

**comprehensive papers presented
at the annual meeting
of Touch for Health®,
holistic health-care and research**



13th International Annual Meeting

**University of San Diego
July 11-17, 1988**

BOARD OF TRUSTEES

PRESIDENT – John F. Thie, D.C.
VICE PRESIDENT – Sheldon Deal, N.D., D.C.
MEMBERS
Richard Byrne, Ph.D.
Duane Leslie Faw, J.D.
Warren Jacobs, M.D.

FACULTY

AUSTRALIA – Toni Lilley
BRAZIL – Henny Moniz de Aragao
DENMARK – Grethe Fremming & Rolf Hausbøl
ENGLAND – Brian H. Butler
SOUTH PACIFIC – Bruce Dewe, M.D.
& Joan Dewe, M.A.
SWEDEN – Peter Szil
THE NETHERLANDS – Coby Schasfoort
SWITZERLAND – (German) Rosmarie Sonderegger
(French-Speaking) Jean-François Jaccard
UNITED STATES
John V. Maguire
Richard Harnack, M.Rel.
Phillip Crockford
John F. Thie, D.C.

ADMINISTRATION

DIRECTOR - Harun Magnuson
PROGRAM DIRECTOR – John Varun Maguire
ANNUAL MEETING CHAIRPERSON - Tia Olsen

The purpose of the Touch For Health® International Journal is to disseminate information on research, methodology, results, and teaching of self-development programs in health enhancement, both mental and physical. Further, the Journal is a forum to provide up-to-date information on programs, seminars, and activities of the Foundation and its members.

The Touch For Health Foundation is a tax-exempt, non-profit educational corporation. Publications of the Foundation include the Curriculum Catalogue and "In Touch For Health," (sent to all members). Members also receive the "Touch For Health Journal" of comprehensive research papers and training information and applications. The Journal is published in July of every year. Members also receive the Membership Directory.

©1988 Touch For Health Foundation, 1174 North Lake Avenue, Pasadena, California, 91104-3797. Telephone: (818) 794-1181. All rights reserved. Portions of the contents may be reproduced or duplicated by members for instructional use only and not be altered or sold.

Although persons and companies mentioned herein are believed to be reputable, neither the Touch For Health Foundation nor any of its officers or employees accepts any responsibility for conditions or circumstances resulting from use of this information. Any reader using this information does so at his or her own risk. The Touch For Health Foundation is not a clinic, does not give treatment, and does not train people to become therapists. The Touch For Health Foundation has a policy of non-discrimination and admits students of any race, color, religion, national or ethnic origin.

WELCOME

to the 13th International Annual Touch for Health Meeting, branching out to serve more people. We, as educators, therapists, professional practitioners, and lay people come together for a week of sharing and renewal. We share our love and renew our friendships. We share what we are doing with touch healing and learn what others are doing. We celebrate our mutual accomplishments and look forward to the next challenge in bringing touch healing to more and more people with ever increasing effectiveness. We renew our pledge to work for the greater good of all humanity.



Executive Director

Special acknowledgement goes to Rd Plasschaert, who (again) entered the papers in the computer, and Hap and Elizabeth Barhydt who did the typesetting and organization.

INTERNATIONAL FACULTY

If you wish to contact an instructor overseas, refer to the names below:

- | | |
|--|--|
| AUSTRALIA
Toni Lilley
41 Sheaffe St.
Holder, ACT 2611
Australia
Ph: 062/880-045 | BRAZIL
Henny Moniz de Arago
Av. Capitaio Vergara 157
Coqueiral 28970,
Araruama, RJ Brazil
Ph: 024-665-2680 |
| DENMARK
Grethe Fremming
Gardes Alle 8
2900 Hellerup
Denmark
Ph: 01/624-530 | ENGLAND
Brian H. Butler
39 Browns Rd.
Surbition, Surrey KT5 8ST
England
Ph: 44-1-399-3215 |
| HOLLAND
Coby Schasfoort-
Spanbroek, R.N.
Bosweg 4
7854 T E Aalden
The Netherlands
Ph: 31-5935-245 | SOUTH PACIFIC
Bruce Dewe, M.D.
Joan Dewe, M. A.
"The Homestead"
Flaxmill Bay, Whitianga 2856
New Zealand
Ph: 64-843-65595 |
| SWITZERLAND | |
| Jean-Francois Jaccard
6 Rte. de Chene
1207 Geneve CH
Switzerland
Ph: 022-862537 | Rosemarie Sonderegger
Giessacker
CH 8952 Fahrweid
Switzerland
Ph: 01-748-1506 |

PLEASE NOTE

Most of the papers presented in this Journal are not edited by the Touch for Health Foundation. Some articles may not conform to the policies of the Foundation.

TABLE OF CONTENTS

John F. Thie, D.C. Sara Aeikens, MS.	Quantum Physics and Touch for Health Process of Therapeutic Sessions Using Muscle Testing	1 11
Elizabeth Barhydt, B.A and Hamilton Barhydt, Ph.D.	Update on Electromagnetic Balancing, Food Testing, And Reactive Muscle Procedures	13
Elizabeth Barhydt, B.A. and Hamilton Barhydt, Ph.D.	New Techinques for Balancing Reactive and Frozen Muscles	19
Elizabeth Barhydt, B.A. and Hamilton Barhydt, Ph. D.	More on Meta-Integration	23
Brian H. Butler, B.A	A T.F.H. Balance: Wot Duzit Do? & How Long Duzit Last?	25
Brian H. Butler, B.A.	Goal Balancing	28
Phillip Crockford	Some Distinctions of Touch Healing	32
Phillip Crockford	Metabolic Modality	36
Bruce Dewe MD and Joan Dewe MA	Reactive Chakras	40
Bruce Dewe MD and Joan Dewe MA	Reactive Emotions	41
Nancy Dougherty	Findings Regarding Conscious Control	42
Vicki Fletcher	Keep a Positive Attitude to be a TFH Instructor	46
Grethe Fremming and Rolf Hausbol	Balancing the Energy Centers (Chakras) with Emotions	48
Janet Goodrich, Ph.D.	Natural Vision Improvement and Emotional Healing	51
Norma Harnack	Research: The Key to Recognition	54
Warren Jacobs, M.D.	M.D. Joins with Touch for Health	56
Toni Lilley	The Great Fourteen Muscle Scam - Back to Basics	59
John Varun Maguire	An Effective Format for Introductory Touch for Health Classes	62
Frank Mahony	Reactive Muscle Correction Via Hyperton -X	73
Tom Margrave	Clearing Blacks to Learning	77
Margaret Murray	Goals and Affirmations	80
Marjorie Ragon	Short Cut Balancing	91
Jim Reid	Time of Day Balance	93
Coby Schasfoort-Spanbroek	TFH and Me	94
Jimmy Scott, Ph.D.	The Surrogate Connection	98
Wayne W. Topping, Ph..D.	Stress Management Using Muscle Testing	100

Quantum Physics and Touch for Health

by John F. Thie, D.C.

The victory won by those of us, who have utilized, benefited, shared, promoted, and just plain enjoyed the Touch for Health synthesis is beyond the wildest dreams I had when I first decided that applied kinesiology should be available to more than just professionals. I wanted the general public to be able to realize that the pathological medical model of treatment was not the only model available. I wanted people to be able to know that by changing their posture (I use the term posture in its broad definition of the relationship of one part of the person to another) that they could change their performance. The modality that I wanted to share was manual muscle testing prior to touching the body to improve health and performance and following up with a retesting of the muscle(s) previously tested to observe the changes that take place. My assumption was that if the posture improved and more control over the muscle performance was obtained, better health and performance in all aspects of the person would be improved. I believe that this assumption proved to be true within an acceptable level of tolerance. This modality is available now all over the world. That's what I call a wonderful victory. It is listed as one of the Alternative Health methods in the major new books on this subject by the major publishers of the world. I thank all of you that caught my vision of this being available to mankind and are making that continue to happen.

There is a myth that states that if you know more and more about a thing that finally you will know everything that is to be known and you will be able to say with certainty what is the truth about that subject. Quantum physics has proven that myth to be only one theory. The aim of the sciences has been to give an exact picture of the world. Quantum

physics, the physics of the twentieth century, has proven to us that we cannot obtain that objective of having exact certainty about anything.

When we all were first introduced to muscle testing it brought us new information about ourselves and those who participated with us in exploring how we worked in our world. We discovered many things about how wonderfully God made us. We found out that some things that we cherished as truths about how our world worked weren't always as true as we believed them to be. This caused some to drop out of muscle testing altogether. It was all too confusing and not "scientific" enough. Different people got different results doing very similar things. We discovered that **all information is imperfect. We found that there is no absolute knowledge.** We saw how the people around us who claimed that they had the absolute way to do muscle testing and balancing of the posture ended up embarrassed or even going through greater tragedy.

We discovered people suffering from the factifuging syndrome, where people pretend to investigate a new idea while at the same time they run in the opposite direction from that new truth as fast as they can. They do it by all sorts of gambits, which allow them to "save face" rather than let go of a cherished total truth. This is often not known to the people when they are doing it. Even when it is pointed out, they sometimes cannot see it. That is why it is called a syndrome and why it is a **dis-ease**. When people are suffering from this factifuging syndrome, they are not fully filling their mission that God spoke them forth to be. We discovered that others suffer from the "Tomato Effect", where people will not try something that is advocated by others to be beneficial and valuable because they already know it won't work so why

should they waste their time learning about it or trying it, just as the people in the United States refused to eat tomatoes for over a hundred years after the plant was popular in Europe after being taken there from South America where it is native. We learned that the placebo effect is real and does start a natural healing process which is demonstrable in the chemical substances in the blood and saliva. We know that you have a much greater chance when you feel that you will get well or improve and also feel hopeful than when you feel helpless and hopeless. The muscle testing methods that we have helped introduce to the world can and do give people hope and give them a feeling that something helpful is being done that they can feel in themselves right now and they are not helplessly stuck in their present condition. These are victories that we can all be proud of being part of accomplishing.

Quantum physics, which the general public has folk knowledge about because it is the discovery of scientific principles which are truths, did not eliminate the Newtonian physics of the material world, where things happen slower than the speed of light, that brought about the industrial revolution and the great benefits to mankind of our modern world. Quantum physics just added more knowledge and proved once again that we can never know everything about anything. We, as people, have always known this as folk knowledge. The more we learn about a subject the more we realize that we don't know as much as we thought we knew before we started to learn more.

One of the great discoveries of our century which proves the point I just made is what Werner Heisenberg stated in his Uncertainty Principle in 1927. Before I could grasp what this meant I needed to learn and think about energy waves and how they relate to my life. Let's look for a minute across the whole spectrum of electromagnetic energy.

Away back in 1867 James Clerk Maxwell proposed that light is an electromagnetic wave (an energy), and the mathematical equations that he proposed to prove this, implied that there were other energy waves in the electromagnetic scale. We now know that the visible radiation from red to violet we can observe with our eyes is only an octave in the great scale that science has discovered. There is a whole keyboard of information that is beyond the visible light spectrum from radio waves (the low notes) and the longest wave lengths, and the shortest, X-ray and beyond (the high notes).

Let's think about how we detect things within the visible electromagnetic spectrum. It is done by the bouncing back of the light to our eyes in the red to violet scale. In the radio wave frequency it is done by a special apparatus which can detect the waves. The first way that radio was heard was by the affect it had on crystals. These crystals were able to allow the conversion of the transmitted radio electromagnetic wave that the radio transmitter sent after converting sound vibrations into electromagnetic waves, and back again into sound. Radar sends out radio electromagnetic waves and receives back the reflected electromagnetic wave, which it then converts into an image on a screen and/or a sound. The length of the radar wave determines how clear the image is on the screen. The image can only be seen if it is large enough to be converted into a image, that is, it is larger than the length of the wave, otherwise its invisible. If the radar wave is a meter in length, then the object can only be detailed in meter points apart to give an image so a ship of several hundred meters could be detected on the radar screen, but not the people on the ship.

The next range of radiation waves is the infrared invisible energy of less than a millimeter. This was discovered by astronomer William Herschel in 1800 when he noticed with his camera that there was something beyond the hottest of

the visible red or dark scale. When we focus the camera on the ship, then the people on it begin to show up as people, and become much more defined as we move into the film which is sensitive to the full scale of visible light from the red to violet, which when all these colors are combined give white light, the combination of different wave lengths. When we use this light and have it focused back to a camera we can recognize the people on the ship. With a greater telescope we can get a greater enlargement, but we cannot get any more details from this electromagnetic energy smaller than the hundredths of a millimeter focus. The objects smaller than the wave length will simply not cast a shadow.

With visible white light we can see an enlargement of an individual cell of the human body if the enlargement is 200 times. In Touch For Health we have learned about how visible light energy affects the muscles. Different colors give a different wave energy and affect different muscles. Another experiment that we can do to see the body preference to types of light is to balance the 14 meridians and then look at natural light, test the muscle, look at incandescent light immediately following, and test the same muscle. Frequently, when this is done, there is a difference between the two muscle tests. The most frequent difference is that the muscle tested will be inhibited when looking at the incandescent light following looking at natural light, and facilitated looking back at the natural light. Taking the experiment further we can look at fluorescent light following looking at natural light and find an inhibition of the muscle, and then looking back at the incandescent light the muscle will be facilitated. Looking back at the natural light the muscle will most frequently continue to be facilitated; however, looking back again at the incandescent light source will inhibit the muscle again. This indicates that changes in muscle strength are affected by the light wave source and the frequency of the

wave energy. The experience that this experiment gives us information on is something that is known as folk knowledge. Some people are aware that they function and perform better in natural lighting conditions than in artificial conditions and the type of artificial light makes a greater difference to some than others. Our TFH/AK techniques just prove to us what we already really knew deep inside of ourselves by our observations and learning from others about how they feel under certain conditions.

Now getting back to our analysis of electromagnetic energy. The next shortest wave length energy is the ultraviolet. It has a wave length of ten-thousandths of a millimeter and less, shorter by a factor of ten more than visible light. This light is a ghostly landscape of fluorescence when it is viewed through the ultraviolet microscope and enlarges the cell 3500 times and we can then see the single chromosomes. This, however, is the limit that has been discovered. No light will show the human genes within a chromosome.

In order to get a look at the chromosome an even shorter energy had to be used. That wave length needed to be even shorter. What was discovered was X-Rays, but the X-Ray wave could not be focused by any material. An X-Ray microscope could not be built. It could only be fired at an object and the sort of a shadow could be picked up on a plate that would then expose film, and when the film was developed we would see the results of the shadow. This made understanding the inside of the human body even more exact and it won a Nobel Prize in 1901 for Wilhelm Konrad Roentgen for his discovery in 1895, the same year of chiropractic's rediscovery by Daniel David Palmer. These two discoveries have made a real difference in mankind for the better, but as with all new truths they also have had some harmful unexpected effects. When these discoveries were made the scientists felt that no harm could come from their use.

Now even with X-Rays the wave length was too big to show the individual atom, at that time thought to be the smallest particle in the universe. However scientists did find that X-Rays could be used to infer the positions of atoms when the atoms were arranged with a regular spacing as in a crystal. In this case the X-Rays are reflected in a ripple pattern that can be used to calculate the spacing of the atoms. This method was a double stroke of ingenuity by Max von Laue in 1912, because it was the first proof that atoms are real and also that X-Rays are electromagnetic waves.

Then the electron microscope was developed for rays that are so small and concentrated that we cannot know whether to call them a wave or a particle. What happens with the electron microscope is that the electrons are fired at an object in a manner similar to a knife thrower demonstrating his skill and outlining his woman assistant with knives at a carnival. Even with the best of the knife throwers the outline of the girl is not perfect, and so it is with the electron microscope. The hardest electrons do not give a hard outline. The perfect image is still as remote as the stars.

Thus again, science and the people that believe that by looking at an object and breaking it down into smaller and smaller parts they will know everything about it and can know it with certainty, are disappointed. The information is fuzzy and as uncertain as ever. This does not say that what has been learned is not valuable and has not benefited mankind greatly, which it has, but it once again proves that we are not God and will never become God.

