

Smart Life Forum

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NEXT MEETING: Thursday, November 18, 2010, at 7pm

Michael Mayer, PhD

on

Bodymind Healing in Psychotherapy and Behavioral Healthcare

SHORT PRESENTATION before Dr. Mayer's talk:

David Stouder on "Five Fundamental Principles For Eliminating Confusion About Dietary Supplements: Guidelines for your journey to Health, navigating through hype and hope."

David Stouder has worked in the natural foods industry for over 37 years, including in manufacturing, wholesale, and retail sales. He is dedicated to helping people understand and access what he calls "Mother Nature's Medicine Chest" (vitamins, minerals, herbs, amino acids, etc.). David says, "We need to understand that we have, to a large degree, given up the responsibility for maintaining good health to an industry that exclusively promotes drugs and surgery. Health is a result of personal choices we make in the areas of diet, lifestyle, mental outlook, and nutritional supplementation. We cannot medicate ourselves to good health!"

David owns Apple Health Foods in Redwood City, and is the host of "The Vitamin Shelf", a weekly health-talk radio program that features interviews of the doctors, scientists, herbalists, and nutritionists who formulate the products on the health food store shelves (Thursday Mornings at 7:00 am on KEST 1450 AM). Listen anytime at www.applehealthfoods.net. David has worked with many leading experts in the field and has counseled literally thousands of people on how to achieve good health using Mother Nature's Medicine Chest, often leading them personally around his store. He has become well known as a source for up-to-date and reliable information.

FMBR.org (Foundation for Mind Being Research) next meetings:
Walt Woods on Dowsing and Longevity. Walt is the writer of Letter to Robin that describes his method of dowsing. Friday, November 26, 7:30 pm, at Unity Palo Alto, 3391 Middlefield Rd.
Walt Woods Workshop (www) on Saturday, November 27. **Holiday Party** for FMBR members, December 11.

Presentation Location:

Cubberley Community Ctr.
Room H1

4000 Middlefield Rd.

Palo Alto, CA

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Meet Michael Mayer, PhD

Michael Mayer is a licensed psychologist, hypnotherapist, and Qigong/Tai Chi teacher who specializes in giving his patients self-healing methods for health problems. Dr. Mayer presents his approach to bodymind healing at professional conferences, national and international workshops, universities, and hospitals; and he is a keynote speaker. The “bodymind” concept in humanistic psychology rejects the dualism (of Descartes) which separates the body from the mind, and prefers to see them as an integrated whole – as they are seen in Zen Buddhist and other ancient cultural traditions.



Dr. Mayer is a co-founder of, and a practitioner at, The Health Medicine Center, a multi-disciplinary medical clinic practicing integrative health-care. Dr. Mayer pioneered the integration of Qigong and psychotherapy, and was the first person in the United States to train doctoral psychology students in these methods. The World Institute for Self-Healing gave him an award for outstanding research and contribution to the advancement of mind-body medicine. He is a fellow of the American Association for Integrative Medicine.

Dr. Mayer is the author of twenty publications on bodymind healing including five books, audiotapes on cancer and chronic disease, and articles on chronic pain and anxiety. His peer reviewed article on Qigong and hypertension appeared in *The Journal of Alternative and Complementary Medicine*; it was updated in the book *Healing, Intention and Energy Medicine*, by Dr Wayne Jonas, past director of the National Institute of Health, Office of Alternative Medicine; and it was recently featured on the website *Natural Standard: The Authority on Integrative Medicine*. Dr. Mayer has served as a peer reviewer for *The Journal of Alternative and Complementary Medicine*, *Complementary Therapies in Medicine*, and *Annals of Internal Medicine*. His *Bodymind Healing Qigong DVD* is currently being used in training of trauma therapists by Dr. Bessel van der Kolk, Medical Director, The Trauma Center, Boston University School of Medicine. Dr. Mayer has certification programs which include *Bodymind Healing Qigong* for Qigong practitioners and

Future Speakers:

December 16, Gerald Reaven, MD, on *Insulin Resistance: the Link Between Obesity & Metabolic Disease*

January 20, Meir Schneider, PhD on *Movement for Self Healing (tentative)*

February 17, TBA

About Smart Life Forum

Smart Life Forum, Inc. is a 501(c)(3) California nonprofit corporation whose primary mission is to provide credible health education to the public with an emphasis on optimal wellness, anti-aging medicine, and longevity.

