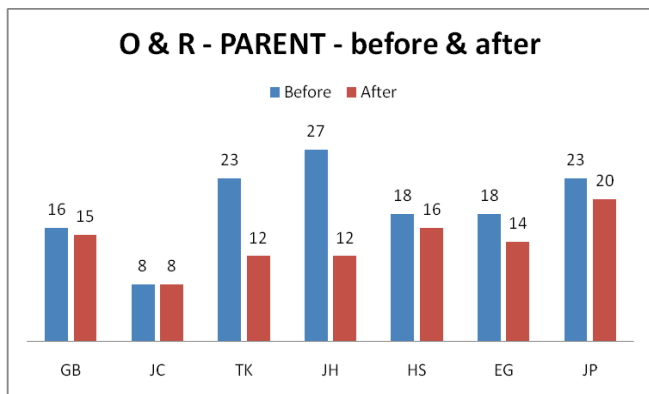


Figure 7: Graph for 8 questions about Organising & Remembering

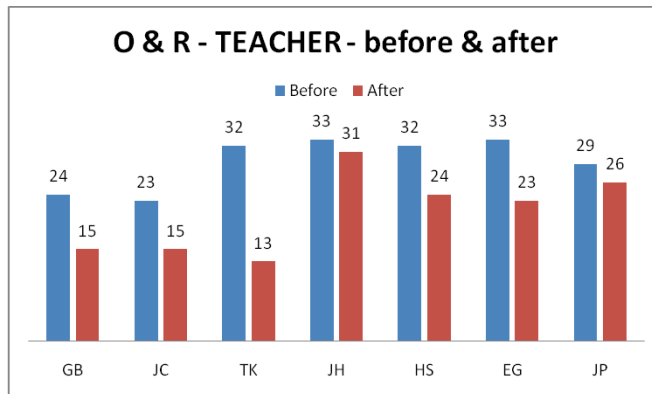


Figure 8: Graph for 8 questions about Organising & Remembering

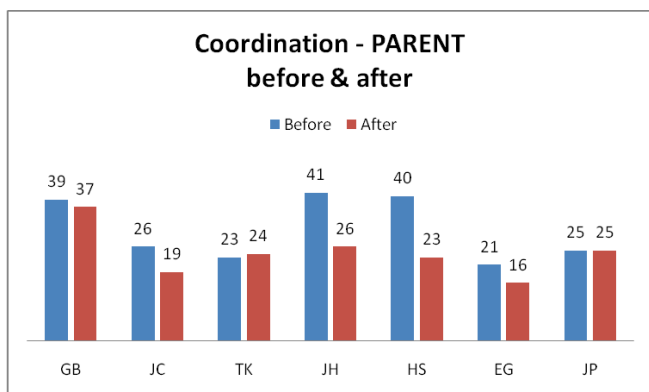


Figure 9: Graph for 18 questions about coordination General, Gross & Fine motor skills

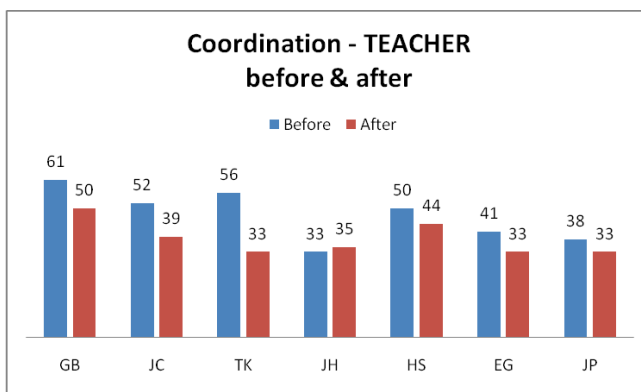


Figure 10: Graph for 18 questions about coordination General, Gross & Fine motor skills