This paradox of knowledge is not confined to the small, atomic scale, it is also present in human beings and in the stars. In our study of the Touch for Health synthesis we find out more and more about how muscle testing reveals information about how we function, but that ever-sought perfect system of

knowing how to help every person eludes us and we have more and more things to check and the perfect system seems as distant as ever. This is also true on the grand scale of the stars. Karl Friedrich Gauss built an astronomical observatory in 1807, and ever since better and better telescopes have been installed, but when a new observation of a particular position of a star is compared with the position observed previously, we are astonished to see that it is not exactly the same. There is a scatter within a tolerance; again the absolute certainty is elusive. Scientists, and all of us, have always hoped that human errors would disappear, that we ourselves would have God's view. It turns out, however, that no matter how we get more and more exact having more things to check out with our muscle testing, a greater microscope and computerized assisted X-Rays, computerized assisted radio and magnetic energy waves, the Magnetic Resonance imaging, and the greatest telescope assisted by computer enhancement errors cannot be taken out of these observations because humans are making the observations and humans make errors. Errors will be made by some of you in reporting what you heard me say in the words on this page or in the sound you heard. The ever elusive certainty of God has not been possible.

Gauss recognized this truth, there is no way that all the possibilities of human error can be accounted. He reasoned that the multiple causes of error are so great that if multiple readings are taken the best guess of the star's position would be in the center of the scatter. This then is what statistics is all about, the recognizing the human error in observation, the Gaussian curve, in which the scatter is summarized by the deviations, or spread of the curve. Then came the far reaching idea the scatter is an area of uncertainty or tolerance for error. We have what are called standard deviations, that is, the amount of scatter which will take in a certain percentage of the errors.

Depending on the subject, the amount of certainty in the percentages that we can expect a certain thing to happen varies. We expect this in all aspects of our lives from weather to football games.

In promoting our Touch for Health synthesis we recognize that no two human beings are exactly the same in physical make up of the bones muscles, nerves, blood vessels, the emotional reactions, the feelings that occur, the thoughts that are produced, the intellectual ability, the food and water that they consume, their genetic structure, history, context, environment, future possibilities, the amount of truth they can tolerate, or the amount of love they can receive or give. We have therefore attempted to teach that there is no wrong way of doing something that did not cause harm and was helpful to the person intended to be helped. We have promoted the idea that its OK to be different because that's the only way it can be, within a certain tolerance. Everyone's observations deserve to be heard. We have all observed the way people make observations of how different types of touch affect the results of the muscle testing. As long as people were having the intention of helping another person, they were seeking the truth and doing it with love for the other person, that is serving the other person as a mother, father, brother, sister or child, then I felt no harm could be done. I wanted this information to be available to everyone, lay and professional alike.

In 1921, Max Born was appointed to the chair of physics at the University of Gottingen and he was able to draw to him students who were to change the entire world, with the discoveries of Quantum Physics, the physics of the twentieth century. It was the men that Born brought to the university that were to solve the conceptual riddles of the subatomic particles, for these particles are so small that they can only be mentally conceptualized and then proven. Max Born is quoted "I am now convinced that theoretical physics is actual philosophy." He meant that the

new ideas in physics amounted to a change in the concepts of reality. The new physics which allowed the atomic bomb to destroy hundreds of thousands of people and end the Second World War, also changed forever man's thinking that God does not exist. The quantum physics shifted our view of the world from a fixed, solid array of objects to the realization that objects cannot be fully separated from our perception of them. The completely impartial observer was no longer a scientific possibility. As we attempt to exchange information, that exchange is not a simple act. It involves all of our thinking, our feelings, our emotions, our structure, and all of these things are affected by our history, our view of the future, the context in which we receive our information, the environment in which we receive it, the amount of love and truth we can tolerate at the time. All of these things give us error in the transfer of information. This is the tolerance that we try to have our teachers of the Touch for Health synthesis have in all their teaching. Heisenberg gave this in depth by making it precise. The information that the electron carries is limited in its totality; that is, for instance its speed and its position fit together in such a way that they are confined by the tolerance of the quantum that is its own specific energy. This again is that folk knowledge that we know to be the truth; we cannot ask for anything to be exact, that is, to be with zero tolerance. If in order to recognize a face it had to be exact from time to time we would recognize no one because we all age and change just slightly from day to day let alone from year to year. We do recognize people because we allow a tolerance for the change in them. So what Heisenberg's principle of uncertainty says is that like the recognition of people, no event, even on the subatomic level, can be described with certainty, that is with zero tolerance. What makes Heisenberg's discovery so great is that he describes the amount of tolerance allowed to the quantum, the energy of the measured object.

In 1934 Leo Szilard filed for a patent on the chain reaction in atomic physics which allows for the release of the energy known to exist in the atom, which has led to the atomic bomb and atomic power. Szilard was concerned because Hitler was coming into power and war seemed inevitable to him. He wrote Albert Einstein and Einstein agreed to send his letter to President Roosevelt, which said in essence, "Nuclear energy is here. War is inevitable. It is for the President to decide what scientists should do about it." Szilard kept writing and, as the atomic bomb was being developed, he urged it not to be used first as a method of destruction, surprising the Japanese. Instead he urged that it be tested openly and with the world leaders, including the Japanese, looking on so that people would know the tremendous power that lies within the atom for good and for evil. He did not prevail. He pleaded for people and scientists to understand life, particularly human life, with the same singleness of purpose that they have used to understand the physical world. I share that desire. I hope that my contributions to the promotion of the Touch for Health synthesis have and will continue to contribute to the study of life.

"Science is a very human form of knowledge. We are always at the brink of the known, we always feel forward for what is to be hoped. Every judgement in science stands on the edge of error, and is personal. Science is a tribute to what we can know, although we are fallible." said J. Bronowski, the great Polish mathematician and author, and I urge all of you to be aware of the probability that you will never have God's view completely.

Muscle testing is being used to help people use their intuition, which is knowing something without the use of reasoning. This type of activity is dangerous, if it does not accompany reasoning and knowledge about the seriousness of life. I have heard people say you need to trust the body and it has

all the information you need for health. This simply is not true. There is evil in this universe, and you need both to learn as much as you can about life and how God designed us by scientific study and also to learn as much as you can from the God given insight that can come without reasoning and logic, for the mystery of God is not fathomable by man. As an example, I had a patient come to me saying that she had been to a nutritionist in Santa Monica who was using muscle testing, a one arm test to determine what herbs and food supplements were needed for her condition, without a history or being concerned about what other medications she was taking. We must never believe that with muscle testing you can determine if a medication should be taken or not taken without knowing the possible effects of a sudden withdrawal of that medication. If you are not familiar with this information then you must not take any chances with your own or anyone else's health. I have seen muscle testing being done at expositions to show that a person needed a particular supplement again with just the one arm test and without any history, and attempting to prove that the person should buy their products. There is a tremendous amount of human error probable in these situations. In my opinion if you desire to operate on intuition that is your right, but I believe that you should know that is what you are doing, giving up reasoning and logic when you do so. Many of you know that I have always said that when you give yourself only two choices, in the multiple choices that are always available you are really only choosing between the two rather than the ideal. Like the light example I used earlier, this will also happen with foods. The use of a radionic instrument, a pendulum, a dowsing rod or muscle testing with only yes or no possibilities is using your intuition, gaining knowledge without reasoning or logic. Knowledge can be obtained in this way. When dowsers are looking for where water is located to dig a well, some of the most scientific farmers will use a

dowser to add to his reasoning and logic about the place to put the well within the tolerance of where he otherwise wants the well. I believe that almost everyone agrees that not everyone has the same ability to use their intuition. In religion this knowing without reasoning or logic is called a word of knowledge; Christians consider it one of the gifts of the Holy Spirit to people. A gift is never taken back by God, and people can use the gifts for good or evil purposes. You must be responsible for your use of your gifts.

Frances Farrelly, PhD, who offers a course for health professionals on Intuition training says, "The instruments are but a tool used while the operators use their intuition just as the dowser seeking water may use a pendulum or a forked stick to locate water or oil far below ground. The pendulum or the forked stick does not know. The consciousness of the operator gets a reaction he can recognize. The response of the dowser's tools are caused by almost imperceptible neuro-muscular responses to a question posed which causes the tool to react. The dowser has programmed himself so that he gets Yes and No answers to his questions. So it is with a radionic device or instrument, it offers but an outward signal of an internal response. The devices are necessary only until one gains skill, confidence, and balance...This, coupled with left brain activity of logic and learned concepts, will allow participants to more thoroughly and efficiently serve their patients."

The problem associated with using intuition is that we can be overconfident in the knowledge obtained in this manner. This overconfidence in the knowledge gained can lead to tragedy. Knowing that even with the most scientific methods there is always a degree of uncertainty, we must remember when using intuition that it is also always necessary to check out the answers against reality so that no harm is being done. We must always act with love and react with faith. It is important also to know that harm can come from

ignorance. If we ignore physical laws, we do not prove them; we demonstrate them. Quantum physics has not negated the Newtonian physics; it has added to that knowledge. Muscle testing can give you a piece of the total information available. Anytime you rely on only a piece of the information you are taking chances. I urge you not to be overconfident with the information you get from just muscle testing alone, when you are using it as a way of using your intuition, that is, as a way of gaining information without reasoning or logic.

TOUCH for wholeness (another definition of health), is something that we are all attempting to help ourselves and others obtain. It is my opinion that in the seeking of wholeness health is the driving force which makes us have life. The consciousness that is necessary to obtain wholeness or perfection is another aspect of what we are all seeking. Conscious means "with knowledge or awareness" which is what the Touch for Health synthesis was designed to facilitate. Consciousness or awareness is an activity of life. The amount of life we experience is determined by our choices as a result of our knowledge. Our senses gives us perception which gives us the ability to have memory, which gives us imagination, and intellect to understand. Each of the five external senses -- sight, smell, hearing, taste, and touch -- perceives a specific quality of physical things. Of the five senses only touch is distributed throughout the entire body, and it is the only one that can be perceived by the object that it perceives at the same time. It is also the only one that is affected by the perception of the other four and the internal senses. It has limits as the other senses do, and an internal sense must put them together. Color cannot be determined by hearing, nor the sound of a bird by the tongue. Sweetness can be determined by the tongue, but not white, which is determined by the eye. The two together can give an expectation of sweetness when a white powder is seen. When muscle testing, a temporary inhibition of

the muscles may be experienced. No single sense can determine white from sweet or sweet from white because in order to know the difference the sense must know them both. We know that we have an internal sense that is capable of distinguishing all the qualities apprehended by the external senses.

We have the ability to recall something that is no longer present, the remembering sense is present, but the object, situation, environment etc. is not, that can have an effect upon us similar to what the original event caused. Our memory can bring back the previous event, though it may not be perfectly remembered, but within a degree of tolerance so that its effect on our life can be determined through muscle testing. We also have the amazing ability to recall something forgotten, by thinking about other similar events or associated happenings with that event forgotten. It is now estimated that forty percent of the nervous system and other communication systems of the human being are associated with inhibition. This inhibition of memory and suppression of reaction allows us to store a great deal of memory in what is called in physiology an engram, a permanent change in the protoplasm which serves as memory. Memory is now thought, by some, to be stored on the surface of oxygen molecules and transferred from one to another as the oxygen is used if life.

Imagination is another internal sense power by which we picture the things we perceive through the five senses, but also we can picture things never sensed by the five senses, such as a woman two miles high or an elephant the size of a cat as a house pet. Our imaginations work freely and creatively on new ideas that arise from information coming from our five senses and the memories they create, even if the memories they are creating are not accurate to anyone but ourselves. We use imagination in our goal setting processes prior to the testing of muscles and bring the imagined situation into

contact with the physical body by activating the sense of touch by testing the muscles.

We are different from the plants and animals in important ways. For example, a bird builds a nest because of an automatic response mechanism, not because the bird understands that it is necessary for procreation. Birds can be made to build a nest out of season by injecting female bird hormones. Plants move themselves, but do not know where they are going. Human can know the why of our movements. The power to know or understand the why of things is called mind or intellect. With our Touch for Health synthesis we have combined the intellect with the physical body to enhance the intellectual functions and performances in reaching goals. Affecting our goals are our emotions, which are closely allied to the feelings that we have through our sense of touch. Our sense of touch is affected by our other senses both internal and external and by our will, which is also different from our emotions because they are often in conflict. We who are using the Touch for Health synthesis have found that emotions, will, intellect and life can be changed by touch, different types of touch, some types better for one situation than another.

Wilder Penfield discovered in 1933 that by stimulating certain parts of the brain memories could be elicited in a conscious patient from whom he had removed part of the skull. One of the interesting things about Penfield's experiments was that, when he caused the patient to speak by touching areas of the brain, the patients all said that they hadn't spoken or that he had pulled it out of them or other similar words indicating that their mind or will wasn't involved. What was pulled out of the person was the engram or the memory.

The engram that is created is thought to be permanent in the memory of the person. What isn't permanent is the reaction in the person when the engram is active and the inhibitory

influences in the nervous system that are released so that the previous balance in the person at the time is restored to the present time. It is in this manner that we have helped people change so that their performance and health, wholeness, and movement toward perfection is enhanced by the methods developed and being developed through muscle testing.

Another important aspect of wholeness that we have enabled people to benefit is in assisting people to be in the future in their imagination and to change the anticipated reaction now for the future by balancing their energy for the reactions that would have taken place with the previous engrams stimulating the physiology of the person under the imagined circumstances.

These phenomena occur and can be explained by the theory of relativity where energy is equal to mass times the speed of light squared. Time is related to cycles, and these cycles are based on the constant which is said to be the speed of light. When it was proved that things did take place faster than the speed of light on an energy level in addition to the physical level, then time as we know it existed only as one type of time. We became aware of time on another level where past and present can be experienced now. We can change what happened in us in the past and what was anticipated would happen to us in the future by changing our reactions to the engrams in the memory through a present time energy balance. I believe that this is how Christian prayer allows miracles to occur when the apparent suspension of physical laws occurs as we allow the Holy Spirit to be in our lives.

There are certain phenomena that occur that have many explanations: the phenomena of prodigy, a person born handicapped, remembering as if you had been a place you had never been physically, just bad things seemingly to happen to you for no acceptable reason, doing things that you do not want to do,

and failing to do things that you want to do.

The understanding of these things seem best explained on two levels. One is genetic memory, where memories and characteristics of ancestry are stored in our chromosome and DNA structure, each person being a combination of all the ancestors who have preceded him. Thus the tendencies for repetition of events that were influential in the past generations are present, and with similar circumstances the actions are stimulated by these tendencies. This explanation gives us a connection with over four billion ancestors in 32 generations, or only 1000 years.

The other explanation is spirit communication. When we talk about "spirits" we are talking about three types: the spirits of dead persons, those spirits that were never human (that is, demonic or angelic spirits), and the Holy Spirit, the third person of the Trinity in Christian terms. The spirits of dead persons, which have no more knowledge now that they are dead than when they were alive, can give you dangerous misinformation as well as possible correct information. Demonic spirits are the most dangerous because their nature is to make you believe that they are helping you. They appear to you to be your best servant, gain you material wealth and power, but in the end you have given up your life to the demonic power and lost your free will and choice. The angelic spirits are there to help you and guide you toward your best interest. The Holy Spirit is there if you have accepted Jesus as your Lord and Savior with all that that acceptance requires.

Do not take lightly the ways that you use your skills. Be in touch with the knowledge that is available. Remember there are forces in the universe of both good and evil. It takes discernment to be able to be serving, loving God out of and with your whole heart, and out of and with all your soul (your life), and out of and with all your mind (that is, with your faculty of thought and your moral

understanding), and out of and with all your strength. In addition you are to love your neighbor as yourself. These have been and are my goals in life.

Touch for Health has given me a wonderful opportunity to meet people from all walks of life and from all parts of the world. It has been a victorious time. I thank all of you who have been part of it and wish you the love of God in all that you do. Accept it.

Process of Therapeutic Session Using Muscle Testing

by Sara Aeikens, MS.

Client has set up long range goals, and is at the point of being willing and able to focus on own issues.