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For questions, please contact Mike Korek at (650) 941-3058.

teachers, and a Bodymind Health Practitioner's Certification Program for health professionals. His book, *Bodymind Healing Psychotherapy* (2007), has been released as a trade paperback called *Energy Psychology* by North Atlantic/Random House, 2009. They have both received endorsements from leaders in mind-body medicine, and from the journal *PsycCritiques*. Michael's guiding image of "two streams becoming one" guides him as he joins East/West, mind/body and ancient/modern in his work.

MAIN PRESENTATION

Bodymind Healing in Psychotherapy and Behavioral Healthcare

By Michael Mayer, PhD

Participants will be introduced to an integration of behavioral healthcare, Qigong, and psychotherapy stemming from Dr. Mayer's thirty years of private practice, and testing this combined approach in an integrated medical clinic that he co-founded. Qigong (of which Tai Chi is the best known system) is a many thousand-year-old method of self-healing practices which can be done with movements or in stillness. You'll learn how Qigong can be integrated into psychotherapy and behavioral healthcare without using Qigong movements, and without mentioning Qigong. Combining theory, case illustrations, and research, this integral bodymind healing approach can help alleviate anxiety, hypertension, chronic pain, insomnia, etc.

Mind-Body Medicine

Healing is not just a property of the physical body, we are all mind-bodies, so that healing, like health and illness, must also be psychosomatic.

— Andrew Weil, M.D.

Mind-body medicine lies within the arena of complementary medicine. Stemming from the work of Herbert Benson, M.D. at Harvard (1972), relaxation methods are one of the key ingredients of mind-body therapy. According to well-known researcher Dr. Jeanne Achterberg, among the interventions constituting mind-

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body healthcare are clinical biofeedback, autogenic training, Jacobson's progressive relaxation method, the "relaxation response," hypnosis and self-hypnosis, yoga, various forms of meditation, deep relaxation, and Qigong (Achterberg et al., 1992). In my last three books (Mayer, 2004, 2007, 2009) I focus on how to integrate Qigong into the medicine wheel of other mind-body healing traditions.

A 1996 National Institute of Health panel was instrumental in opening the door to using relaxation methodologies in the traditional United States healthcare system when it concluded that "integrating behavioral and relaxation therapies with conventional medical treatment is imperative for successfully managing these conditions." The panel did not endorse a single technique, but said a variety of them worked as long as they included two features — "a repetitive focus of a word, sound, prayer, phrase, or muscular activity, and neither fighting nor focusing on intruding thoughts" (Hilts, 1995, p. 45). When done this way the panel concluded that these techniques "can lower one's breathing rate, heart rate and blood pressure." Qigong fits these guidelines well.

Evidence

Among the CAM (complementary and alternative medicine) interventions, mind-body interventions (MBIs) are supported by the greatest body of scientific evidence for the greatest number of conditions for the largest number of people (Michaud et al., 1998; Pelletier, 2000). One of the most well-designed overviews of MBIs was conducted by Dr. John Astin of the Complementary Medicine Program at the California Pacific Medical Center in San Francisco. According to Astin and his colleagues:

"Drawing principally from systematic reviews and meta-analyses, there is considerable evidence of efficacy of several mind-body therapies in the treatment of coronary artery disease (e.g. cardiac rehabilitation), headaches, insomnia, incontinence, chronic low back pain, disease and treatment-related symptoms of cancer and improving post-surgical outcomes. We found moderate evidence of efficacy for mind-body therapies in the areas of hypertension and arthritis. There is now considerable evidence that an array of mind-body therapies can be used as effective adjuncts to conventional medical treatment for a number of common clinical conditions." (*Astin et al., 2000*)

