Educating Clients for Better Outcomes

An Interview with Barry Taylor, N.D.

Russ Mason, M.S.

Barry Taylor, N.D., is the cofounder of the New England Family Health Center in Weston, Massachusetts, where he practices. Dr. Taylor also conducts workshops in nutrition, herbology, homeopathy, Bach flowers, stress reduction, and attitudinal healing. He has created a comprehensive six-point model for client evaluation. With this new model, he has reframed the conventional doctor–client relationship, based on the belief that an educated patient will be able to facilitate healing better. This is different from some allopathic practitioners who sometimes regard the patient as an object of treatment or therapy.

Working with Dr. Taylor, the client arrives at a deeper understanding of his or her overall condition and the steps necessary to create and maintain health. In our interview, he referred to those with whom he works as clients, not patients.[1]

Russ Mason: How do you educate your patients?

Barry Taylor: I know—even before they make appointments with me—that, while I am very blessed to be trained as a doctor, I myself am an educator first and foremost. My primary identity is as a health coach: a person who is a partner with another person on a journey for healing.

Some people think of me as a doctor, but I view what I do with my clients in an educational context. I tell people upfront that there is much that I do not know. I am very clear about my limitations and know when it becomes necessary to consult with other doctors and allied health professionals and healers.

RM: How do you approach and create the educational context?

BT: Some people are not "user-friendly" with their bodies. Therefore, I first orient my clients to create some space in their lives so that they have an opportunity to pay attention, learn, and listen to what their bodies are saying to them.

There is a lot of information about using various vitamins, minerals, herbs, or other therapies to treat different symptoms. While these treatment choices may be effective and cause fewer side-effects than allopathic medications, I ask: "What has the client learned in the process?" I am concerned with producing results while simultaneously encouraging [clients] to be in relationship with themselves. I support them to look for that part of themselves that they identify as "the healer." This learning is integral to, not just part of, the healing process.

I am open to the possibility that sometimes there isn't anything for a client to learn. However, for clients who have chronic symptoms, the possibility is more likely that there is something very important for them to learn, concurrent with the healing protocol that I may prescribe.

RM: How do you begin this process?

BT: We usually begin by looking at what is going on physically first and we evaluate the person's strengths and weaknesses. What organ systems do we need to tonify and strengthen? What organs might we need to rest, cleanse, or detox? This means being meticulous about looking for interferences: Are there embedded infectious agents in the body? Are there heavy metals? Are there allergies or delayed hypersensitivities?

I respond to symptoms not merely from the point of view of "how can we help to reduce the discomfort and reduce or eliminate the symptom, or the name of the disease?" but also as an opportunity to educate clients about better caring for their bodies.

Once informed about what to look for, the client will arrive at a greater sensitivity as to his or her state of health. I use specific chapters and pages of books, DVDs, videos, handouts, different meditations and visualizations, journaling exercises, labyrinth walking, and other tools to both inform and/or stimulate.

Most of my clients are very intelligent and yet [discussions about] certain moods, like "trust" and "knowing how to trust" and "what is blocking your trust," are not conversations that they are familiar with or often competent in.

While education of the client may appear to be primarily a physical process, it is also interrelated with the mental, emotional and spiritual aspects of one's being and requires a new domain

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of inquiry. This will broaden the context of healing, as well as the way the person relates to his or her job or family or other intimate relationships.

Although I have a lot of respect for my clients' improving food choices and I spend a lot of time personalizing and individualizing their specific nutritional biochemistries, my love is to explore what healing is. This is more than symptomatic relief or the appearance of a "cure." I appreciate the power of questions and I believe the process of inquiring into the nature of healing can be more powerful than any conclusions or milestones along the way. I coach people in developing lifelong skills and practices.

RM: You have a unique evaluation method for your clients. Please talk about that.

BT: In the service of looking at what is out of balance, or what is not functioning optimally or efficiently, I look at and evaluate six models. I explain what I find to the client at every step so that he or she may be able to make similar discernments.