1. Ask client how they are ...
Highlights of the week.

- a. What's been going well?
- b. What they'd like to have done differently.
- c. Clear all problems off of shelf - one issue keeps popping up that's a pattern that would affect life in lots of ways, if resolved. Usually reflects crisis of day.

3. Identify problem in negative terms, "Game" and the roles each person plays.

4. Help client see her role in game by her identifying something she does that she could change as a pattern. "*I should or shouldn't*".

5. Help client reword problem into:

- a. Positive statement, as though the client had already accomplished it.
- b. Make a positive belief or feeling short and clear.

"I, Barb, am feeling loved, understood, and listened to."

(Use personal pronoun and name, getting as specific as possible - the client will sense if the words fit and may want to rewrite several times.)

6. Ask client if it's OK to check her "inner self" through muscle testing for how she feels about the goal. Describe how opposite arm and brain hemisphere are connected. Right arm to left hemisphere (logical, details), and left arm to right hemisphere. (Non verbal, big picture.)

7. Briefly show how muscle testing works.

Through Muscle Testing:

- a. Ask body, "Is this a good goal for this person to have?"
- b. Ask body, "Is goal completely stated?"
- c. Ask body, "Is it OK to work just at the emotional level?"

(Third finger and thumb together on left hand.)

Muscle test each arm separately while client says goal as though she has already accomplished it. Note differences in lock of muscle in each arm.

8. Option: If in doubt of results of muscle testing;

- a. Go ahead, and then after therapy do comparison muscle testing.
- b. Have client think water or drink water, then retest. (Option: Wonder Balance)
- c. Muscle test negative belief - if strong, brain is accepting myth.
- d. Dennison laterality repatterning (Edu-K for Kids).

9. Gestalt Session

- a. For relaxation - invite client to do COOK'S HOOK-UPS and visualize white light between brows, with a safe invisible person holding Positive Points on forehead, while breathing from belly. Can do a silent Gestalt here.
- b. Ask them how old they feel.

"Go back to the time you first remember someone not understanding you, or when you first had that feeling." (Guess if not in memory) or muscle test "Is this issue an age 5 year old to 10 year old issue?" (etc.)

- c. If triggers emotional release remind them of protection, give permission to feel feelings, and help them discover what they needed that they didn't get and give permission to express self, to get help. Knowing that parents did the best they could, or whomever, but they may not have had enough information and the client's needs were still not met. Ask the client if they are willing to rerun the experience if it's painful, so the brain and body can experience that it is possible to get needs met, even though that situation won't change but can create new pathway in brain and replace negative myth with positive options, which can give hope.
 - d. If appropriate, give client choice of role play in chair, inside head or out loud, or actually switching chairs to feel switch in ego stages, explaining advantages of movement and allowing, thus, discharging of feelings and with permission, do role play, re-running exact details thru all senses as the experience was, and as it needed to be.
 - e. When client's ready, use line of questioning other person who did not meet their needs to help client see why they didn't, and be able to be in other person's shoes.
 - f. Create with client new picture, with needs being met using all senses. Use client's beginning negative and positive statements (goal) and phrases, and reflect how old messages served them well at one time, but no longer work for them now.
 - g. When it fits, ask client what they heard the other person say, or what they know now that they heard the other person say, or what they know now that they didn't know before, and how that will make a difference in their present life.
 - h. Invite them to make a specific commitment or statement to old image or person from the past and then to present person with whom she hooks into old issue. Can have those two dialogue.
 - i. Encourage movement and feeling - "stand up," "can't hear you," "I am not sure I believe you". "Now, I believe you!" Re-emphasize each word. Use date, day and person's name as anchor.
 - j. Do closure with old image and give permission to return to scene or situation or person, if needed.
10. Ask client to muscle test again
- a. Each side as she now believes, as previously believed, and now again.
 - b. Blend images with Brain Integration, have their two hands widespread and count slowly together to interlock and re-test.
11. Option: Muscle test appropriate BRAIN GYM EXERCISES(S) for the goal. Teach exercises(s) and can muscle test, as to how many, how often, and which ones.
12. Ask for verbal commitment to do exercises as specifically stated, and if client is tentative have them cut homework down. Have client write down commitment with goal to practice. Let client know she may experience changes, positive and negative, and that is normal.
13. Closure of session - Ask client what one thing sticks with them the most, or will, after they have left or forgotten most of the session.
- Ask client how she's feeling, does she need anything else, and if appropriate, how she might sabotage that piece of work.
- Affirm her for Being as well as for Doing.

Update on Electromagnetic Balancing, Food Testing, And Reactive Muscle Procedures

by Elizabeth Barhydt, BA, and Hamilton Barhydt, PhD

Abstract

Three muscle testing and balancing procedures are reviewed with updated techniques: 1) the Five Finger Quick Fix for Full Electromagnetic Balancing, 2) priority checking in Food and Supplement Testing, and 3) Reactive Muscle detection and correction by priority.

Introduction

Over the years we have presented papers at the annual Touch For Health meetings on how we have extended the procedures taught in Touch For Health to achieve exciting and effective results with many difficult physiological problems. This year we are sharing updates on three highly important procedures that we have presented to this group before. We use these frequently in our own lives and share them with others.

Full Electromagnetic Balance

The Five Finger Quick Fix that we introduced to Touch for Health in 1986 (ref. 4) has proven to be a valuable technique for establishing Full Electromagnetic Balance. In one simple correction the Five Finger Quick Fix balances all the imbalances covered by the standard ICAK (International College of Applied Kinesiology) screening test for Electromagnetics (ref. 7). This test consists of testing a strong indicator muscle while touching the testee's torso with the tips of all five fingers. Either the testee or the testor can do the touching. If the indicator muscle unlocks, one or more electromagnetic imbalances are present.

Electromagnetic imbalances are caused by disturbances in the electrical signaling system. The list of possible electromagnetic imbalances in Ref. 7 includes the following:

Right/Left Brain Dominance

Switching (right-left, up-down, front-back)

Cross-Crawl

Centering: Hyoid, Gaits, Cloacals

Acupuncture

We have found that the list should also include:

Central Meridian Reversal

Our initial procedure for establishing Full Electromagnetic Balance (described in ref. 4) involves rubbing of the pubic bone and the coccyx. Feedback from those using this procedure indicated that there was a problem with touching these parts in public, in the classroom, and other situations. Also this procedure uses Signal Lock (also called Pause Lock), which is considered beyond the scope of basic Touch for Health.

We have been able to develop a new procedure for establishing Full Electromagnetic Balance that does not use these techniques. As before, the balance involves establishing right-left, up-down, and front-back electrical balance in the presence of the Full Electromagnetic Balance test signal.

Step 1. Plugging In: Place all five fingertips of one hand around your navel and hold them there while doing steps 2, 3, and 4 with the other hand.

Step 2. Right-Left Balance: Rub the K27 points (the upper ends of the right and left kidney meridians).

Step 3. Up-Down Balance: Rub the lower lip (the upper end of the central meridian).

Step 4. Front-Back Balance: Rub the upper lip (the upper end of the governing meridian).

Our experimentation has shown that in all cases tested before and after, the Five Finger Quick Fix corrected all pre-existing electromagnetic imbalances, as defined by the list given above.

Note that acupuncture is on the list of imbalances that are electromagnetic in nature. Acupuncture imbalances include muscles that test weak due to under energy of the associated meridian. We checked this in several instances by doing 14 and 42 Muscle Balancing routines before and after doing the Five Finger Quick Fix and found that all muscles that tested weak due to meridian under energy before the Five Finger Quick Fix tested strong after the Five Finger Quick Fix.

When doing this experiment it is important to understand (as we showed in 1983, see ref. 2) that often muscles that test weak in the standard TFH 14 and 42 Muscle Balance do so because they are reactive. These reactive muscle imbalances are not corrected by the Five Finger Quick Fix.

We discovered that, after using the Five Finger Quick Fix, a strong indicator muscle remained strong to BOTH Cross-Crawl and Homolateral-Crawl, and to reading in a forward direction and a backward direction. We also found that strong indicator muscles on both sides of the body remained strong with counting (left brain activity) and humming (right brain activity). This clearly shows that the Five Finger Quick Fix achieves a relatively high level of right-left brain integration.

We have found that the Electromagnetic Balance achieved by the Five Finger Quick Fix is relatively stable, we believe that following up with Cross Crawling further strengthens the Electromagnetic Balance. Working with individuals, we found that people that had great difficulty and even virtual inability to Cross-Crawl before balancing were able to quickly learn to Cross-Crawl after balancing. We found the same thing while working with children in an elementary school special education class. We also found that most of these children took to the

Five Finger Quick Fix and cross motor exercises with surprising enthusiasm.

Feedback that we have received from others includes: A mother of a 3-month old baby that cried a lot found that the baby settled down and stopped crying after doing the Five Finger Quick Fix on the baby. A mother of third grader, who was behind in reading, started doing the Five Finger Quick Fix on the child every morning before school. The child was able to increase her reading speed for a poem used as a reading test from an unacceptable 80 seconds to an acceptable 30 seconds. A twelve year old, who had a "mental block" to memorizing material for his science class, such as the parts of a microscope and animal species, was able to do this homework satisfactorily after doing the Five Finger Quick Fix. An adult woman who went into sudden spasms was able to control and eventually eliminate these spasms using the Five Finger Quick Fix. In the first three cases no other corrections or exercises were used; however we believe from our own classroom experience it is often important for optimal results to add Cross-Crawl and other exercises used in Educational Kinesiology.

Food and Supplement Testing

Last year we presented a detailed paper on muscle testing for food and supplements (ref. 5). The bottom line was that for a test to be accurate:

1. both the testee and the testor must be in electromagnetic balance and
2. the muscles being used by both the testee and testor must be in balance, neither underenergy (that is, test weak) or overenergy (that is, test frozen),

These conditions must hold both before AND during the test. When the testee's strong indicator muscle remains strong under the conditions listed above while holding a food or supplement under the tongue or next to the torso, the item being tested is biogenic or biostatic.

When it came to testing for supplements, we wanted to be more selective to hold the list of supplements being taken to reasonable limits. For a while we used a

deliberately sedated (that is, weakened) Pectoralis Major Clavicular muscle and looked for it to strengthen in the presence of the food or supplement being tested, again always under the conditions listed above. In this case items that passed this test are biogenic.

We still found our list of supplements questionably long; so we decided to introduce the idea of Priority to our food testing. The ICAK concept of Priority is discussed extensively in Dr. Deal's AK Workshop book (ref. 7). In terms of foods and supplements, we interpret Priority to mean a food or supplement for which the body has an immediate physiological need.

We have incorporated this technique into our muscle testing procedure for testing foods and supplements as follows:

Step 1. Preliminary Check for Frozen Muscles: Find a strong indicator muscle. Retest indicator while testee touches their K27 on same side with two fingers. If the indicator becomes weak, correct by tapping alarm point for associated meridian. Repeat test while testor touches their K27 on same side with two fingers. If the indicator becomes weak, correct as above.

Step 2. Preliminary Check for Electromagnetic Balance: Test the indicator while testee touches their torso with five fingertips of other hand. Repeat while testor touches their torso with five fingertips of other hand. If the indicator tests weak in either case, use the Five Finger Quick Fix to correct.

Step 3. Food or Supplement Check: The testee holds the item to be tested next to the upper part of their torso while using the index and middle fingers of the same hand to touch their K27 on the same side as the indicator muscle. Then the testor checks the indicator muscle four times, first in the clear, then while touching the testee's torso with five fingertips of the other hand, then while touching their own torso with five fingertips of their other hand, and finally while touching their own K27 with two fingers of their other hand. If the indicator muscle

remains strong for all four tests, the item being tested is biogenic or biostatic.

Once the testee's and testor's test response patterns become familiar, it may be OK to simplify Step 3. dropping the cross-checks for electromagnetic balance and testor's frozen muscle, except when the test results suggest that there may be a problem.

Step 4. Priority Check: While the testee continues to hold the item to be tested next to their torso, repeat the muscle test one more time while the testor uses their other hand to touch the tip of their middle finger to the upper crease on the inside of their thumb. In this case the test item is a priority if the indicator muscle becomes weak, that is, changes state.

This procedure can be used to check supplement dosage. When the testee holds individual capsules or tablets against their body with the intention to check dosage, you will get a priority confirmation only when holding the proper number.

If your body requires an unusually large dosage, there may be something out of balance creating a stress that tricks the body into thinking it needs lots of a nutrient. For example, Elizabeth indicated a need for heavy iron supplementation that was associated with a lumbar imbrication. The correction for lumbar imbrication would not hold until a frozen psoas muscle was found and corrected. Then both the lumbar imbrication and the indicated need for iron supplementation went away.

We have found that our nutritional supplementation needs vary from day to day, depending on the weather, our current state of health, what we are eating, etc. So we test ourselves almost every time we take supplements.

We must remember that testing supplements in this way is testing the whole product including fillers, tableting and encapsulation materials, and container materials. If a supplement tests negatively, it may be because of these

factors. So if you have reason to believe that the testee really needs a nutrient that is testing negatively, try testing it in another form or another brand.

Another approach is to use Dr. Riddler's nutrient test points (see ref. 7) to determine the needed nutrients and then the tests described above to find a suitable formulation and dosage.

The suitability of a particular nutrient often depends on the testee's acid-alkaline balance at the time of the test. An important example is Vitamin C. A person with a mildly acid urine PH (the most common case) does best with ascorbic acid, a person with an alkaline urine PH does best with calcium ascorbate to avoid the alkalizing effect of the ascorbic acid, and a person with a very acid urine requires sodium ascorbate to neutralize their hyperacidity (ref. 1). The optimal form of mineral supplements, orotate, aspartate, lactate, gluconate, citrate, etc. also depends on the body PH and can be determined by priority food testing.

A required nutrient may test positively only in the presence of another nutrient that is a required co-factor. For example, vitamin D may have to be present to obtain a positive test on calcium and magnesium supplements. Betaine hydrochloride may also have to be present. Protein frequently requires betaine hydrochloride, as do some herbs. Iron supplements frequently require a co-factor to be effective. Etc. If a Riddler point test shows the need for a nutrient and a muscle test with a suitable nutrient does not confirm it, look for a possible co-factor.

A person with allergies or a candida imbalance must select their supplements with special care, avoiding yeasts and other sensitive factors.

You will find the field of nutrient muscle testing to be complex, often subtle, fascinating, and challenging. We have found the procedure described above to be a versatile tool for getting accurate results, but an open and inquiring mind, a sensitivity to how your body reacts to what you put into your mouth and a good

understanding of nutrients are also required to achieve optimal results.

Reactive Muscles

After the Five Finger Quick Fix, Reactive Muscle correction is the most useful and versatile of the balancing techniques available to us. As we demonstrated 5 years ago (ref. 2), many muscles that test weak in a standard 14 or 42 muscle TFH balance are weak because they are reactive.

As reported earlier in this paper, the Five Finger Quick Fix will correct all muscles that are weak due to acupuncture, that is, all muscles that are associated with under energy meridians. Thus in most cases after doing a Five Finger Quick Fix, the only muscles found to be weak in a 14 or 42 muscle balance will be reactive muscles. Stable corrections for these muscles can only be achieved by correcting the muscle reactivity.

Many persistent aches and pains are associated with reactive muscles. This includes conditions diagnosed as arthritis, bursitis, tendonitis, whip lash, pulled muscle, TMJ syndrome, etc. that can often be permanently alleviated by reactive muscle balancing. Persistent structural misalignments are often the result of uncorrected reactive muscles. We have found that ileocecal valve malfunctions, hiatal hernias, persistent hiccupping and burping, and colon cramping can be best corrected by balancing associated reactive muscles.

With all this going for it, you might wonder why reactive muscle correction is so little used. We believe this is due to difficulty in determining if there are reactive muscles present that require correction and, if so, which are the priority reactive muscle pairs to correct. We found out early that, when reactive muscles are present, there are generally a large number of them. It is impractical to correct all of them individually, and, if you correct a few at random, you can actually leave the testee in worse shape. On the other hand when you correct in priority order, many secondary pairings will self correct,

significantly reducing the total amount of work to do, and the testee will not be left with undesirable aftereffects. But still a person with many reactive muscle problems may take several 1-hour sessions to correct fully.