For example, among the areas of MBIs where there are extensive randomized controlled trails and/or systematic reviews indicating strong to moderate evidence of efficacy are:

- (1) Cardiovascular disease (Dusseldorp et al., 1999; Linden et al., 1996);
- (2) Hypertension (Jacob et al., 1991; Linden & Chambers, 1994; Schneider et al., 1995);
- (3) Insomnia (Morin et al., 1994);
- (4) General pain syndromes (NIH panel, 1996; Seers & Carroll, 1998);
- (5) Lower back pain (van Tulder et al., 2000);
- (6) Headache (Haddock et al., 1997);
- (7) Fibromyalgia (Hadhazy et al., 2002);
- (8) Arthritis self-care (Lorig et al., 1984; Superio-Cabuslay et al., 1996);

(9) Surgical outcomes (Dreger, 1998; Johnston & Vogeles, 1993) and

(10) Adjunctive MBIs in cancer treatment (Devine & Westlake, 1995; Meyer & Mark, 1995; Redd et al., 2001).

“The evidence of the clinical efficacy of mind-body medicine in these above listed conditions is at least as good, if not better, than many common conventional interventions being used on a daily basis,” according to the well-respected researcher of mind-body medicine, Dr. Kenneth Pelletier. (Pelletier, 2004, p. 28) He is former clinical professor of medicine at Stanford University School of Medicine, a clinical professor of medicine at the University of Maryland and the University of Arizona Schools of Medicine, director of the American Health Association, and author of more than two hundred professional papers. Dr. Pelletier makes the point that mind-body medicine is often overlooked because the intervention or cure does not exist “outside” of the individual, independent of “inside” changes in attitude, lifestyle, and orientation toward self and environment (Pelletier, 1995; Kabat-Zinn, 1996) Also, mind-body medicine recognizes that healing is not always synonymous with complete cessation of all physical symptoms. “It is not simply ‘mind over matter;’ it is rather that mind matters” (Pelletier, 1995).

With a medical system so tied to economic interests, it is important to realize that many natural methods we can do for our health are more beneficial than traditional or complementary medicine, or at least we should use the precautionary principle using the least dangerous intervention before moving up the scale of more potentially dangerous interventions.

Exercise

Dr. Pelletier (2000) puts it in his book, *The Best Alternative Medicine*. Tongue in cheek, he says that it should not be so surprising that mind-body interventions are so efficacious,

“For a moment reflect on a “breakthrough” intervention now being supported by decades of research from the National Institutes of Health. This breakthrough has been acknowledged by the American Medical Association and the United States Surgeon General. It has the documented effect of reducing virtually all forms of illness. It helps patients prevent or recover from high blood pressure, diabetes, osteoporosis, breast cancer, arthritis and chronic pain. It improves mental function, sleep, weight loss and muscle mass, and extends life expectancy. Miracle drug? New product of advanced genetic engineering? ... None of the above. It is ... exercise. **Exercise is more important for health than most of the more exotic forms of CAM, and a great many forms of conventional medicine.**” (Pelletier, 2000, p. 34)

Given this understanding of the importance of exercise, it is interesting that Tai Chi and Qigong are not more widely used by the traditional medical system since they represent some of the most time-tested methods of beneficial exercise. They are low-impact so that instead of producing many of the injuries associated with running — including joint problems and injuries from running on hard pavement — these age-old practices provide benefits without negative side effects.

Tai Chi and Qigong: Age-Old Methods of Mind-Body Medicine

One of the aims of my “Bodymind Healing Psychotherapy” (2007) and my “Energy Psychology” (2009) book is to help Qigong to be more appreciated for its mind-body health benefits. For centuries before the

term “mind-body medicine” was coined, Qigong and Tai Chi were two of the oldest methods of mind-body medicine empirically shown to positively affect the mind and body of the practitioner.