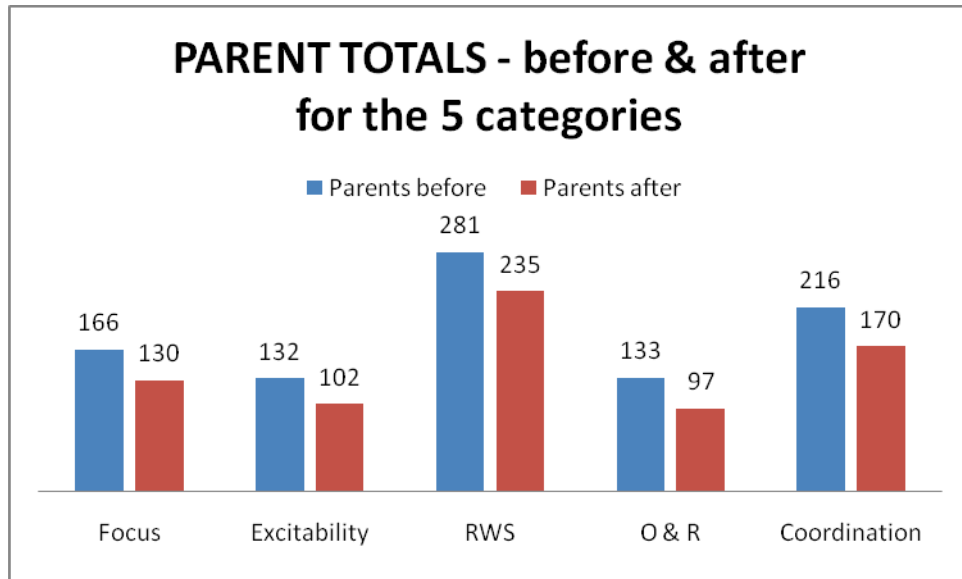


Figure 11: Graph for combined results of the parents of all 7 children in the 5 categories.

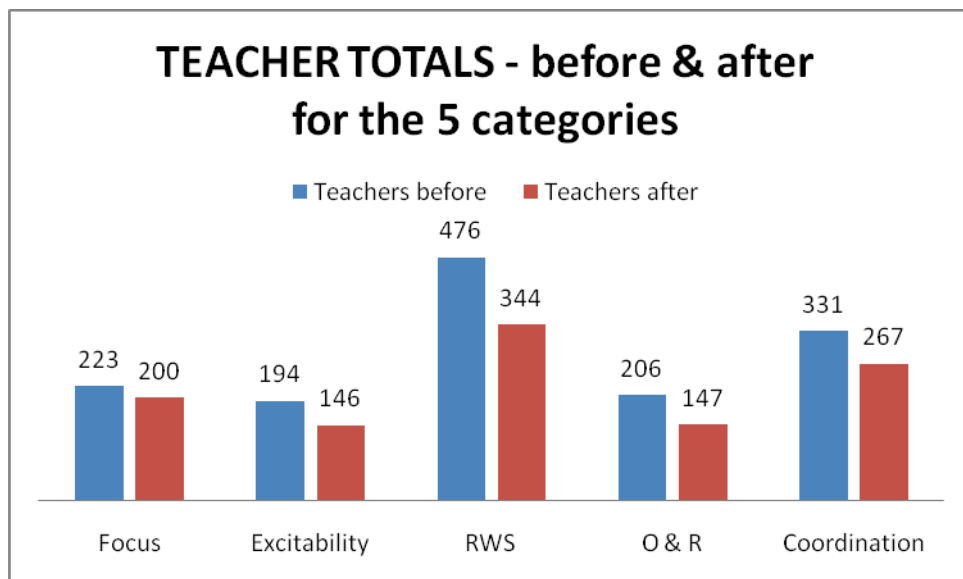


Figure 12: Graph for combined results of the teachers of all 7 children in the 5 categories

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In the final analysis, the 5 categories were grouped together and the combined totals are presented below.

It appears the RWS benefited maximally with the BodyTalk Access program, and that teacher rating of the children was more stringent compared with the parents (scores were higher). A statistical analysis is required to determine significant differences.

In all categories except for the excitability assessment by the teachers, there was a significant difference of more than one standard deviation.