As we reported 4 years ago (ref. 3), a screening test for ACTIVE reactive muscles is testing a strong indicator muscle while holding the other hand a few inches above the testee's head. If the indicator muscle unlocks, ACTIVE reactive muscles are present and are ready to be corrected.

Very often important reactive muscles are LATENT when you start the muscle testing session, in which case they won't show with the screening test. To find them they need to be activated. The most direct way to do this is to move the muscles involved. Have the testee move those parts of their body where the pains are; then recheck with the screening

Sometimes things are more subtle than this, and you need to recreate specific movements. Have the tennis player practice their forehand and backhand swings, have the typist practice typing, have the musician play their instrument. (For example, we helped a tuba player whose right arm muscles, which he used to control the valves on his instrument, were reactive to the muscles in his left foot, which he tapped to keep his rhythm. He also had a reactive diaphragm muscle, a common condition with musicians.)

For physiological problems, such as ileocecal valve or hiatal hernia, related reactive muscle activity will be indicated after the test for the presence of the imbalance is entered into signal lock or if the test point for the condition is circuit localized while doing the reactive muscle screening test.

Once the screening test shows the presence of ACTIVE reactive muscles, the next task is to identify the Priority reactive pair. The quickest and most direct way to do this, assuming that you are adequately familiar with the location and function of the muscles involved, is to test verbal statements, such as, "The

priority strong muscle is below the waist." If the indicator muscle tests strong, the statement is true. If it tests weak, the statement is false. Usually you can determine the specific priority strong muscle more quickly by identifying its location first, then checking specific muscles. After determining the priority strong muscle, you can then determine the priority weak muscle by the same technique. You can confirm the selection by testing the actual muscles for reactivity. Once you have a confirmed priority reactive pair, correct by the usual TFH techniques for reactive muscle correction (ref. 8).

Now you are ready to repeat the screening test to see if there are more reactive muscle pairs to correct. Again have the testee move their body in appropriate ways to activate additional latent reactive muscles.

In addition to the 42 muscles in the TFH Handbook (ref. 8), it is very helpful to be familiar with the muscles in the TFH 4 book (ref. 6). To deal with TMJ and PMS, you will need to work with additional muscles in the jaw and vaginal area respectively.

If you are uncomfortable with muscle testing statements to determine the priority reactive muscle pair, the following procedure will help you to narrow the possibilities. After completing a screening test that confirms the presence of active reactive muscles, muscle test all the meridian alarm points and all the wrist pulse points to find those that give a weak muscle test response. If there is more than one of each, use the Priority test technique, described in the preceding section, to narrow down to one each. The priority alarm point gives the meridian associated with the priority strong reactive muscle. The priority wrist pulse gives the meridian associated with the priority weak reactive muscle.

Using this information together with a knowledge of where the reactive muscles may be located and what motions are triggering them allows you to make a good guess on the priority reactive

muscle pair. This can be confirmed by testing the muscles.

Note

Since writing this paper, we have discovered a much simpler way to correct reactive muscles. This is described in the following paper titled, *New Techniques for Balancing Reactive and Frozen Muscles*.

References

1. Aihara, Herman, *Acid and Alkaline*, George Ohsawa Macrobiotic Foundation, 1980
2. Barhydt, Hamilton, *A Approach to More Stable Muscle Balancing*, page 45, International Journal of Touch for Health, July 1983
3. Barhydt, Elizabeth and Barhydt, Hamilton, *Sneaky Reactives*, page 137, International Journal of Touch for Health, July 1984
4. Barhydt, Elizabeth and Barhydt, Hamilton, *Some New Ideas in Muscle Testing and Energy Balancing*, page 56, International Journal of Touch for Health, July 1986
5. Barhydt, Elizabeth and Barhydt, Hamilton, *Some Important Considerations in Muscle Testing for Foods and Supplements*, page 18, International Journal of Touch for Health, July 1987
6. Dewe, Bruce and Dewe, Joan, *Touch For Health Four Workshop Manual*, Touch for Health Foundation, 1986
7. Stokes, Gordon and Marks, Mary, *Dr. Sheldon Deal's Chiropractic Assistants and Doctors Basic AK Workshop Manual*, Touch for Health Foundation, 4th edition, 1983
8. Thie, John F., *Touch for Health*, DeVorss & Co, revised edition 1979

New Techniques for Balancing Reactive and Frozen Muscles

by Elizabeth Barhydt , BA, and Hamilton Barhydt, PhD

Abstract

New techniques for balancing reactive and frozen (over energy) muscles are introduced. These techniques are unique in that muscle testing to find the priority out of balance reactive or frozen muscles is not required to induce balance. Thus these techniques become practical do it yourself techniques.

Reactive Muscles

The basic concept of reactive muscles is described in the Touch for Health handbook (ref. 8). We introduced the concept of "active" and "latent" reactive muscles and a testing technique for determining the presence of active reactive muscles in 1984 (ref. 2). The concept of sneaky reactive muscles was first introduced by us in 1983 (ref. 1), although the label, sneaky, was not introduced until ref. 2. We have reported additional information on dealing with reactive muscles in ref. 5

An active reactive muscle is a reactive muscle that has been recently activated so that the body energy system still has an awareness of the reactivity. A latent reactive muscle exists when there has been a sufficient time lapse since the reactivity has been induced that body energy system does not have a current awareness of the reactivity.

As reported 4 years ago (ref. 2), a screening test for active reactive muscles is testing a strong and balanced indicator muscle while holding the other hand a few inches above the testee's head. If the indicator muscle unlocks, active reactive muscles are present and ready to be corrected.

As far as we know it is not possible to muscle test for the presence of latent reactive muscles, precisely because the body energy system is not aware of their presence. However it is also important to

correct latent reactive muscles so that they won't cause a problem when they are activated at a later time. Latent reactive muscles can be activated by doing simple exercises that use the muscles in question. Typical examples are neck rolls, shoulder rolls, arm rolls, swinging limbs back and forth or in and out, knee bends, elbow bends, body bends, etc. Simulate the various motions used in your regular athletic or work routines. Activating potential latent reactive muscles has always been part of the art of correcting reactive muscles.

The New Reactive Muscle Balancing Technique balances all currently active reactive muscles:

- A. Place the fingers of one hand around the navel with the thumb on top. You are intending to simultaneously touch all the five element points with the thumb on the fire element point.
- B. Lightly touch the two stress release points on the forehead with the thumb and two fingers of the other hand.
- C. Deeply massage the five element points with both a squeezing and slightly rotary motion and simultaneously sense your body releasing tension.

An Overall Procedure for Activating and Balancing Reactive Muscles can proceed as follows:

1. Exercise muscles that are suspected to be reactive as suggested above.
2. If you have an assistant, have them check you for the presence of active reactive muscles by testing as described above. (That is, by testing a strong and balanced indicator while holding the other hand a few inches above the testee's head.)
3. If the test for active reactive muscles is positive, carry out the reactive muscle balancing technique just

described. If you do not have an assistant to confirm the presence of active reactive muscles, do the correction anyway. (Correct energy balancing techniques rarely have a negative impact; so, if you think there might be a problem, do the correction.

4. If you have an assistant, repeat the active reactive muscle test in step 2 to confirm that the active reactive muscles have been corrected.

5. If you wish, repeat the exercises done in step 1 and then the muscle test in step 2, to further confirm that this group of reactive muscles has been corrected.

6. Now if you think you have additional reactive muscles, go back to step 1 and repeat the entire procedure using different exercises to activate a new set of reactive muscles. As mentioned above, this is where you can bring your creativity and knowledge of muscles into play to activate the reactive muscles that are creating your problems.

For further confirmation that this technique is working, if step 2 indicates the presence of active reactive muscles, use one of the techniques described in ref. 5 or your own favorite technique to isolate and test the priority reactive muscle pair. Then, after carrying out the correction, step 3, retest the reactive muscle pair to confirm that it has been corrected. To date we have had 100 percent success in correcting identified reactive muscle pairs with this technique.

It is important to understand that this technique only corrects those reactive muscle that are currently activated. If the testee is still feeling the need of more balancing, this indicates that additional work needs to be done. There may be more reactive muscles to be activated and balanced, or there may be frozen muscles to be balanced, or there may be some other sort of problem, structural, etc.

Frozen Muscles

We were introduced to the concept of frozen (or over energy) muscles by Rick Utt (refs. 6 and 7). We provided a summary of our techniques for dealing

with frozen muscles in 1986 (ref. 3) and how frozen muscles could interfere with food sensitivity and allergy testing in 1987 (ref. 4). In this paper we have dropped the use of the term "hypertonic" (which literally translated means "over tension") to describe this muscle state because other practitioners use this same term with other meanings.

A frozen muscle is a muscle that will not unlock (become weak) in the presence of an unlocking signal (such as pinching the spindle cells) since it has too much energy ("over tension" or "over energy").

The test that we use to determine if a muscle is frozen is for the testee to touch their K27 with two fingers on the same side as the muscle being tested. If the muscle tests strong before the K27 is touched and weak while the K27 is being touched, the muscle is frozen.

Ref. 3 reported our first innovation in this field, the correction of a frozen muscle by tapping the alarm point for the associated meridian. We now report on a new correction procedure that we have discovered. This procedure does not require knowledge of the meridian or for that matter the particular muscle or muscles that are frozen. This enables the procedure to be carried out without muscle testing to determine the proper points to activate and thus becomes a viable do-it-yourself technique.

The Frozen Muscle Balancing Technique works as follows:

A. Place the thumb pad on the index fingernail and lightly touch the stress release points on the forehead with the middle and ring fingers, using both hands.

B. Visualize the tight muscles relaxing.

C. Briefly exercise tight muscles and repeat release as desired.

As with the reactive muscle correction, it is helpful for you, when you initially experiment with this new technique, to identify specific frozen muscles by using the K27 test or whatever other test you trust before doing the correction and retesting after the correction. Again we

have to date experienced 100 percent success in balancing previously identified specific frozen muscles using either the K27 or spindle cell test.

Much of the neck and shoulder tension we experience at work and in other stressful situations is caused by frozen muscles. So this balancing technique becomes a powerful tool for release of this tension. Often we hold our emotional stress in tight muscles. This procedure is doubly effective because it is providing muscle stress and emotional stress release at the same time.

Examples

Elizabeth provided a good example of how this technique can be used for self help. She tripped on a low stone wall and fell hard, skinning her knee; becoming quite disoriented from the force of the fall. Based on previous similar incidents, she could reasonably expect to develop severe muscular aches and pains due to pulled and reactive muscles. However she immediately carried out the reactive muscle correction and the frozen muscle correction just described. That evening she remarked that she was experiencing absolutely no after effects from the fall.

P. K. arrived with painful stiff neck and shoulders. The right shoulder was very sore and tender and was also noticeably lower than the left shoulder. She had very limited range of motion with her arm; she could not put her hand behind her back or raise it above her shoulder. This condition had persisted for several months. We had her do the frozen muscle correction; she immediately felt relief from the neck and shoulder tension. Next we had her lift her hand as high as she could and to move it as far as she could towards behind her back. Then we had her do the reactive muscle correction followed by the frozen muscle correction. We repeated this sequence several times. Each time there was a significant increase in the range of motion of the right arm.

At this point P. K. was experiencing considerable relief from pain, much improved range of motion in the right arm, and her shoulders were level. She

had done all the corrections herself, and, although we were using the reactive muscle screening test described above to show that reactive muscles were being activated and then corrected, P. K. did all the corrections herself and could have done them without any muscle testing.

P. K. was still experiencing some discomfort, even though all the reactive and frozen muscles involved were clear; so to make further progress it was necessary to look for other types of imbalances using advanced techniques. We found an energy imbalance in the pelvic area, corrected it with energy balancing. Then we had P. K. repeat the reactive muscle and frozen muscle techniques to correct any imbalances triggered by the pelvic corrections. This cleared the problem. All that remained was residual muscle soreness reflecting the need for some time for the muscle tissue to heal now that the stress has been eliminated. Rechecking P. K. two days later showed that the corrections were holding.

This second example shows how someone with a very severe problem can achieve a great deal of relief with simple do-it-yourself techniques, but some more sophisticated techniques may be required to attain complete relief. We are looking forward to the day when additional simple do-it-yourself techniques will further close this gap.

References

1. Barhydt, Hamilton, *An Approach to More Stable Muscle Balancing*, page 45, International Journal of Touch for Health, July 1983
2. Barhydt, Elizabeth and Barhydt, Hamilton, *Sneaky Reactives*, page 137, International Journal of Touch for Health, July 1984
3. Barhydt, Elizabeth and Barhydt, Hamilton, *Some New Ideas in Muscle Testing and Energy Balancing*, page 56, International Journal of Touch for Health, July 1986
4. Barhydt, Elizabeth and Barhydt, Hamilton, *Some Important Considerations in Muscle Testing for*

Foods and Supplements, page 18,
International Journal of Touch for
Health, July 1987

5. Barhydt, Elizabeth and Barhydt,
Hamilton, *Update on Electromagnetic
Balancing, Food Testing, and*
International Journal of Touch for
Health, July 1988

6. Utt, Richard D., *Applied Physiology
I*, International Institute of Applied
Physiology, 1986

7. Utt, Richard D., *Applied Physiology
II, Reactive Muscle Procedures*,
International Journal of Touch for
Health, July 1988

8. Thie, John F., *Touch for Health*,
DeVorss & Co., revised edition 1979

More on Meta-Integration

by Elizabeth Barhydt, BA, and Hamilton Barhydt, PhD

Abstract

Meta-Integration, as conceived by Steven Rochlitz, is shown as an extension of Full Electromagnetic Balance. New techniques for achieving Full Electromagnetic Balance and Meta-Integration are described.

Background

Concerned that the early techniques developed for "right-left brain integration" left the testee in the situation where homolateral activity would muscle test weak, we explored the situation further. Combining techniques described by Richard Utt (Refs. 7 & 8) and Sheldon Deal (Ref. 5), we found that it was possible to create a Full Electromagnetic Balance condition where the testee would muscle test strong for both homolateral and cross-crawl activities (Ref. 3). Actually the benefits of this balancing technique, which we nick-named the "Five Finger Quick Fix", are far broader in scope, since this single energy balancing procedure simultaneously balances the entire class of electromagnetic imbalances (listed on page 28 of Ref. 5). These include:

Right/Left Brain Dominance

Switching (right-left, up-down, front-back)

Cross-Crawl

Centering: Hyoid, Gaits, Cloacals

Acupuncture

Also included in this category is:

Central Meridian Reversal

An interesting outcome of the Full Electromagnetic Balance is that both the right and left side indicator muscles test strong when humming (right brain activity) or counting (left brain activity), indicating that there is no right-left brain inhibition occurring, and that an

indicator muscle tests strong after either homolateral or cross crawl activity.

Our most recent simplified version of the Five Finger Quick Fix to achieve Full Electromagnetic Balance and full right-left brain integration goes as follows: While holding the five fingers of one hand around the navel, with the other hand rub in succession the K27 points (the upper ends of the kidney meridian) for right-left balance, the lower lip (the upper end of the central meridian) for up-down balance, and the upper lip (the upper end of the governing meridian) for front-back balance.

Meta-Integration

Once several investigators, including Steven Rochlitz and ourselves, established that a person in full right-left brain integration and full electromagnetic balance would muscle test strong to both homolateral and cross-crawl activity, Rochlitz introduced the idea of Meta-Integration (Ref. 4), that is, a balance beyond the regular Full Electromagnetic Balance or right-left brain integration. Basically he discovered that a person who muscle tests strong to pure homolateral activity and pure cross-crawl activity might not muscle test strong to combined homolateral and cross-crawl activity. A good example to this type of combined activity is the classic jumping jacks calisthenics exercise. A person that tests weak after doing jumping jacks lacks Meta-Integration.

Other indications of a lack of Meta-Integration are that the testee will muscle test weak while repeating, "I will try", or when looking at an H. Recall that the person who muscle tests weak after cross-crawl activity will muscle test weak to X or = and a person who muscle tests weak after homolateral activity will test weak to | |.