Qigong is a many-thousand-year-old method of cultivating the energy of life using movement, breath, static postures, awareness, sound, and touch. Tai Chi is perhaps the best-known method of Qigong.

The Wall Street Journal called Qigong, “the hottest trend in stress relief” (Weil, 2004). Dr. Andrew Weil (2004) says, “I often recommend Qigong as a relaxation method, and also think it can be an important part of a well-rounded fitness program ... Plus research in Asia suggests that practicing Qigong regularly can lower blood pressure, reduce the frequency and severity of asthma attacks, promote the healing of ulcers, reduce arthritis pain and even enhance immunity (Weil, 2004, p. 1).” *Time Magazine* called Tai Chi “the perfect exercise” (Gorman, 2002).

The many systems of Qigong are ancient methods of cultivating the body’s vital energy, called Qi (also spelled chi). They use movement, breath, posture, awareness, sound, and touch and are one part of the multifaceted system of Chinese medicine. To understand Qigong in a more comprehensive way, we must realize that just as the term “psychotherapy” is a catchall term including many branches such as cognitive-behavioral, humanistic, Freudian/neo-analytic, Jungian/archetypal, and transpersonal, so are there many branches of Qigong. And each branch is important to understanding the whole of Qigong.

Qigong, itself, is a multifaceted tradition including methods in: (1) movement and stillness (Cohen, 1997; Ha, 1996; Mayer, 2004); (2) external emission for healing (Cohen, 1997); (3) medical self-healing methods (Chuen, 1999; Francis, 1993; Johnson, 2004); (4) spiritual practices (Cohen, 1997; Luk, 1972; Sha, 2003; Mayer, 2004); (5) internal alchemy (Luk, 1977), (6) internal martial arts and *nei jia* (O’Brien, 2004); (7) inner power/*nei kung* (Danaos, 2002); (8) stretching/*daoyin* exercises (Kohn, 1989); (9) medical Qigong (Johnson, 2000; Sancier, 1996); (10) Taoist meditation (Kohn, 1989); (11) animal forms of Qigong (Feng, 2003; Mayer, 2004); (12) self-defense methods (Chia, 1986; Francis, 1998; Mayer, 2004; Ming, 1986; O’Brien, 2004); etc. In common to all branches of Qigong is that, at its roots, Qigong contains a treasure house of ways to cultivate the energy of life for a multiplicity of purposes.

Just how Qigong creates a healing response is still a matter of speculation. Researchers are still in the process of trying to determine the extent to which the energy spoken of in many ancient healing traditions exists, or whether the healing response to Qigong is a function of hypnosis, biochemical reaction, endorphin response, etc. Also there have been problems with research in alternative modalities including Qigong (Mayer, 1999, 2003). In my peer-reviewed research of Qigong, I have pointed out problems in the research methodology (Mayer, 1999, 2003.) However I conclude these articles by writing,

Although many of the studies of Qigong practice and hypertension have methodological flaws ... which may account for some unknown portion of improved health outcome measures ... we should be circumspect before fully discounting positive effects reported in mortality rates, incidence of strokes and retinopathy (Kuang, 1991), and other positive outcome measurements in patients who have suffered from long term hypertension (Kuang, 1991; Jing, 1988; Wu, 1993), or chronic renal failure (Suzuki, 1993). These represent significant numbers of long-term sufferers of severe hypertension. Even if methodological flaws such as expectancy biases and placebo effects contributed to positive results, the results need to be considered seriously in an area that has such significant health ramifications. (Mayer, 2004b, p. 132)