First, we look at everything we can uncover nutritionally that might be important for the client. I look at the lifetime of what that person's body has been trying to tell him or her; I look at the history.

Second, I inquire into the blood-sugar "rollercoaster." Does the person have issues with blood sugar or adrenal function? How is the client's energy?

Third, what is going on with the immune system? Are there hormonal imbalances? In this third model, which has a number of components, I am looking at whether allergies or delayed hypersensitivities are part of the puzzle. Are heavy metals or embedded infectious agents part of the puzzle for the person? I look at those factors that either strengthen or burden the immune system.

Fourth, we look at digestion. This has three components. The first is ingestion: What is the nature of the food and beverages one takes in, as well as the air one breathes? The second component is digestion: how the person's body digests the food, beverages, and air one breathes. The third aspect looks at how well the client assimilates, or absorbs, that which has been taken in. In this fourth model, I look at digestive enzymes: Does the client have enough hydrochloric acid and enough pancreatic enzyme?

I let clients know that, yes, some doctors say that one should never eat meat or sugar, or drink coffee. What I let my clients know is this: For a healing process I am looking at them as individuals, with a number of variables. Is the body biochemistry more acid or alkaline? What are their genetic predispositions? Rather than having "absolutes" regarding eating, I offer my clients an understanding that using food therapeutically to achieve better functioning is much different than choosing what to eat to maintain that function.

The fifth model asks if the person's body toxic. Does it need to rest, cleanse, or detoxify? If so, we need to be very clear about what we are talking about: Are there heavy metals, drugs, recreational drugs, or maybe metabolites that the person's body hasn't cleared? And, is there a way that the person's body is not able to clear? In other words, has more gone into the body than is coming out?

I teach my clients that this is very different than the first four models. It may be that a person's fatigue is due to toxicity rather than nutritional weaknesses or adrenal overload. This doesn't mean he or she has cirrhosis or hepatitis but that the liver is just overwhelmed.

The sixth model has to do with structure. This means, literally, is the person's head sitting on top of the spine? Is the person's spine positioned in a way that the energy flow of the nervous system is being delivered optimally and appropriately? Is the person's pelvis tilted appropriately? Some clients bear the results of sports injuries, or incorrect posture, or how they sit at their computers, or how they have stood for the last 20 or 30 years (such as too much energy on one leg). It could also be how the organ systems are working, and this reflects back on the spine; so a condition may not have begun with posture or walking, but in organs that have been so off for so many years that this has thrown the spine out of alignment.

When I talk with clients, from the very first visit, they start to get familiar with these six models so that we can have ongoing discussions about the models, the clients' conditions, and progress. Therefore, I do not treat a person's eczema or cancer or asthma; my focus is identifying the connections between the findings in these six models and this guides me in determining what is necessary for the person to accomplish his or her goals.

Consequently, by the second or third visit, the client has usually arrived at some very specific goals. So if a client says, "I want you to deal with my colitis," or. . .fill in the blank. . .I want to know what that means to them. So I have people get very clear: "I want to wake up more rested," or "I want to have better digestion, without heartburn." The client makes a list of specific goals. I interact with the person and his or her goals, which are more than simply, "cure me," or "get me over these symptoms."

RM: It may take the clients some time to become familiar with these six models.

BT: They are not going to know them at first the way I know them. But as human beings, who want to walk and talk and sleep and be in their bodies more effectively, their curiosity and commitment will determine how fast they will be able to use the models in an integral way to make effective interpretations and therefore better choices.

Obviously, we do not always apply the models equally, and they are not linear. They are holographic and interrelated; they are not separate. Each model interacts with each of the others, as does the whole body. I explain the models in a way that seems separate for easier understanding.

My process when I work physically—which does not mean the energy work or the mental, spiritual, or emotional work—involves asking people to be curious and open as to how these models apply to them; so that they can have more peace, more energy, more *at-ease*-ness instead of *dis*-ease.