The Rochlitz procedure for establishing Meta-Integration is to do the jumping jack exercise while humming to activate the visualization-integration area of the brain (Ref. 4).

The importance of Meta-Integration is that not only does it correct energy imbalance caused by combined homolateral cross-crawl activities and thus improve overall physical agility and endurance, but it also eliminates the negative aspect of "trying". People who are experiencing difficulty coping with a task may find less energy drained by the stress of "trying" and more energy available to accomplish the task.

New Balancing Technique

We explored the ramifications of Meta-Integration further by putting the imbalance into pause lock and using finger modes to find the priority correction. We have found in all cases tested to date that the priority correction was for chakra imbalance, and with one exception the chakra involved was the crown chakra.

For chakra imbalance correction, we have been using age regression, presumably to the time that the chakra imbalance occurred, followed by lightly touching the neurovascular reflexes on the forehead for Emotional Stress Release. We found that for Meta-Integration it is not necessary to use the age regression to establish a balance. Meta-Integration can be established simply by having the testee lightly touch their Emotional Stress Release (ESR) points while repeating the words, "I will try", several times. Repeating this phrase is equivalent to putting the imbalance signal into pause lock while carrying out the ESR procedure.

A recent discovery is that by doing Meta-Integration by touching the ESR points while repeating "I will try" will often release frozen muscles, particularly in the neck and shoulders. These are the muscles that freeze up due to nervous tension and that are often difficult to get to stay in balance. The Meta-Integration correction apparently releases the

tension that is causing the muscles to freeze up and thus corrects the frozen muscles by eliminating the cause.

Despite the apparent relationship between Full Electromagnetic Balance and Meta-Integration through the spectrum of homolateral, cross-crawl, and combined homolateral cross-crawl activity, these are two entirely separate balances. A person can be in Meta-Integration without being in Full Electromagnetic Balance and vice versa. Correcting a person for one of these forms of energy imbalance does not affect that person's state of balance relative to the other type of energy balance.

References

1. Barhydt, Hamilton, *An Approach to More Stable Muscle Balancing*, page 45, International Journal of Touch for Health, July 1983.
2. Barhydt, Elizabeth and Barhydt, Hamilton, *Sneaky Reactives*, page 137, International Journal of Touch for Health, July 1984.
3. Barhydt, Elizabeth and Barhydt, Hamilton, *Some New Ideas in Muscle Testing and Energy Balancing*, page 56, International Journal of Touch for Health, July 1986.
4. Rochlitz, Steven, *Towards a Complete Theory of Integration and Beyond, Meta-Integration*, page 109, International Journal of Touch for Health, July 1987.
5. Stokes, Gordon and Marks, Mary, *Dr. Sheldon Deal's Chiropractic Assistants and Doctors Basic AK Workshop Manual*, Touch for Health Foundation, 4th edition, 1983.
6. Thie, John F., *Touch for Health*, DeVorss & Co, revised edition 1979.
7. Utt, Richard, *Applied Physiology I*, International Institute of Applied Physiology, revised edition 1987.
8. Utt, Richard, *Applied Physiology II*, International Institute of Applied Physiology, revised edition 1987.

A T.F.H. Balance: Wot Duzit Do? & How Long Duzit Last?

by Brian H. Butler, B.A.

Touch for Health is a unique concept in health care. It is a way to help those who feel well to feel better! T.F.H. does not address disease. It does not attempt to solve the health problems that properly belong in the domain of the highly trained professionals.

T.F.H. - A life-saver!

It is an amateur program to help people to be creative with their health. It is a force for those who want to create and maintain health for their family and friends.

Those who lose sight of the powerful preventive force of a fourteen muscle test and balance plus gait and eight, miss out in a big way. It is a pity not to continue to enjoy the fruits of what we first discovered when we took our basic TFH class.

Some, more advanced in the knowledge of kinesiological techniques, have even called the basic TFH balance "primitive". Maybe it does not have all the answers, if one is attempting to solve some involved and complex health problem, but that is not what Touch for Health is all about.

The genius of the TFH concept is in its power to keep a person balanced, physically, dietarily, energywise, and emotional stresswise. Regularly locating the otherwise imperceptible harmful distortions and compensations with muscle testing, and correcting them before they give rise to discomfort yields amazing power to stay well.

Professionals treat - *We prevent!*

The opportunity to utilize techniques normally used by professionals to "treat" aches and pains for prevention when someone feels fine can appear to be a pointless waste of time. On the contrary!!! A TFH balance does much

more than most people realize, or ever begin to imagine.

Touch for Health can be used preventively to locate potential sources of trouble long before symptoms or distress become evident. Our bodies run on an amazingly complex form of electromagnetic energy. Each function in the body is controlled by a specific and highly individual energy form, which ensures correct function the part of the body it feeds.

Energy fields - Our "life-blood"

If an energy circuit weakened by everyday stressors is not corrected, this throws additional strain on other parts of the body. The energy fields controlling the whole body will be adversely affected. An excess of energy in any area of the body can produce pain; a lack may sooner or later give rise to disease.

A Touch for Health balance retunes the electrical circuits individually. The notion of resetting circuit breakers is one way we help restore balance. Another analogy is to compare balancing a circuit with fine-tuning a television picture to give the finest reception possible.

Most people walk around with rather fuzzy pictures! Balancing specifically addresses each of the body's "channels", and fine tunes them for clearer, cleaner, optimum function. Muscle testing "talks" to the body and communicates with it on profound levels it understands and responds to.

We can be stressed in five aspects of our lives, and each affects the other. Physical stresses affect our mental, chemical, and energy balance. Chemicals can poison us, causing physical and mental disturbances. Mental problems do cause real sickness and pains which are not just all in the

mind. Energy stress is the fourth, and thermal stress the fifth, not often considered.

The Effect of Energy Imbalances

The energy imbalances in the tone of muscles revealed by Kinesiological tests, can have far reaching results upon our health. If not rectified, over a long period, they can have undesirable effects upon the related bones to which muscles are attached. They can also reflect a problem into other parts of the structure, affecting posture.

Perhaps the function of organs can be impaired. The blood supply can be restricted or energy flow to vital nerve pathways can be impaired. The vital "feed and clean" processes of lymphatic flow and drainage can become sluggish and choked. The mental balance may also be disturbed due to pain, lack of energy or generally feeling unwell.

One thing leads to another.

We do not feel any unpleasant effects when imbalances first occur, but a weak muscle on one side will cause the one on the other side to tighten. This can lead to muscle spasm, which can then pull the bones that are associated with it out of alignment.

This can involve further muscles being affected, and the compensations mount up. It now becomes clearer, how sudden unexpected pain in the back or neck may be the result of a long standing problem in musculature, and not "just because I bent over to pick up a pencil".

This encourages us to look again with renewed appreciation at the amazing power and value of regular balancing. Muscle testing discovers and "balancing" solves the potential problems before they can cause real damage.

The Effect of Mental Stress.

Many medical authorities are coming to the conclusion that perhaps 80-99% of all disease has a large psycho-somatic component. This does not mean that the illness is not real or is due to imagination.

It is simply a fact that our minds can cause adverse changes in the way our bodies function. Distortions in the controlling energy patterns produce ulcers, migraine, rheumatism, and a host of other very real problems.

In our daily lives, emotional upsets, mental anguish, business and family worry can and do divert the normal distribution of body energies. Often this energy displacement remains static, fixed, frozen in the memory banks of the body tissues, sometimes for years, even after the original cause is long forgotten.

Untreated, these energy distortions can exacerbate the type of nervous ailments that to an apparent need for pep pills, tranquilizers, and other kinds of drugs which affect the central nervous system.

Balancing Restores Well-Being.

This type of stress can be prevented by regular balancing. The newly discovered techniques of balancing for a goal, or balancing the person whilst they are "in the mode" often will dissolve away and reset the circuits which have "blown".

It is found in practice, that although considerable increase in well-being may be gained from just one balance, the effect may or may not last very long. It depends on the degree to which the everyday lifestyle still persists in switching off the circuits.

Experience shows that the body slips back into symptom producing energy patterns unless properly spaced balances are given. It is essential that people are urged to consider and practice the preventive care aspects of Touch for Health.

So How Long It Will Last?

Many factors determine how long a balance will last may be summarized as:

1. How long we have been out of balance.
2. Lifestyle and its destructive habits.
3. Removal of stressors.
4. Spacing of balances.
5. Positive Mental Approach.

6. Avoiding new stressors.

What Can I Do?

The text book offers many suggestions which might have a great bearing on preventing many types of problem. Prevention saves pain, inconvenience, lost work hours, financial loss and all that makes matters worse. Take care of your health!

Avoid undue sudden structural strains of jerking, lifting and twisting the torso and the spine and limbs. Use your body with care. Look after it with regular daily exercise, walking and swimming are excellent.

In the realm of foods, take some real thought about what you eat. Ensure that your diet provides you with balanced meals of healthful, unprocessed, natural, and nourishing foods.

Eat slowly, chew thoroughly, and give yourself time to relax after a meal. Why carefully put top grade fuel in your car and low grade junk food in your stomach?

In the mental sphere, do all you can to avoid the stress of harmful emotions. Anger, worry, disappointment and interpersonal conflicts all diminish the power of the body to maintain good health.

A Personal Responsibility.

Since we know about the power of Touch for Health we have a responsibility to dedicate ourselves to prevention. We have a responsibility also to share this wonderful idea with others, since we will never conquer disease until we focus on prevention.

Therapists can teach the techniques and will be able to help patients a great deal more effectively if they encourage each person they treat to make a commitment to helping themselves.

Decide to take out a maintenance contract on yourself; offer to give and be willing to receive regular energy balancing sessions. Certainly there is a cost in time and trouble, if not in

expense, but it pays handsome dividends. Your health is your most precious possession. Take care of it while you have it.

Goal Balancing

by Brian H. Butler, B.A.

Goal balancing has come together over the last few years in many different forms, and has been developed in specific ways by several people. It is hard to say where it began, but I would suggest that it might have been with the expansion of ideas surrounding the Touch for Health technique of Emotional Stress Release. Initially we just dealt with current stresses. Then E.S.R. Past-Present-Future opened up new ways of dealing with life's stressors. Using imagery to assist, this is a very useful technique.

Paul Dennison has done an enormous amount of research on dyslexia. Himself afflicted with dyslexia, he formulated "Educational Kinesiology" which as "Edu-K" is being taken to the American school system, and is achieving results hitherto thought impossible with slow learners. His book, *Switching On*, offers many ways to deal with the stresses of reading and writing and learning. Gordon Stokes has developed ONE BRAIN which utilizes many different ways to "clear" and integrate the brain. Wayne Topping offers a number of ways to deal with mental stress in his book, *Stress Release*. In his book, *Five Minute Phobia Cure*, psychologist, Dr. Roger Callahan, Ph.D., offers revolutionary, yet simple ways anyone can help themselves and their friends out of the blocks that confront them without having trained as a therapist at all!

To these people and many others go my thanks, and I hope that they will recognize their work in this synthesis which I have developed in the process of working with many people with great success.

It would be my suggestion that you may find this a simple framework from which to develop your own way of working. I feel that as soon as any technique or system is set in stone, we may lose a

great deal of spontaneity, individual flair, and useful guidance from intuition. Being responsive to the moment is part of the way to success in working with phobias and goals, and indeed in life itself.

Before We Start

To use kinesiology effectively, one needs to be a detective, constantly alert for the little clues which will lead us to solve the problem. One of the secrets of being a good detective is to LISTEN carefully. Sometimes the most innocent comment may yield enormous mileage, so it pays to listen to every word for its true meaning. Also our greatest affliction is lack of self-esteem, so always look for ways to help resolve this, it is a key.

Goal Balancing, Relief from Phobias and Fears.

Growth change and correction seems to be achieved by working on the meridian(s) where over energy is produced when someone thinks about or involves themselves with mental/emotional stressors.

Many tools are available to us:

Preparatory Tools -

1. Listening to hear and understand, "Active Listening"
2. E.S.R.
3. Balancing, by whatever means, TFH, A.K., E-K, One Brain, Tao-Key, etc.
4. Brain Integration Techniques
 - a. Correcting Switching
 - b. Correcting Gait
 - c. Figure of eight, and midline exercises.
 - d. Nostril Breathing
 - e. Central Meridian
 - f. Cross-Crawl and its derivatives.
 - g. Nutrition

Clearing Tools -

1. Working on over energy
 - a. N.L., N.V., Nutrition, Meridian Running, etc.
 - b. Tapping meridian beginning and/or end points.
2. Affirmations
3. Eye Rotations, L/R Integration
4. Temporal Tap
5. Nutrition
6. Bach Flower Remedies
7. Muscle Test Anchoring

It is important that this be a gentle procedure. Avoid confronting issues to pain level. Nothing is to be gained from making the person more uncomfortable than is absolutely necessary to achieve the energy disturbance, so we can find them and resolve them.

Psychological "Reversal"

In an attempt to have people realize their responsibility, some therapists make strong statements about this to their - victim - patient. This might take the form of "Of course you realize you brought this on yourself, don't you?" or "How long do you want to go on suffering like this, are you willing to let it go yet?" or "What do you gain from this illness/problem?"

Just because something is true, does not mean it has to be said. Gently leading someone to the resolution of their problem is infinitely to be preferred to prodding them with a toasting fork and pushing them a little nearer to the fire.

Most of us know all about "catch 22". We also understand "I wish I" Who is that second "I" who will not allow us to achieve what the first "I" wishes? Whether it be giving up smoking, or losing weight, or changing jobs, or whatever, some part of us will not let us achieve the goal which is part of us' heart's desire.

When we say, "I want to be happy", or "I want to enjoy life", and part of us resists this to the extent that a strong indicator muscle will then test weak - we have a problem! When a positive statement is

made, which by all accounts should make us strong, makes us weak, this is a reversal of the way things should be.

This is a clue. We all understand that we have a destructive part of us which resists all our efforts to achieve that which we most desire. Psychological "reversal" is a fact!

Dr. Callahan found a "key". He found that activating Small Intestine 3 resolved this energy conflict. Nothing short of genius! Or "inspiration". Anyway whatever, he found it. So we will use it! If a person tests weak on a S.I.M. when a positive life--goal statement is made, they are "reversed" and tapping SI 3 will resolve this.

It is wise to check this from time to time if one is dealing with a person in depth. Since in the same way that some will "switch" when in process, others will "reverse". So check occasionally that the individual has not "reversed" or "switched". If they have, then pay attention to the "switching" correction procedure, or to the "reversal" correction.

Affirmations

The power of the mind is virtually infinite. The power of thought can and does change the world. Yet we "think" we are powerless, and so we are. We think we can do something, we can, and do.

Affirmations are positive statements. They are best couched in terms which state the case as if it already exists and is present continuously, even and especially when it is not. Use strong verbs, such as "I release", "I am", "I love", for strong affirmations.

Thus: "I want to give up smoking." is not an affirmation.

"I am a non-smoker, and enjoy being free of the habit of smoking" is a powerful statement which could be used as an affirmation. It also strengthens the affirmation if it is personalized. "I, Brian, am a non-smoker."

The mind is very devious and will find all sorts of ways to avoid the issue and cheat us out of our desired goal. So when working for instance with smoking, be sure to cover all aspects of smoking in your challenging statements to the person whilst testing the indicator. E.G., "I, Brian, no longer desire to smoke even when I am having an alcoholic drink", and "I enjoy my food and never feel the need to spoil the flavor by smoking a cigarette afterwards. "I release the need to repeat all habit patterns connected with smoking." Cover as many aspects as possible, testing each statement out on the indicator.

Subjects frequently forget the words of the affirmation which shows how the mind is wriggling around attempting to avoid the issue. Focus more carefully if this happens. It may be necessary to rephrase the statement.

Self-Image & Self-Talk

The deepest seated of all problems is our basic lack of love and confidence for and in ourselves. If someone cannot say "I profoundly and deeply accept and love myself with all my problems and shortcomings" without the indicator going weak, they need a correction of Small Intestine 3 by tapping it twenty or thirty times. It also works well to have them say this on a regular basis, whilst taking Rescue every half-hour.