Even though there are problems at times with Qigong and Qigong studies, significant research from substantial sources is beginning to accumulate, including respected scientific journals regarding Qigong

and Tai Chi's efficacy in helping in the areas of: (1) cancer (Chen, 2002); (2) asthma (Reuther, 1998); (3) chronic pain (Wu, 1999); (4) diabetes (Iwao et al., 1999); (5) fibromyalgia (Astin et al., 2003; Mannerkorpi & Arndorw, 2004); (6) heart rate variability (Lee et al., 2002); (7) long-term disabilities (Trieschmann, 1999); (8) neurological illness (Weintraub, 2001); (9) Parkinson's disease (Schmitz-Hubsch et al., 2005); (10) shingles (Irwin, 2004), (11) preventing falls amongst the elderly (Province et al., 1995); and (12) reducing strokes and increasing blood flow to the brain for subjects with cerebral arteriosclerosis (Sancier & Holman, 2004).

As well, many articles on Qigong's general health benefits have appeared in a variety of professional journals concerning: (1) attention deficit hyperactivity disorder and Tai Chi (Hernandez-Reif et al. 2001); (2) Qigong's multiple cardiopulmonary, musculoskeletal, and postural benefits as a therapeutic exercise approach (Wolf et al., 1997); (3) the anti-aging benefits of Qigong (Sancier, 1996); and (4) multifaceted benefits of Qigong in increasing bone density (Chen et al, 2006) and boosting the immune system, (5) psychosocial health of elderly with chronic physical illnesses (Tsang et al., 2003), insomnia (Irwin, 2008), etc.

In my "Bodymind Healing Psychotherapy" book, (Mayer, 2007), I outlined how the Bodymind Healing Qigong system I have developed over the last thirty years may be applied to various health issues including hypertension, chronic pain, joint problems, etc. Some Qigong practitioners may find beneficial other Qigong practices than the ones I have mentioned there, and all such Qigong practices would benefit from further controlled research to determine which methods work best when, and for which types of people.

In my books I discuss in more depth some of the scientific and clinical research on the efficacy of Tai Chi and Qigong. One of my major aims is to present how Qigong and broader bodymind healing methods can be integrated into psychotherapy and behavioral health private practice. In my books I show how, even though such traditions are excellent for relaxation, empowerment, and many other health-related benefits, the traditions come to their fullest fruition when they serve as an integral spoke in the wheel of integrative medicine, and as an integral spoke on the psychotherapeutic wheel.

Psychotherapy and Behavioral Healthcare: Two Streams Become One

There is a growing body of evidence that many physical diseases are inextricably interrelated with psychological issues. A study of 6000 seriously depressed people found them to have almost twice the risk of suffering a heart attack — a greater risk than either smoking or having elevated cholesterol (Cohen et al., 1998). People with higher levels of hostility and cynical mistrust of others and the world are at significantly higher risk of heart disease. In one study, physicians with the highest scores on a measure of hostility while in medical school were seven times more likely to die in the next 25 years (of all causes, not just heart disease) than those with low scores (Barefoot JC et al., 1983). Individuals with the greatest amount of job-strain, i.e. occupations where they have high demands but relatively low decision latitude or control of their work, are almost four times more likely to suffer a heart attack. This is equivalent to the increased risk a person has from smoking or elevated cholesterol (Karasek et al., 1981). Lynch (1977, p. 113) documented the multiple problematic psychosocial issues and events that negatively impact coronary patients; and he discussed how hospitalization is often the signal that the precipitating psychosocial events have created an avalanche leading to body breakdown or even death.

Munich internist, oncologist and professor of medicine Ryke Geerd Hamer, M.D. (1997) ("German

New Medicine”) noted that cancer often comes secondary to a person experiencing a trauma that “catches them totally off guard, a shock against which one is totally powerless and defenseless” (p. 3). Dr. Hamer’s research suggests that a trauma can create a lesion in the brain, which sets up a corresponding lesion in the body. These brain lesions can be identified using CAT scans; and Hamer has identified specific sites in the body where corresponding lesions may occur. [Ed. Note: Dr. Hamer’s approach is controversial due to negative reviews by Ralph Moss of cancerdecisions.com.]