In the first visit, I summarize these models in about 20 minutes. Then I do a review of systems. At this point I am very clear about what I want to look for. This does not simply mean the client's present circumstances but rather the person's whole life. I am careful to tell a client about treatment options, and this may mean getting to some of the undercurrents that might be sabotaging the client. If I focus on symptomatic relief, the person might be temporarily better, but 3 months later the treatment will have worn off. That is not healing.

There are wonderful, naturally minded doctors who still practice what I call "shotgun medicine"—they use vitamins or herbs to treat a symptom and are not really uncovering core imbalances. To be a holistic practitioner implies that one looks at the whole spiritual, mental, and emotional pattern that is coming forth in physical expression.

RM: Do you use a questionnaire or do you rely on conversations with clients?

BT: Both. So, for example, within the first model of nutritional medicine, I ask clients to bring in a food journal recording what they eat, when they eat, and what nutritional supplements they take.

RM: Do you often find that your patients are nutritionally deficient?

BT: There is a difference between having a vitamin deficiency—as classically defined within the allopathic model—and having an insufficient amount of a nutrient for optimal function.

I rarely see classic vitamin deficiencies such as scurvy, beriberi, or pellagra but I do run into insufficiencies with respect to optimal functioning. The insuffiencies of vitamins can suggest a near-disease state without being classic "deficiency diseases."

I don't have a starting point about, say, vitamin C, that everybody should take 500 mg or 1 g. I am open to the possibility that some people may need orthomolecular [extremely high] amounts. Based on a person's biochemistry, immune system, allergies, and heavy metals, I might suggest that, for a 3-month or 6-month period of time, he or she take a therapeutic amount of a supplement; and this is different from a maintenance amount of a supplement. Therefore, two individuals with similar symptoms may require different amounts. I may ask why this is the case? Often it can be explained by looking at the client's emotional and spiritual well-being.

One of these two individuals might be living a happy, fulfilling life and the other might be going through emotional, personal, or professional turmoil. The explanation of physical symptoms needs to include a lot of seemingly unrelated variables. Thus, the physical therapies must be accompanied by emotional or spiritual support.

As we know, stress will make an impact on an individual's immune system in many ways, causing such problems as cancer, migraines, colitis, eczema, allergies, and others. The mind–body connection is uniquely expressed. Everybody is different in terms of genetic disposition, size, and other factors, so there is no fixed amount of anything, whether it is vitamin C or something else. All of the factors involving a person's health and lifestyle must be taken into consideration.

Based on my experience, based on tests, I arrive at supplement amounts for each individual.

Barry Taylor, N.D., New England Family Health Center, and his dog Zoe. Photo courtesy of Dr. Taylor.

RM: In addition to the questionnaire and conversations with clients, are there other evaluative techniques you use?

BT: With 30 years of experience, I have refined my evaluative options, allowing me to arrive at a sound, comprehensive picture of the client's state of health. I use extensive questionnaires initially; I use kinesiology, and a process using a BioMeridian machine.

RM: Please explain about that.

BT: BioMeridian testing utilizes an electrodermal screening device, called an MSA Professional, made by BioMeridian in Salt Lake City, Utah. It is something that many health care professionals know about but may not have used.

I looked at this, and similar, machines over the course of 2 decades. I finally got a machine that I am extremely comfortable with. I believe my results can be just as valid as hair, blood, urine, stool, and saliva testing. I use it for all of my allergy work, for all of my heavy metal testing. It tells me everything a good stool analysis would tell me. I certainly use it to evaluate a lot of nutrients all across the board, as well as infectious agents and side-effects from vaccinations.

But, there isn't any single test, through hair, blood, urine, stool, saliva, nor any machine—including the electrodermal screening—that is going to tell me specifically what to give the client as a remedy, whether it's 2 and 1/2 g of vitamin C or an herb. A lot of what we do is an art, and this means evaluating many variables. It also means factoring in the lessons from teachers one has had—and the teachers may have had 30, 40, 50 years of experience. So, all things considered, I arrive at a fairly solid understanding of what is going on, and this leads to the creation of a program for the client.