In the TFH ITW we talk about "Self-Talk". This involves saying things to yourself which build you up rather than tear you down. Most people talk to themselves very destructively, and even rudely and insultingly. "I am an idiot", "I am useless" etc. The opposite tack is essential. Encourage your subject to listen for and eradicate all negative self-talk.

Correction Options

One may approach corrections in many different ways, from the simplest to the most detailed. Some circumstances may be conducive to one approach and other occasions to a different way of handling the situation. Whatever you do will help,

sometimes completely, sometimes partially, sometimes only for a short duration and then the process may have to be repeated, or some other method utilized.

As one becomes familiar with all the tools available, and sensitive to the needs of each individual with whom we deal, then trust that the right approach will happen.

One Simple Option -

1. Establish a "clear" muscle indicator to test, i.e., one which will switch off.
2. Check for switching.
3. Check for reversal and correct if necessary.
 - a. Have the person say "I am ready to ..."
If they test weak, correct SI 3 with 30 taps. Whilst saying: "Although I have ... I love and accept myself."
 - b. Have the person say "I want to keep my ..."
If they test strong, correct SI3. Whilst saying: "Although I have etc."
4. Test indicator whilst subject thinks of or states problem:
 - a. If strong, test for switching or reversal.
 - b. If weak, touch Stomach alarm point. If this strengthens the indicator, tap the beginning and end points of the Stomach meridian.
 - c. If weak, and Stomach alarm does not change indicator, check the other meridian alarm points starting with the spleen, and then tap the beginning and end points of the meridian which changes the indicator.
5. Recheck the indicator while the person goes over the problem again. Preferably check out that they are over it as soon as possible by carefully exposing them to the actual problem.

One could use the pulses to TL for a change of indicator if you would prefer to

use them, maybe using the deltoid for an indicator.

A More Detailed Correction Option:

1. Utilize some or all of the preparatory tools suggested above. Use the usual screening procedures to determine which to use, and in order by priority.
2. Optional check for reversal, "I want to be happy and well" should test strong, "I want to be miserable" - should test weak. You may use any statements which imply the same thing. If reversed, use SI 3, tapping 20-30 times.
3. Focus on the general area to be dealt with. Think about all the ramifications. Do your best to find the central core of the problem. Most problems have a hub, and many "spokes" which radiate out. Whilst thinking about the main issue, preferably having the subject verbalize wherever appropriate, then one or more of the following:
 - a. Check pulses for over energy (or alarm points). Correct over energy meridian by tapping beginning/end points. rubbing NL/ touching NV/, etc. If more than one meridian shows, check for switching.
 - b. Test "clear" indicator muscles bilaterally. If one weakens use brain integration by drawing the arms together watching the hands, whilst repeating the positive affirmative statement. If they weaken bilaterally, use eye rotations whilst the affirmation is repeated. Ensure that they "track" your fingers correctly. At specific points in the circuit they may "flip out" and if this happens, this is an indication that the brain is "avoiding the issue" and the statement will not "hold".

N.B. Sometimes the subject will "forget" what the statement was, especially if you are assisting them formulating it. This

"forgetfulness" is another indication of the brain's unwillingness to "let go" of this particular problem.

- c. When you find the weakening of an indicator muscle, utilize the "realms" to find which is the most appropriate way to correct the imbalance, using priorities:

Electrical: 5-Element Umbilicus, Cloacals, Gait, Hyoid, X-Crawl, Blood Chemistry

Emotional: E.S.R., use all sense, BodyScan, Affirmations.

Emotional-Bach Remedy Mode: Check Bach Remedies.

Nutritional: Use Ridler/substance to find vit./min. need

Nutritional-Allergy Mode: check for allergens to correct.

Structural: Utilize TL to find vertebral involvement.

Chakra: Correct touching Crown Chakra and holding 1" over cuts.

- d. Temporal Tap: Tap in confirming positive statements to Left Temporal Bone, and confirming negative statements into the Right.

Some Distinctions of Touch Healing

by Phillip Crockford

The purpose of this presentation is to assist the Touch for Health instructor and facilitator in making clear some of the primary distinctions which can make your work more effective.

The dictionary defines distinction as the making of a difference. Distinctions allow us to make a difference - not only to differentiate one thing from another but also to make a difference in a larger sense: in the quality of our work, the quality of our lives, and our impact on and within the world.

Touch healing work has some unique characteristics which, when identified, can be used to maximize the impact of your work.

1. The Placebo Effect

Much has been written about this marvelous dynamic in healing. I do not need to cover all of that same ground here. However, I do want to point out that being aware of the dynamics of the placebo effect as you work and teach with Touch For Health, allows you to orchestrate both your presentations and private sessions in such a way as to get the most benefit for your students and clients.

- One of the keys to creating a powerful placebo is to do the things which meet people's expectations. To do this, you have to be able and willing to be a good listener to find out what the person's expectations are.
- For many people in our culture a good explanation is a necessary part of the placebo effect. That is, we need to know the "why" of what is happening. Somehow this understanding of the reason allows us to increase our belief in the effectiveness of what is

happening. Even when we are very sophisticated and know all about the dynamics of the placebo effect, it is still true that understanding the "why" seems to enhance the effects. One way to say it is: our left brain can relax once it has a reason to hang onto. This allows it to "get out of the way" so that the right brain can do its work to help us mobilize our healing resources.

- Another powerful aspect of the placebo effect is that it magnifies with the number of people who are present to and aware of the healing. This is why many kinesiology workshop leaders and lecturers are able to get stunning results in their demonstrations while these same results often are not as easily repeated in private practice by the people who attend the workshops.

Dr. John Thie uses this magnification effect very consciously in his own clinic: his treatment room is set up so that people who are waiting to be treated get to watch and therefore participate as observers in the healing process that is happening. This helps the people on the tables getting treated *and* also increases the positive mindset of those waiting by having them see a positive healing result happen several times before their own treatment.

For a really wonderful in depth discussion of the placebo dynamic as it applies to Touch For Health and more generally to our relationships with other types of healers, please see the introduction to the Touch For Health workbook written by Dr. Thie.

2. Both People Get Healed

This distinction is one of the deeper truths of healing that I have found very

useful to bring out in my basic classes. In the main therapeutic model that our culture uses, there is the Healer and the "Healee"; that is, one person is doing the healing and the other person is receiving the healing. I make a different distinction: when healing is occurring both people are being healed.

- This is consistent with God's promise in the Bible: "Whenever there are two or more of you gathered in my name: I will be there." Healing means becoming whole; the healing relationship is an opportunity for both participants to become whole. This is a more encompassing truth than the "healer/healee" model.

- I think it is especially useful to point this out in our classes for lay people and families. The way that I demonstrate this at the beginning of a Touch For Health class is to ask for a volunteer who has not had much experience balancing or with muscle testing.

I tell the class: *"I'm going to show you what you will be able to do with Touch For Health by the end of the class. That is, I'm going to show you a Touch For Health fourteen muscle balance in action. I'm going to show you how much improvement you can get. But before we do that, take a look at my posture right now standing here. Get a sense of how well balanced I look to you and the color of the skin, the light in the eyes, the tone of voice, etc and get a general impression of my current level of vitality and well-being"*.

At this point I am inviting the class with their limited experience to evaluate my well being level in terms of posture etc. I then ask the volunteer to balance me. I don't use a lot of explanation, I just simply hold my arm in the correct positions and say "Push". When the muscles are switched off, I say: *"please rub me here on the back and I'll rub the front"* etc, etc.

I avoid any fancy terms such as "neurolymphatic" and I am not fussy

or precise about positioning of tests or pressure or other technical details. My focus is on getting some quick feedback from the muscles and getting balanced where appropriate. The whole process usually takes about three to eight minutes.

At the end of this time I thank the volunteer and have the class reevaluate my posture and vitality level by asking for positive feedback i.e. *"What improvements have you noticed?"*. Because I am used to benefitting from Touch For Health, I never fail to have a positive effect from the balance that the class can observe and point out.

Then comes the critical step: I ask the volunteer how she feels now as compared to before she did the balance: *"Do you feel worse, the same, or better?"* Every single time that I have done this, the volunteer reports that she feels better for having helped me get myself balanced. I then take the opportunity to point out that this is evidence of a fundamental truth in healing: that both people get healed in an effective healing interaction.

Later in the class, when they are thinking of going home and working with their friends and family with the techniques, I remind them of this initial scenario. The reason for this is that many people are looking forward to going home and enthusiastically "working on" their loved ones. Often they are very disappointed to meet with resistance and suspicion. I tell them: *"Since both parties benefit from healing, one of the ways to make sure that you get little or no resistance, and as much appreciation as possible is to go home and ask your loved ones to work on you, instead of working on them"*.

This way, your students are putting themselves in the vulnerable spot. Even if they say "Well, I don't really need it so much as they do", I remind them that the other person is getting the help and support of healing simply by participating in the two-way process.

I hope you will be able to use my method of making this important distinction successfully in your Touch For Health classes to increase your students' success in sharing the work.

3. Levels Of Contribution

These distinctions were first made by Nancy Joeckel at the Annual Meeting in 1984. I make them available to my students in the context of having them maximize their ability to communicate and share Touch For Health effectively.

- The broadest and easiest level of contribution to make to others is not necessarily by touch healing with them, but is to simply use touch healing and Touch For Health skills to **be well yourself**. By being well, you are more of a joy to be around, your energy and aliveness will "rub off" — you use touch healing to make the most of your life and be a direct contribution to others.

- The next level of contribution, which is a deeper contribution, but also a higher risk (see diagram) is to **ask someone else to help you in getting yourself balanced**. This involves somewhat of a risk of rejection, although not so high because you are putting yourself in the vulnerable position. You are contributing to the other person by allowing him to participate in the healing process.

- The next higher level of risk and deeper level of contribution is to **offer to show another how to get herself balanced and tuned up**. On this level you may run more of a risk of rejection and also encounter more difficulty explaining what you are doing. Part of this is because the other person has to be willing to put themselves in the vulnerable position of needing your assistance. This level is often regarded as a basic level of contribution; what you may see from this discussion is that it is actually the third step up the ladder.

- An even higher level of risk and, at the same time, a deeper level of contribution, is to actually **teach classes and share Touch For Health/touch healing professionally**. At this level you have the possibility of having a very deep impact and interaction with more people. Your risks are correspondingly higher.

By making these distinctions about the level of risk and the level of contribution that are available, you can enable your students and clients to share touch healing more effectively.

4. What makes Touch For Health so effective.

I have found it very useful in both one-on-one and group work to identify the *unique characteristics* of Touch For Health and the touch healing work we do which make it effective. I do this, not so much for the sake of comparing with other systems and modes of healing, as to simply identify what it is about what we do that has it make such an impact. Here are some of the more important features as I see them:

- **Touch**. Of all the senses has the most involvement in our neurological development. Most Touch For Health instructors have heard of the studies of touch-deprived infants who were more prone to emotional instability, constitutional problems, and learning difficulties.

No less an authority than renowned family therapist Virginia Satir emphasizes the need for touching in the form of hugs for maintenance and growth of self development. Although there are numerous studies to demonstrate the efficacy of touch in improving the quality of human experience, the fact remains that our culture is basically a nontouching culture and has many taboos against it. The touch aspect of our work opens an opportunity to give the benefit of touch stimulation in an acceptable context.

• **Proprioceptive Involvement.** A sense of proprioception or internal awareness is intimately connected to many other aspects of neurological processing. Most of the receptive circuitry is regulated in the cerebellum or back part of the brain. Movement is a quality that identifies all life and is a very high priority in terms of our survival mechanisms. Your proprioceptive sense is the key to effective movement: the development of the proprioceptive systems through muscle testing therefore has a direct connection with many of your main survival mechanisms.

The act of muscle testing provides a high quality feedback for the proprioceptive system, making a direct impact on what I call "the 99%" — this is the major portion of your awareness which continually (unconsciously) operates all the miraculous systems that make up the human body. Because of its proprioceptive nature, the input from the muscle test reaches "the 99%" far better than most verbal conversations or even nonverbal looks and expressions.

• **The instantaneous quality of the muscle test response.** In our contemporary society people are used to the "TV culture". That is, we expect results to happen immediately and, with our modern technology they often do, far more quickly than ever before. There is a general unwillingness these days for people to be willing to wait for any kind of result. Whilst this may be deplorable from certain points of view, it is nonetheless a definite identifiable trend.

Touch For Health most definitely answers the need for quick results: you can tell right away if the muscle has strengthened or deteriorated within seconds of your correction. This quality has great appeal to children and also as a tool for demonstrating to people immediate results. I know that as an instructor you are already aware of this aspect and use it constantly. What I am saying here is that it can be very effective if you make the cultural

appeal of this quality apparent to your clients and students. They will then be able to consciously use this feature to get the most out of their Touching For Health.

• **The Communication Opportunity.** The muscle test opens the possibility of a profound communication opportunity. It is *only* a possibility: in the therapeutic model of doing muscle testing *on* people it is not unusual for the testee to be somewhat unconscious of the responses. However, the opportunity does exist to have both parties highly conscious of a heightened awareness of body/mind interaction *and also* of the enrichment that can come from cooperation. This is especially true when you use the *cooperative educational* model of muscle testing.

I hope you find these concepts and distinctions valuable. To me, they are of a fundamental nature: that is, they transcend the detailed interpretations and theories of the individual variations in our touch healing work. Working within the framework of these distinctions and concepts, you will be able to use any or all of the different kinesiological methods that you have learned and will also have the freedom to apply them in new and creative ways to get the healing results that you want.

Suggested Reading

The Body Quantum by Fred Allen Wolf. MacMillan Books. 1986.

Touching by Ashley Montagu. Harper & Rowe. 1978.

Forgiveness and Jesus by Kenneth Wapnick. Foundation For A Course In Miracles. 1983.

Metabolic Modality

Acid/Alkaline testing and balancing for excess fat accumulation, food cravings, fatigue, allergies and sensitivities.

by Phillip Crockford

For the past three years I have been studying and teaching the IFA program, a health development/educational program from Australia. During this time I have seen it to be tremendously helpful for a wide variety of individuals: from people with moderate to severe overweight, allergy and fatigue problems to top athletes looking for peak performance; from people with difficulty sleeping or waking, to my own erratic blood sugar levels and apparent hiatus hernia problems (now disappeared!). In this article I will present some of the key concepts and practical ideas that may be useful to the Touch for Health Instructor and Facilitator:

1. The importance of acid/alkaline balance in the systemic bloodstream for the maintenance of health and correct weight distribution.

2. A new understanding of food cravings and habits.

3. A simple muscle test procedure to determine acid/alkaline balance.

4. Key elements in restoring and maintaining acid/alkaline balance

1. Acid/Alkaline balance

• pH balance mechanisms in the body

Blood pH is a critical factor in many of our major biochemical reaction systems. The pH of the blood is so important to the metabolic process that the body has three systems dedicated to maintaining this balance:

- a. the buffer chemicals
- b. the lungs
- c. the kidneys

The buffer chemicals are in the tissues themselves and make moment-to-moment pH adjustments in the intercellular fluids. The lungs maintain the pH balance in the blood over a longer period of time and the kidneys regulate the pH at 7.4 over an even longer work cycle.

• Blood pH is related to minerals and also to toxicity

Blood pH is related to the balance of sodium and potassium in the bloodstream. An excess of sodium will result in *relative acidosis*; an excess of potassium will result in *relative alkalosis* (note 1). Other primary minerals which have an effect are Magnesium, Phosphorus (acidifying), and Calcium (alkalizing).

Another component of this hypothesis is that excessive toxicity from poor elimination of waste can also accentuate a genetic tendency towards imbalance in blood pH. This occurs because toxic blood from the colon can impair kidney and liver function through the hepatic portal system and thus interfere with mineral/pH balance.

• Blood pH related to the A.N.S.

Another key link in this understanding is the state of the autonomic nervous system relative to pH balance in the bloodstream. The autonomic is that division of the nervous system which works to regulate our autonomic processes: metabolic rate, heartbeat, breathing, digestion, etc.

The autonomic nervous system (A.N.S.) has two branches or drive states: sympathetic and parasympathetic. The sympathetic branch regulates the "energy expressive" state where the *life energy is being projected outwards*: the state of more or less

stimulation or excitement. The parasympathetic branch comes into effect when we are in the *energy-conserving* state, that is when the activities are sedated.