Towards an Integrative Bodymind Healing Energy Psychology for Behavioral Health

In my last books I have attempted to create an integrative methodology that combines Qigong, psychotherapy, and behavioral health methods to help my patients. My Bodymind Healing Psychotherapy approach is one method of the new field called “energy psychology” (EP) (Feinstein, 2008).

As a psychologist trained in keeping alternative medical approaches separate from my psychotherapy practice eventually, due to becoming aware that Qigong could be beneficial to my patients for stress reduction and other behavioral health concerns, I began to integrate Qigong into my practice with cases involving anxiety, carpal tunnel syndrome, insomnia, depression, etc. (Mayer, 2007, 2009).

The most recent phase of my work began, which I call the *integral* (Walsh, 2006; Wilber, 2000) phase, when I strove to bring Qigong into my work with patients without ever doing a Qigong movement and without ever mentioning a word about Qigong. For example, with no reference to Qigong, in a psychotherapy session a practitioner can introduce breathing methods (such as Qigong’s microcosmic orbit breathing), teach acu-point self touch, and increase somatic awareness of the movements/postures that a person expresses at the moment of felt shift which then serve as post-hypnotic anchors (these movements and postures are often the same as practiced by Tai Chi/Qigong practitioners). The internal process of psychological change, as Gendlin (1978) rightly pointed out, has energy activation (Qigong) as an inextricable part of it, as a patient’s energetic “felt shift” emerges along with a patient’s discovering new meaning. Also symbolic process methods, such as my *Mythic Journey Process* (Mayer, 1994) and *River of Life Process* (Mayer 2007, 2009), create an internal energy (Jung, Vol. VIII, p. 211-215) that helps a person find a meaningful life path, and helps patients to find a new life stance (Goodman, 1990, Mayer, 2004).

As related to EP, this expands the field to include both internal and external methods of energetic change. For example, some of the methods of internal energetic change of psychological complexes come from using the image/somatic dialectic (Mayer, 2007, 2009), symbolic process inner work, “focusing” (Gendlin, 1978), and internal Qigong (nei gung). External energetic techniques involve such techniques as tapping, eye movements (Shapiro), acu-point self touch, and externally oriented Qigong movements.

To take another step forward on the path to actualizing the contribution that EP has to make to the field of psychology in general, I believe it will be important to increase the recognition that **all psychotherapy is energy psychotherapy**. By therapists better understanding that, psychotherapy can be enhanced and people in need will be able to use a broad range of energy psychology methods to add vitality, healing, and psycho-spiritual depth to their lives. For example, psychodynamic psychotherapies have “libido” at the center of their approach; cognitive therapy emphasizes changes in beliefs, but could benefit from the understanding that these beliefs create somatic changes (Shapiro, 1995) and energetic shifts (Mayer,

2007); and Dr Eugene Gendlin (1978) revealed that the process of change in all therapies involves a felt energetic shift. BMHP adds that at the core of the process of psychotherapeutic change is a felt energetic shift that creates a new life stance. BMHP includes the following holographic elements:

1. Breath, microcosmic orbit, guided imagery and hypnosis to activate the "River of Life."
2. Self-soothing with a somatic, psycho-energetic emphasis
3. "Focusing" on felt meaning
4. Psychodynamics and object relations
5. Cognitive restructuring
6. Chi Nei Tsang
7. Energy psychology approaches including EMDR (Eye Movement Desensitization and Reprocessing)
8. Acupressure: Phenomenological approach and Acu-Yoga
9. Exercises from Bodymind Healing Qigong
10. Symbolic process approaches to healing

The field of energy psychology is in a pre-paradigmatic phase where the most viable course seems to be to incorporate a wide range of energy psychology methods from diverse traditions as research grows and we see which methods are most efficacious for which people at what times. I hope that Bodymind Healing Psychotherapy's energy psychology approach will contribute to EP becoming increasingly acceptable to the wider field of psychology, and add vital elements to our healing tradition.

The above article is excerpted from Dr Mayer's books (2007, 2009). See detailed references there.

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