RM: Before we leave the BioMeridian device, please walk me through how it is used.

BT: On our first visit, we talk for an hour and a half, since I need to get a lot of information. If I put you on the BioMeridian machine, then that is the second visit. I will have prepared, based on your initial interview, what I want to test and focus on.

Physically, the BioMeridian machine is hooked up to a computer and you hold a wand in your hand. The wand is a small metal tube, and it is wet. I have a probe that looks like a stylus, which is also wet, and I test points on your hands and feet. These are the endpoints of the acupuncture meridians.

I test electromagnetic frequencies that are coming though the meridians. Against those balanced points or unbalanced points, I can test for vitamins, minerals, essential fatty acids, allergies, heavy metals, infectious agents, and side-effects from past vaccinations. I can test for almost anything that a lab test covers and often much more.

RM: And you arrive at an evaluation by placing the probe at various points on the hands and feet?

BT: Yes, I look at a collection of points. One point is an allergy point; another is a nerve point, or Large Intestine point. I see what the machine says about each specific point. And those readings give me a lot of clarity about organ strength and hundreds and hundreds of other variables.

RM: Let me go back to the models just a bit: How did you arrive at the six models you currently use?

BT: I did this through a synthesis, based on my training and working with other doctors over the last 36 years. I also developed the models through observation of how best to communicate with my clients. I have learned to discuss the six models in such a way that clients will become familiar with them at the initial visit, and then I keep returning to them.

It is essential in my role as an educator to elucidate all of this clearly to my clients, so that we are able to work together, as partners. Because if they just say "fix me," then they are not participating in their own healing.

Another situation that arises is that clients often have beliefs that run counter to healing. Clients take vitamins and homeopathics and chiropractic and exercise regularly but their core beliefs prevent true healing from occurring.

RM: Please explain about that.

BT: The beliefs people have may not be about exercise or vitamins; rather they may be what I call "unexamined assumptions" that allow people to feel or think what they feel and think. An example of this might be people who feel rushed, pressured, and hurried. I look at how they conduct their lives both personally and professionally: They may never have time to facilitate healing; they are just too busy, and yet they really want me to give them vitamins or nutritional programs they promise to follow. How can this be healing? Even if they got some symptomatic relief, how fulfilling would it be, really?

My attention on the experience of "being rushed" for example only is important if this is significantly influencing what they are asking me to assist them with. Now a client may have grown up in a home where the mother and father always rushed the children. Somehow this client got "scripted" so his or her background is not one of sufficiency, in terms of time. This client's life is represented in the fact that he or she never has time.

That is not a context for healing; the client is affected by time, and this can affect him or her physiologically: the client's sympathetic nervous system is always "on." Maybe the client doesn't have adrenal exhaustion and may even meditate but is always looking at a watch wondering what the time is.

Healing can be directed and some people have mental blocks (beliefs that they take to be true) that impede their access to their own creative process where their healing comes from.

RM: How do you assess such a condition?

BT: I am constantly scanning the individual. How does this person live in his or her body? How does this person deal with emotion? Is this person fulfilled? Creative? Does this person wake up with a purpose in life? Or does the client wake up saying "oh damn. . . ." What is the consistent mood?

As we know, many normal people work at jobs, wishing they could do something else. There is a spiritual void, a bankruptcy. Noticing this kind of thing is part of my healing assessment and is central to my overall recommendations; not merely to get someone to, say, meditate, but to become more purposeful in his or her life, to have passion and purpose, and to access his or her destiny—to get a sense of the possibility that a part of healing may be to restore meaning. A client may take vitamins and meditate and, yet, lack compassion for the self. This comes back to the client in the form of some symptoms.

Besides having time for rest and reflection, I am a big believer in encouraging fun and laughter as a catalyst for healing. I love to make people laugh. Most people are very overidentified with their bodies, their thoughts, or their feelings.