When the bloodstream is relatively *acid*, there is a dominance of the *sympathetic* branch of the A.N.S.; when the bloodstream is relatively *alkaline*, there is a dominance of the *parasympathetic* branch of the A.N.S. This dominance of the parasympathetic is called *alkaline hibernation syndrome* (note 2).

• Blood pH and Fat Accumulation patterns are related to metabolic type

Different metabolic "types" have genetically-coded tendencies towards relative acidosis or alkalosis. The metabolic type can be recognized from physiognomy and also from health and dis-ease patterns.

The female individual with a relatively alkaline metabolism will be prone to accumulate weight in the lower body. The alkaline male will tend toward muscular wasting rather than weight accumulation.

For many women with more alkaline tendencies this cosmetic heaviness in the hips and thighs is often very disturbing. It could, however be seen as a positive solution in terms of the body: part of the liver function is to downgrade estriol and estradiol. These two urinary forms of estrogen can be carcinogenic when present in excess. If the liver function is compromised due to colonic toxicity (note 3), then depositing carcinogenic excesses of estrogen in fat deposits in hips and thighs is a "sensible" solution.

More "acid" individuals, both male and female, will tend to accumulate weight in the upper body or all over the body generally. Males especially can come to a point where muscular wasting is occurring in the legs while a considerable excess of muscle and fat bulk is present in the upper body. These individuals are often capable of dramatic weight loss, which is unfortunately most often followed by equally dramatic "rebound" type of weight gain. If this cycle continues long enough, the

individual may become toxic enough to go into relative alkalosis, at which point there will be fat accumulation generally, often accompanied by other symptoms and indications.

• Indications of acidosis

When an individual tends toward relative acidosis, there are a number of indications: dry mouth, shortness of breath, asthma, hyperactivity, rheumatoid arthritis, etc. Also obesity, frontal headaches, gout, and fatigue between 5 and 7 pm.

• Indications of alkalosis

When acid/alkaline balance is not maintained several indications can arise especially if the imbalance continues for an extended period. When the system goes into relative alkalosis (more common than acidosis), the indications are associated with parasympathetic dominance.

Several indications are understandable in terms of Chinese medicine, that is, associated with the time of day: the person may experience constant fatigue, often waking up tired in the morning, feeling generally fuzzy through the day and having difficulty with concentrating. This is true especially in the 3-5 pm phase (bladder meridian) when there is a natural tendency for the bloodstream to be more alkaline (note 4).

In parasympathetic dominance, the thyroid slows down. Indications associated with a slow thyroid and consequent impairment of liver function: dry skin and hair, dandruff, waking between 1 - 3 am, and problems with calcium metabolism such as morning arthritis and difficulties with mucus linings: herpes flare-ups, thrush etc. Estrogen levels are often out of balance, resulting in water retention and premenstrual depression.

Also associated with relative alkalosis are low stomach acid levels and consequent incomplete protein and mineral digestion. These may lead to bloating after meals, toxic bowel and cellulite accumulation (especially on hips

and thighs in females). The incomplete digestion of protein can contribute to a whole range of food and environmental sensitivities which have their origins in repetitive and restrictive eating patterns.

2. A new understanding of food cravings and habits

• Cravings as an expression of life-energy

All too often cravings are regarded as evils to be resisted. If we were to adopt the assumption that there is a life force which manifests through the nervous system, and further, if we were to recognize that the instinctual drives are an essential part of this life force which is largely operating below the threshold of awareness, then food cravings and related behaviors could be seen as important signals or messages from our unconscious awareness.

• Sugar, alcohol and tobacco cravings

As I have said, blood pH is critical to so much of our biochemistry. Almost all kinds of sugar convert to acid quickly in the body, as does alcohol. Since cigarette smoking will also promote an acidifying of the bloodstream because of the action on the adrenals, then sugar, alcohol and cigarette cravings can now be understood in a new light: legitimate attempts by the body to restore a necessary balance.

Many other food cravings can be resolved with this understanding: when there is a craving for a particular food, in some way the body needs *either* a nutrient in the food *or more likely* the metabolic stimulus from the food. The life-force manifesting through the nervous system as a craving is always a response to an immediate need. The brain's survival mechanisms are very existential: the five minute solution is far more appealing than the five year plan.

3. A simple muscle test to determine acid/alkaline balance

In the IFA Program we use a simple muscle test procedure to check for acid or alkaline mode:

1. Find a switched-on indicator muscle (also, do any other preparatory ritual that your belief system needs first).

2. Hold the palm of the dominant (writing) hand across in *front* of the forehead (close, but not touching) and test the indicator.

3. Hold the palm of the dominant (writing) hand across the back of the head (close, but not touching) and test the indicator.

4. Interpretation:

If both are on = balanced.

If switched off when hand is across forehead = *acid mode*.

If switched off when hand is across back of head = *alkaline mode*.

If switched off on both = very unbalanced, check need for water.

The interpretation is based on the neurological explanation that the front of the brain mediates expression (energy output/sympathetic dominance/acid mode), while the back of the brain mediates retention (energy conservation/parasympathetic dominance/alkaline mode).

To restore balance various approaches are possible. In the IFA program we have found particular combinations of herbal tinctures combined with eucalyptus or germanium to be most effective. Touch for Health balancing can also be effective in the short term, although other measures may be needed.

4. Key elements in restoring and maintaining acid/alkaline balance

The following principles and disciplines have been found helpful in the process of restoring and maintaining a balance. While these components are useful individually, they are far more effective when grouped and organized for combined effect.

• **Lymph Movement** – exercise which is aimed at improving lymphatic circulation and muscle coordination, rather than cardiovascular competence. Muscle testing can help determine the best exercises.

• **Food Combination** – disciplines which give the stomach optimum conditions for protein and mineral digestion.

• **Food Rotation** – disciplines which give the duodenum/pancreas optimum conditions for secondary digestive process, thereby avoiding food allergies and "chemical diabetes" which can result from repetitive exposure to foods (note 5). TFH food testing can assist here.

• **Rehydration and Oxidation** – focusing the food and fluid intake to stimulate these vital aspects of metabolic balance which are so important for correct utilization of nutrients.

• **Psyche Alignment** – disciplines which strengthen the intention and eliminate self-sabotage strategies. E.S.R. and related methods can be very useful here (note 6).

Conclusion

Acid/alkaline balance in the systemic bloodstream is an essential aspect of maintaining health and vitality and reducing excess fat accumulation. For lasting effectiveness, a gradual and multifaceted strategy must be employed, together with a process of education so that results can be sustained. The most prominent single reason for the extraordinary success of programs like IFA is the utilization of the above methods in combination. This is aligned with our Touch for Health philosophy of fitting "pieces of the puzzle" together.

Notes

1. In this article I use the terms acidosis and alkalosis to mean *relative* acidosis and *relative* alkalosis which are slight and continual variances from the

normal blood pH of 7.4, that is, consistently slightly more alkaline (relative alkalosis), or slightly more acid (relative acidosis). I do not mean the dangerous clinical conditions of acidosis and alkalosis where the variances from normal blood pH are large.

2. This term was coined by T. Glynn Braddy, author of *The IFA Program*.

3. Dr. Walter Schmidt, ICAK member from North Carolina has developed theories and done research in the area of endocrine balance. *Common Glandular Dysfunctions in the General Practice: an Applied Kinesiological Approach*, Applied Kinesiology study program, Chapel Hill, NC.

4. Note Dr. William Kelly's book, *An Answer to Cancer*, recommends taking pancreatic enzyme support at 3 am and 3 pm, these being the most alkaline times of day.

5. Refer to *Brain Allergies* and other books on clinical ecology by Drs. Philpott and Kalita.

6. Refer to *The Five-Minute Phobia Cure* by Dr. Roger Callahan for reference to the concept of Psychological Reversal.

Reactive Chakras

by Bruce Dewe MD and Joan Dewe MA

This a powerful technique that we teach in the HITW (note 1). We want you to have the benefit of it before taking that workshop. We know one muscle can 'turn down' another (or several) muscle(s) - we call this reactivity. In the same manner, one chakra can be the strong reactor and other chakras can be reactive to it. We use a finger mode to expose this situation. Finger modes (note 2) are just another way of asking the body questions and in our opinion involve less testor bias than verbalizing (or mentally framing) a question.

Mode: Index finger over thumb nail, with hand over the head.

Testing:

1. Put the Reactive Chakra mode in circuit. Will now have a weak Indicator Muscle (IM).
2. Circuit Localize (CL) the chakras to find which one will strengthen the IM. This is the strong reactor chakra.
3. Now put that 'CL + IM' into circuit (strong IM).
4. CL the other chakras to find which are reactive (IM goes weak).
5. Find emotion, using 5-Element or Behavioral Barometer (note 3),

Correction:

1. Take the strong reactor out of circuit.
2. Focus your fingers on both the strong and the weak chakras simultaneously. (if there is more than one weak one find the priority and do this first.)

Challenge:

1. Put the former strong reactor Chakra back in circuit and check to see all reactivities have now cleared.
2. Check the emotion is clear also. (If not, hold FrEM.

Notes:

1. HITW is the South Pacific, "Health and Integration Tutors' Workshop."
2. Finger modes were rediscovered by the late Dr. Alan Beardall and popularized in the One Brain Basic and Edu-K Adv. workshops. Their use has been extended in the HITW to give a total TFH priority system.
3. The Behavioral Barometer is a balancing tool from 3-in-1 Concepts, Burbank.

Reactive Emotions

by Bruce Dewe MD and Joan Dewe MA

One emotion can 'switch off' another. This can inhibit adequate and appropriate expression of our feelings. We frequently avoid an emotion by 'substituting' another. This technique frequently comes up for correction in a HITW Balance (note 1). The finger mode is easy to learn so you can begin to use this technique before you take the HITW. (The South Pacific "Health and Integration Tutor's Workshop")

Mode: Thumb pad to ring finger pad with hand over head. We call thumb to ring finger the emotional digital determinator. (EmDD)

Testing:

1. Put the 'reactive emotion mode' in circuit. Indicator Muscle (IM) weak if condition present.
2. Find strong reactor emotional - Go through the 5-Element or Behavioral Barometer. It will strengthen the weak IM. Find out if it is "to self" or "to others".
3. Put that information in the testee's circuit. It will be a strong IM.
4. Test the other emotions to find which are being switched off.

Correction:

1. Take strong reactor emotion out of circuit.
2. Tap the beginning of reactor meridian as person does eye rotations.

3. Recheck IM + "that emotion". IM should now test weak.
4. Put "that emotion" back in person circuit with the weak IM.
5. Muscle test the "previously reactive emotions". They probably will still test weak.
6. Person Temporal Taps (+ Em DD) saying, "I allow myself to feel ...". Check if the IM is strong; then move on to next emotion affected.
7. Take everything out of circuit.
8. Recheck the emotional mode.

Reminders of the Five Element Emotions:

Central -overwhelm/successful

Governing - unsupported/supported

Fire - love (SI and Ht) hate (TW and Cx)

Earth - empathy, sympathy

Metal - grief, guilt, regret

Water - fear, anxiety

Wood - anger, rage

Note:

1. HITW uses 120 easily learned fingermodes to make all corrections by priority.

Findings Regarding Conscious Control

by Nancy Dougherty

Abstract

Conscious control is one of the biggest stumbling blocks to accurate muscle testing and effective corrections. A conscious negative or positive thought about a muscle test should not be able to control the result of the test. Conscious control can occur at any time during any system of muscle testing and when this state exists, the muscle test will never tell the truth.

Tests that challenge a muscle test to determine the existence of conscious control will be presented along with a simple method for eliminating it. The audience will pair off to induce this state in themselves and then correct it.

Introduction

We believe that conscious control is the biggest stumbling block to effective muscle testing. Its existence needs to be acknowledged and it is our desire to make as many people as possible aware of the need to check for it constantly. We would also like to present a method by which this can be done.

Conscious control occurs when a muscle test result can be changed simply by having the tester or testee consciously think a negative or positive thought about the test.

Our research so far points out that the quality of a person's mental abilities and emotional states seem to be very dependent on the condition of the physical body. If a conscious positive or negative thought about a muscle test can control the test result, it is only because the physical body is in a specific type of imbalanced state that lets this happen. It is not a good thing for this to occur because it masks the truth.

How to Test for Conscious Control

1. Test a muscle; i.e., the right Latissimus Dorsi (hereafter referred to as R. Lat.). Record the result.
2. Retest the muscle, but this time the tester states out loud that both the tester and testee will think quietly, "This muscle is weak," while the test is being performed. Record the result.
3. Retest the muscle again, but this time both the tester and testee think, "This muscle is strong," while the test is being performed. Record the result.
4. Repeat the above three tests using the left Latissimus Dorsi (hereafter referred to as L. Lat.). Record the results.

If conscious control is present, the initial muscle test will reverse its result when challenged with either the No. 2 or No. 3 test.

Any possible combination can cause a reversal. Usually an initially strong test will reverse to weak when "This muscle is weak" is thought. Occasionally, however, an initially strong test will reverse to weak when "this muscle is strong" is thought and an initially weak muscle will tighten when "This muscle is weak" is thought. We refer to these last results as reverse conscious control but for the purposes of this paper both types are lumped under the term, conscious control

Conscious control is not always present in both the R. Lat test and the L. Lat. test. One side can have a different degree and type of energy loss than the other.

Receiving the Truth from all of our Muscle Tests

A cell, muscle, or area, etc. of the body that causes conscious control will never tell the truth when being checked

through muscle testing. When conscious control is present, the slightest conscious feeling toward whether the test should be weak or strong will produce exactly the result the tester expected. The tester and/or testee will unknowingly cause a strong response just by the desire to hold the muscle tight for the test. The real source of the imbalance can test strong and be missed.

If a tester is testing a muscle that gets its energy from the lung meridian on a person with pneumonia, chances for a weak muscle response are great because in most people's minds there is a relationship between pneumonia and lung weakness. Time could be wasted by making a correction for something that is not what the body really wants done and testing after the wrong correction would show a strong muscle response because that is what both tester and testee expected.

Is Conscious Control the Tester's or the Testee's Problem

If conscious control seems to be a problem, you may wish to determine if it is the tester's problem or the testee's problem. Retest again with a thick material or glove to keep the tester's skin from contacting the testee's skin. If there is no conscious control, it was the tester's problem. If there is still conscious control, it is the testee's problem and maybe also the tester's problem. The testee would then have to test the tester off of the skin to determine whether or not the tester has the problem.

What Imbalanced State Allows Conscious Control To Exist

In electromagnetic Kinesiology we think of cells, areas, muscles, etc. as being balanced or neutral because the specific amount of negative (-) and positive (+) energy they should contain is equal.

Evidence points out that in most cases the cause of the initial imbalance is a trauma or injury to the cells which causes the cells to lose either (-) or (+) energy or both. The more injuries an area receives, the more reactive it becomes with the rest of the body and the

more compound the loss of energy becomes. From our work with pregnant mothers and newborn babies, it also looks like initial imbalances can be inherited genetically and passed on if the mother's body doesn't have the specific energy in perfect balance herself that is necessary to counteract the genetic imbalance during the fetal growth and development of the affected area. (Happily, evidence is showing that the fetus gets balanced as the pregnant mother gets balanced.)

The following Figures 1, 2, 3, and 4 give a simple back view of what is probably happening to the (-) and (+) flow of energy between the muscle and the brain.

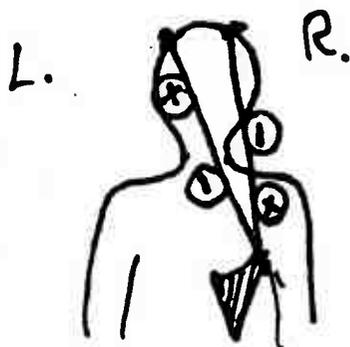
Ideally the R. Lat. and its controlling left brain area have a constant flow of balanced (-) and (+) energy along the pathway between them. Figure 1 shows the balanced flow of energy in both the R. Lat. and the L. Lat. along these pathways.

