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ZBUK

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Deviating from the Zero Balancing Protocol

By John Hamwee

To live outside the law you must be honest
Bob Dylan

The protocol worries people when they are learning ZB. In fact, I think that many of them seem to get the impression that remembering the right order of things is more important than learning how to put in a clear and effective fulcrum. After certification I imagine that most practitioners stick to it most of the time – why wouldn't you when, for one thing, it's what Fritz does, and for another it's been drilled into you throughout your training?

But there are exceptions to every rule. So there must be times when it makes more sense to deviate from the protocol than to observe it. Questions then pop up - What are those times? How do you recognise them? And is it possible to teach these two things or can they only be answered, reliably, by the instinct of practitioners with much experience?

Time to own up. I notice that I deviate from the protocol quite a lot these days, so I thought I'd better pay attention – a good ZB principle - to when I do it and why and see if there is anything to be learned from that.

Here's one of my most frequent deviations.

If I find that one ASIS is higher than the other, or that the whole pelvis is rotated, I often feel a strong impulse to go and check the shoulders to see if that pattern is repeated there, and to see if the distortion of the pelvis has resulted in a twist in the whole trunk.

Why bother to find out? After all, I'm never going to work on the shoulders straight after working on the pelvis – far too big a deviation from the protocol even for me (well, almost never). I take the time to find out because I think it helps to know. For example, if I find that the right shoulder is higher than the left, and rolled inwards too, and I already know that the left sacroiliac joint is relatively tight, then I will start thinking of the figure of eight.

I might then check the left foot to see if that has been affected by the twist – perhaps it is splayed in order to support the twisted trunk? Or it might be that the twist really comes from some distortion in the foot. In other words, before I start to put in fulcrums, I am thinking about the nature of this person's structure and energy and getting a feel of what might be the really key issues.

I might also do the hip fulcrum on the left rather differently than if I had not gathered this information. Maybe I could use it to open the left sacroiliac joint a bit and to bring energy down through it from the right shoulder. Perhaps I will add a bit more structure than I would otherwise have used. I might not even consciously change the nature of the fulcrum, but I suspect this knowledge would make a difference anyway.

And then – I hope it isn't too shocking – I might go back to the shoulders to see if the fulcrum has made a difference there. I might even put a fulcrum into the right shoulder if it seems to want it - to settle it, so to speak, after the change that has happened with the hip fulcrum.

So what lessons can I learn from this example? What principles might emerge which would help a practitioner who is wondering, in the moment with a client, whether to stay on the trail or go off bushwhacking?

I'll start with evaluation and I suggest three principles.

You can't evaluate everything at once so any protocol has to select a part or area of the body to treat as a unit. For example, the protocol treats the hip joint as one unit and the area from the dorsal hinge to the sacroiliac joint, a much bigger area, as another. Usually this works fine, but there are times when the practitioner needs to find out something about the client's structure and energy which is only, or more easily, understood by selecting a different unit to evaluate as one whole. It might be the arm and shoulder together or, as in the example above, the flows of energy along the figure of eight. That is the first principle – choosing a new area to evaluate as one whole.

My second one is when there is something about the client which is so marked, so compelling, that you just have to find out more about it straight away. Here are a few recent examples. I pick up the leg to evaluate the hip joint and the client's leg remains suspended in the air – and stays there even after I say that I would like to take the weight of it in my hand. Or a client who rests his head on the crook of his right arm, and continues to do so however many pillows I add in order to release the arm. Or, when I pick up a client's legs for the first half moon I notice that his feet are completely rigid, braced, and unmovable.

My last principle is where a new client comes for a session because he or she is in physical pain. I think it is distressing if I appear to ignore the place that hurts, so I tend to evaluate it first. It is different, of course, for clients who have had plenty of ZBs as they understand that I will get to it in due course.

When it comes to putting in fulcrums I think it is much more difficult to justify deviation from the protocol. There are many reasons I might want to evaluate the

client's neck early on in a session but I find it hard to imagine why I might want to do neck fulcrums before hip or feet ones. We are vertical creatures so it makes sense to be sure that the foundations are in place before building on top of them. Structural Integration, often called Rolfing, has a protocol too, and it is no accident that work on the head and neck also comes late on in its sequence. And it makes perfect sense to me that the protocol works from the dorsal hinge in either direction for it is such a crucial junction both structurally and energetically.

Having said all that, it is sometimes good to integrate work done by fulcrums in one area of the body with fulcrums elsewhere – usually fewer and less powerful ones. Again, a few recent examples. After a lot of work on the sacroiliac joint on one side I placed a fulcrum into the acetabular ridge and then one into the ischial tuberosity on that same side; it seemed important to try and help the newly invigorated flow of energy to carry on down the leg. Or, a similar idea, after work on a shoulder which had very restricted movement I then put a brief fulcrum into the dorsal hinge on the opposite side, and then one into the sacroiliac joint then one into foot on that side too.

Finally, a few conclusions.

The first is to pay tribute to Fritz. Unlike so many pioneers and masters he has never insisted that only he knows what to do and how to do it. Indeed, he has been astonishingly open to suggestions and changes. For example, the arms were not included in the original protocol and it was an initiative from Paul Cohen, a ZB teacher, that persuaded Fritz to add the arm fulcrums. So my first conclusion is that, thanks to Fritz, ZB is an open to change and development.

Next I call on the authority of Bob Dylan. Some of the greatest people on earth have gone to prison for breaking the law, and huge social changes have flowed from what they have done. But you can't break the law without having a very good reason for

doing so - otherwise you are just a crook. Similarly, you can't deviate from the protocol because you're not very good at one bit of it or because you have got into a habit of doing each foot after each hip for example. You can only deviate from the protocol if it makes sense energetically and structurally for that client on that day with his or her unique set of conditions and issues. And only if you own up – that's being honest – to those times when it didn't seem to work well.

It's also about owning up to the wider community of Zero Balancers. We all do things a bit differently, we all make mistakes and we all learn as we work. By sharing what we have discovered we can let go of unhelpful habits and welcome new ideas and insights. That's how ZB will become a really mature therapy, staying vibrant and alive and rather than growing rigid and narrow over the years.

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