RM: How do you treat a person such as that?

BT: There are lots of ways. For instance, we might look at thoughts together. There are certain thoughtforms that, for me, are related to healing. I talk to people about the "attitude of gratitude," how to access being inspired with compassionate energy; or how one calls forth trust? There are a variety of approaches, starting with things that give a person pleasure. This could be singing, writing poetry, or doing something artistic, while, for others, touching the earth, hiking, or gardening are what their needs might be.

The healing process is not just about learning facts or even intelligence. If healing were about what you "knew," then very intelligent people would be great healers—and we know that is not necessarily true. Healing has to do with some energetic connection like a miracle, outside the "dots" of one's logical, rational mind.

For some this means getting the mind out of the way: the person is thinking too much! The emotions are either an ally or they are in the way. This is not about understanding the person's emotions, or understanding the person's disease, or intellectualizing; it is about accessing energy. For some people, healing includes learning about emotions and learning how to be more peaceful.

I never tell people what to do. I invite them to consider the options with me and we have conversations. This allows them to take on the doctor role and to evaluate those things that they

might want to get out of the way, or energies that they need to call forth in their lives. Doing this is as important as any vitamin or mineral or exercise in order for the program to work and to sustain itself. I want to empower my clients in a lot of different domains.

RM: You referred to the person's spiritual life. Please talk about that.

BT: My journey in healing has gotten me to a place where I am clear that we are fundamentally spiritual beings manifesting in physical form. Most doctoring—including that done by those who practice naturally—is still in a Cartesian, mechanistic model, coming from a reality that the doctor and clients are primarily physical beings, who occasionally have spiritual experiences.

Any health care provider must ask: What is the patient grounded in? What is the reality that the patient thinks is primary? If the health care provider's life is primarily in a spiritual reality, then everything that a provider does for clients' physical bodies is in the service of something spiritual as well as physical.

The client's physical body almost always reveals something about a spiritual experience. Of course individuals do, occasionally, slip on the ice, step on a rusty nail, or get a cut. There are moments when a cut is simply a cut; there are physical things that happen that have no deeper ramifications. Some clients have a nutritional insufficiency—end of story.

But, often, the source of my clients' symptoms arise from factors that are much more complex and complicated. The majority of clients who come to see me—whether 1-year-old infants or 90-year-old adults—have spiritual, mental, and emotional components influencing what is going on physically.

I have spent 36 years learning things I never got in school, that have guided me to experience certain things spiritually. Though I am not a psychiatrist, I can state that, many times, unexpressed emotional conflict will manifest in physical forms, such as immune imbalances, such as cancer or allergies or colitis or migraine headaches. Now, these symptoms are real and it would be ridiculous to tell the client, "this is all going on in your head."

However, I must be open to these influences; and then I either need to deal with them, or to guide the client to other kinds of healers. Many of these clients are already in therapy, so that is helpful. I often see people who have problems with anger or sadness or grief and don't connect the emotional state to the physical expressions in the form of disease or set of symptoms.

I often see symptoms appear after an emotional trauma; after someone dies or gets a divorce. This requires me to know how to release the energy related to that emotional trauma. There are strategies in the world of emotional healing that I incorporate into my teaching. I have to evaluate: Is this an area that I need to work in, or that some other practitioner needs to work in, given the goals of the client?

RM: I understand that Zoe, your dog, is a healing partner with you also?

BT: Yes, and my clients absolutely adore Zoe. Her healing presence is so palpable that an animal communicator recently said, "I don't think Zoe should have puppies. Zoe takes her job very seriously." When I asked her why she said that, the animal communicator said, "Well, Zoe came and greeted me at the door and then she left me because you were with a client. Zoe said 'goodbye,' that she had to go back to the client."

RM: Dr. Taylor, thanks very much for talking with me today.

BT: Zoe and I both thank you. □

Reference

1. Silver JK, ed. The Business of Medicine. Philadelphia: Hanley and Belfus, 1998.

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