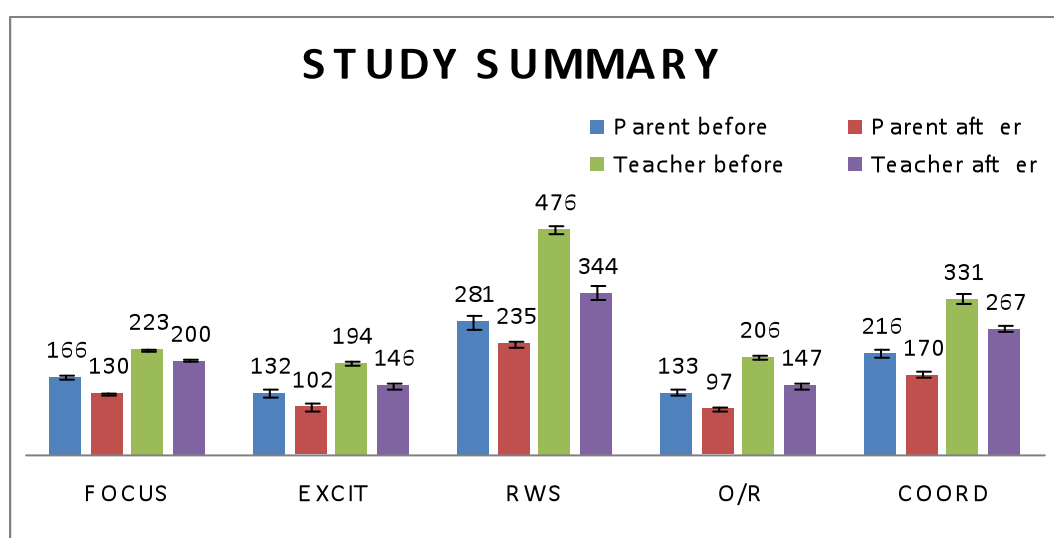


Figure 13: Combined totals of parents & teachers – showing the standard deviation

DISCUSSION

- The “after” results are mostly comparable with the “before” scores. The most significant differences were found in reading, writing & spelling (RWS) - (see figure 13)
- Although individual children responded differently in the different criteria, there was in general an overall improvement. As is expected (from the theory and philosophy of BodyTalk) each individual has unique reactions to environmental stressors and so variation is expected.
- The teachers rating were in general higher suggesting that they were more stringent, whilst the parents were more lenient in their assessments. For the future, studies may include another parameter of measure eg comparing the rating of the individual to the class average might give one an unbiased / objective idea of an improvement or a physiological indicator of stress eg cortisol, to determine if either parent or teacher

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might be most favourable in assessing the child in the future. In this outreach trial, there were some discrepancies in the rating of the observers ie teacher vs parent.

- A future study will have to include a control group of untreated students, or other-modality treated students, to rule out the influence of the additional attention and physical contact given to their children as a possible factor explaining the overall improvement. A bigger sample size will improve the statistical significance of the results.
- Compliance in completing the forms by parents and teachers proved to be the biggest challenge.
- In future studies, bigger sample size, better control groups and improved parent / teacher compliance in filling in the questionnaires is required.

CONCLUSION

- In an outreach trial, an 8 wk course of 3 sessions per week of BodyTalk Access program on 7 children with learning issues showed overall favourable results when assessing both cognitive and physical parameters. Significant differences were found in the category of reading, writing & spelling criteria. Suggestions have been proposed to improve the efficacy of this pilot study in future investigations.

RESOURCES & THANKS

- John Veltheim. (May 2008) ISBN 978-1-929762-16-3 BodyTalk Access – A new path to family and community health.
- International BodyTalk Association website www.ibaglobalhealing.com
- Resource for questionnaire:
 - ADHD information library – <http://newideas.net>
 - Symptom checklist for attention deficit / hyperactivity disorder from the Drake Institute website
- Thanks to the St Stithians pre-primary school, the teachers, the children and their parents.
- Thanks to Jocelyn Jardine for her mentoring and support.

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