Figure 1



As soon as the R. Lat. causes an imbalance, the flow along the pathway is disturbed. Our testing shows that whenever this occurs, the body's controlling mechanism immediately allows the weak area to borrow from another area that contains the same identical energy as itself. First choice is to borrow from the exact opposite side of the body as the loss, in this case from the L. Lat. and controlling R. brain as shown in Figure 2.

Figure 2



The borrowing in Figure 2 then causes the R. and L. Lats. and their controlling brain areas to share energies as in Figure 3.

Figure 3



Conscious control seems to result when the blockage occurs in such a way that the (-) and (+) energy fails to distribute its flow equally between both sides of the brain and the muscles. This can also occur during a correction that is only partially completed. One example is shown in Figure 4.

There are as many different causes of energy imbalances as there are cells in the body. There are also a number of different systems that have been developed to test and try to correct these imbalances.

Figure 4



We are more familiar with the electromagnetic correction which can either temporarily or permanently erase each conscious control imbalance as it surfaces. Other systems may or may not have dealt with this problem and found both a temporary and permanent solution. If not, we urge you to work on it. Because everyone is familiar with the cross crawl and the homolateral crawl, we are going to use them to temporarily balance out conscious control

Refer to the record of your conscious control challenge tests.

1. If you were weak in the clear with no conscious control, do the corrections anyway. (You will find that after the first part of the correction, you will probably be in a state of conscious control.)

2. If both Lats. were strong on the initial test, try to weaken them. Use the spindle cell technique or any other method that will do the job. You only have to weaken the R. Lat.

3. If you had conscious control, you are ready for the corrections. (Only one of the corrections should be needed to solve the problem.)

A Correction for Conscious Control

1. Cross crawl with your eyes shut. (Try to keep eyes still.)

2. Check the conscious control tests on both the R. Lat. and the L. Lat. Record the results.

3. Do a homolateral crawl with your eyes shut.

4. Recheck the conscious control tests on both Lats. and record the results.

If nothing counteracted the corrections, both muscles should now test strong with no conscious control.

This is only a temporary correction. The same imbalance will return when you press on or move the part of your body that caused the imbalance in the first place. Since you probably will not know the cause, you can again lower the energy by using one of our electromagnetic challenges for thoroughness which we call the Palm Challenge.

Palm Challenge

1. Put your left (-) palm approximately one inch above your head.

2. Put your right (+) palm about two or three inches over the back of your left hand.

3. While keeping your hands in the same relationship to each other, reverse them so the palms are facing upward and then return them to the palms down position. Do this twice.

4. Now retest the right and left Lats. and they will probably be back in the same weakened state as they were on your initial tests.

Now repeat the same crawl corrections again but with the following additions:

1. Cross crawl with the eyes closed while you think "I can" five times. Then think "I cannot" five times.

2. Recheck conscious control tests and record the results.

3. Do the homolateral crawl and think, "I can" five times. Then think "I cannot" five times.

4. Recheck conscious control tests and Record the results.

5. Recheck both Lats.

6. Use the Palm challenge over the head. Retest and record results.

If nothing has counteracted the corrections, you will find that the muscle stayed strong this time after the Palm challenge. This correction is still only a temporary correction but it is a more complete temporary correction than the first because thinking "I can" during both corrections helps correct the (+) aspect of the imbalance to both sides of the brain and "I cannot" helps correct the (-) aspect of the imbalance to both sides of the brain. The corrections can also be done by using (-) and (+) energies without using the conscious thinking of "I can" and "I cannot."

If you do not find the above results happening in your case it is probably because of one or more of the following:

1. Your body may be counteracting the correction.

Counteracting is caused by body movements during the correction; i.e., noises, eye movement, clenched jaw, tongue movement, heavy breathing, etc. Within reason try to keep these things to a minimum.

2. You may have created another imbalance because of some movement you made between the end of the correction and the beginning of the test.

Avoid excess muscle movement between the correction and test.

3. There may be some other reason that needs to be determined.

We urge you to experiment. Create a state of conscious control and experiment with all kinds of testing and corrections. Ask the body questions and have some fun with it. Remove the conscious control and redo the same experiments using the challenges. Become aware of the possibility that conscious control can crop up at any time during any type of testing and correction procedure. In fact a partial correction may be the cause of the largest number of conscious control imbalances. Use this knowledge to improve your testing accuracy and an increase in your overall rate of success will follow.

Keep a Positive Attitude to be a T.F.H. Instructor

by Vicki Fletcher

"As he thinketh in his heart, so is he." Thinking on that which is positive is vital. "According to your faith", Jesus told two blind men who asked for sight "let it happen to you". It happened for them because they had a positive attitude and believed. Do we work toward the goal of being a successful T.F.H. Instructor with confidence and vigor, not a doubting or drifting willy nilly? Think a goal negative and get negative results. Think positive and get positive results. Doubts are traitors that make us lose what we might win if we didn't fear to let go.

Here's what could happen to us. Maybe after completing a program or because of not completing a program, we could feel inadequate. Why not try this approach. Whenever confronted with seemingly negative situations, consider the good that will come from our responding resourcefully in such situations.

In Corinthians we read "For if the *readiness* is there first, it is especially acceptable according to what a person has, not according to what a person does not have. For I do not mean for it to be easy for others, but hard on you; but that by means of an equalizing your surplus now might offset their deficiency, in order that their surplus might also come to offset your deficiency, that an equalizing might take place. Just as it is written "The person with much, did not have too much, and the person with little did not have too little." 2Co. 8:1

Let's concentrate on our strengths instead of our weaknesses. And if we are deficient lets be willing to accept a little help from our friends, if we have a little extra, lets give it away. We are a team. So let's stick together so that this equalizing can happen, and everyone gets their needs met.

Are we excited about T.F.H.? Of course we are, but, how much we are willing

and *ready* to let go and give away has a lot to do with how much we will have to give in the future.

I enjoy collecting quilts, especially those made before the 1900's. Some women would take advantage and use sugar sacks and old clothing, and because of their *readiness* they put together a masterpiece out of what another person may have chosen to throw away. Maybe it took some equalizing with a friend who had a surplus or maybe it took a little extra quilting to offset the deficiency. And then after all that work they often times just gave it away as a gift and, looked forward to going on to the next masterpiece.

What do you think would have happened if she kept them all for herself? Or made them just for financial reasons? Let's concentrate on giving, because what's next is going to be better. Let's focus on how we can make a difference right now, and in the future, which will be a lot more fun.

Today's quilts are very beautiful. But, I miss a little of the resourcefulness. And the abundance of choices can be overwhelming enough to keep us from ever making a commitment. Quickly, lets get back to basics, use our resourcefulness. Stop becoming overwhelmed by our imperfections which can overwhelm us into not making commitments or stifle our creativity.

Very simply, lets all become quilters, the pieces are all together and the pattern is clearly visible, now is the opportunity to come together and help the designer make it complete. We have everything we need to make this goal into a masterpiece. If we let our doubts stop us or are not willing to work on improving our skills or use the materials at hand, we'll never complete our projects. Let's be resourceful and be committed and remind ourselves that we do not have to

Touch for Health International Journal, July 1988

be everything to everybody. Let's cultivate abundance so we can offer what we have to someone with a deficiency.

So in order to keep a positive attitude as an instructor we must give it away.

Give away what you have in abundance, making space to accept what you need to keep it. Our keeping a positive attitude as a T.F.H. Instructor has a lot to do with our readiness to give.

Balancing the Energy Centers (Chakras) with Emotions

by Grethe Fremming, Rolf Hausbøl

A long time before we notice a physical imbalance or symptom we are having imbalances in our subtler bodies. Each Energy Center controls a major system within the body! It is therefore very useful to test the Energy Centers. We will be teaching how to correct the imbalances with positive emotions.

Over the past years we have been teaching Biokinesiology courses in Denmark and would like to share with you how to test for Energy Center Imbalances, because they are so important! Each energy center controls a major system or type of tissue within the body. John Barton describes these

plexuses as energy centers (some people describe them as chakras). A plexus is comprised of nerves which divide, join and again subdivide in a very complex manner forming a network.

To determine whether there is a major imbalance in any of these energy centers, first find any strong indicator. Pre tests the the indicator for:

switching
water
overenergy.

When all tests are OK, you are ready to go on.

Table 1. Chakra Locations

<u>Nerve Plexus</u>	<u>Location</u>
1. Crown	Midline on top center of head directly above the ear. Near the acupuncture point Governing Vessel 21.
2. Pineal	Midline in center of forehead.
3. Throat	Midline on the center of the Adam's Apple
4. Heart	Midline on the breast bone near the 4th ribline. Near Central Vessel 18.
5. Diaphragm	Midline directly under the breast bone. Near Central Vessel 15.
6. Solar	Midline 1/2 way between the navel and base of breast bone. Near Central Vessel 12.
7. Spleen	At the base of the rib cage below nipple. Near Spleen 16.
8. Abdominal	Midline 1 and 1/2 thumbs width below the navel. Near Central Vessel 6.
9. Genital	Four thumbs width from midline immediately below hip bone. Near Spleen 13.
10. Tailbone	Pointing up at the base of the tailbone. Governing Vessel 1.

Table 2. The Energy Center Connections

<u>Energy Center</u>	<u>Emotions</u>	<u>Part of Body</u>	<u>Symptoms</u>
1 Crown	Love (unloved)	Muscles	Achy Muscles
2 Pineal	Joy (sorrow)	Hormones	Color Allergies
3 Throat	Mildness (aggressive)	Fascia	Jams Arm Test
4 Heart	Faith (unfaithful)	Meridians	Meridian Imbalance
5 Diaphragm	Peace (unpeaceful)	Ligaments	Weak Joints
6 Solar	Patient (impatient)	Mucus Lining	Food Allergies
7 Spleen	Goodness (foolish)	Circulation	Sound Allergies
8 Abdominal	Hope (forlorn)	Tendons	Weak Tendons
9 Genital	Kindness (mean)	Bones	Achy Bones
10 Tailbone	Self Control (careless)	Nerves	Neuralgia

Point your fingertips directly into the body at the location listed below. You should be close to, but do not need to touch the body with your finger tips. If the indicator weakens, say the appropriate positive emotion. A strengthened indicator would verify that you have an imbalance in that energy center.

The emotions associated with the energy centers are very important and the "fruits of the spirit" that the apostle Paul wrote about in Galatians 5:22,23.

Prioritizing the Imbalances

It is simple if we remember that when we temporarily bring into balance any weakness we simultaneously bring into balance everything else that is secondary to that imbalance. Let's say that we have found plexus no. 1, 4 and 8 to be "weak". Point into plexus no. 1 and say "love, love". Recheck no. 4 and 8. Are they all in balance? If they are not all in balance by strengthening 1 and 4 repeat the procedure for 8. Let's say strengthening 1 strengthened 1 only, strengthening 4 strengthened 1, 4 and 8, strengthening 8 strengthened 8 and 1. Obviously in this

case we would work with the positive emotion for plexus no. 4.

Emotional Stress Release with Eye Rotation

Make sure that both pectoralis major clavicular muscles are strong. Have the client say the positive emotion "I have faith" while testing first one arm and then the other. If both indicators are weak the client should have his fingers on the frontal eminences stress releasing as he very slowly rotates the eyes in a large circle first one way then back the other way. Retest - both muscles should test strong. If one of the arms are weak then the two brains are in disagreement as to that statement and the client should be helped to integrate the statement.

Brain Integration

To integrate the two brains so that they are in agreement extend the arms horizontally out to the sides with the palms facing forwards. Picture the left hemisphere of the brain in the left palm and the right hemisphere of the brain in the right palm. As you state, visualize, or feel your intended goals bring both palms (hemispheres) together,

interlocking the fingers and squeezing them to integrate the two hemispheres.

Retest the two arms again while saying the statement. In most cases both arms should now be strong meaning that both brains agreed on the statement.

Retest plexus no. 1 and 8. They should now be strong. Let the person work with the statement for a couple of weeks.

Reference

Stress Release and Biokinesiology Workbook by Wayne Topping PhD.

Natural Vision Improvement and Emotional Healing

by Janet Goodrich, Ph.D.

Every single day another 5,000 people start wearing glasses for visual blur, eye pain, headaches, and middle age deterioration. The prediction is that by 1990 eighty percent of the American population will need visual correction.

Since 1968 I have been teaching people to do just the opposite, to let go of compensating crutches and get to the cause of eyesight problems. This work is called Natural Vision Improvement and draws on the psychosomatic principles put forth many years ago by William Bates, M.D. and Wilhelm Reich, M.D. Natural Vision Improvement asks us to perform some easy practical actions which can be integrated into anyone's lifestyle. These actions allow balanced clear sight to reassert itself.

A lot of people say, "oh yes, that is a terrific idea. I'd love to see clearly without these awful glasses." They read the how-to-do-it books, perform some exercises for a few days, get some result, then revert back to their old body and mind habits.

Because I am a psychologist trained in Reich's theories of neuroses and armoring, I have always been fascinated by the mental and emotional attitudes which become locked into the body and nervous system. It was the difficult vision students, those who don't do the program, those who feel guilty about not doing what is good for them that led me to working with the history that gives rise to myopia, turned eyes, hyperopia, and even the supposedly inevitable old age sight or presbyopia. A transmutation process is utilized that includes specific memory recall of sight, hearing, body sensations, and all the other sense. The long term memory aspect of right hemisphere is closely linked to good vision. When this memory function is suppressed, sight is also suppressed.

The transmutation process requires a conscious act of acceptance and cessation of self-judgement. This could be termed unconditional love. The student thereby relinquishes the role of victim and becomes an act-or as opposed to a re-actor. By applying the principles of unconditional love to the particulars of the causative situation we find the necessary meltdown of the crystalized psycho-physical implant occurs. There is no longer a built-in short-circuiting mechanism in the student which activates on an unconscious level to sabotage the urge toward change and integration.

After working in counseling for many years with individuals only, I found it necessary to catalyze emotional healing in group situations. This is where the use of applied kinesiology became a great tool for accessing the point of implant of the neurosis (psychosis, engram, armor, imbalance, or whatever you like to call the roadblock). I do not use the fix-it methods to immediately rebalance the person in relationship to the challenging mental or emotional pattern. I prefer to get the whole story from the horse's mouth. The students are themselves given the responsibility to choose, reveal, and transmute their own life's experiences with as little preconceiving as possible. Value is given to self-recreation rather than to the rebalancing input of the therapist. The effect of this alchemy in group settings is arousal of a resonating wave which causes many people in the group to muscle test strong for the evocative thought pattern even though only one person's story has been re-created. I understand this phenomenon to be an expression of morphogenetic field resonance or the "hundredth monkey theory."

An Example:

In my book, *Natural Vision Improvement*, we find a whole chapter devoted to the topic of movement. A change in movement habits will break the staring pattern and allow rapid saccadic vibrations to return to the eyes, thereby effecting a greater flow of data to the visual cortex at the back of the head. This alteration of kinetic expression means a different usage of neck flexors, trapezius, and the seven muscles of the eyes themselves. This results in clearer, more thrilling sight. Vision students describe this experience as ecstatic flashes of clarity. The flashes of clear vision are at first momentary and become progressively longer. It's all a splendid notion until we ask the autonomic nervous system (ANS) of a typical myopic student if it is willing to cooperate. Shall this outrageous suggestion of streaming color-saturated eyesight be realized?

The movement activities called for are the 'nose pencil' -- imagining a magic pencil on the end of the nose all day long with which one sketches the forms and edges of the ambient visual world. Another is the 'bird swing' -- a rhythmic turning of the whole body from side to side while allowing the visual environment to glide past.

In Switzerland we muscle tested a myopic natural vision student named Rudi for the statement: 'It is OK to move.' The response was weak. Rudi was ready to do the bird swing but his body was not. Therefore our next step was to locate the time/space in which Rudi had made a judgement regarding the topic of movement, thereby locking the resistance to movement into the musculature and ANS. We could have asked Rudi if he had a spontaneous recollection in regard to movement. And if there had been no memory present we could have proceeded with muscle testing as in age regression. I prefer, whenever possible to ask and let the student guide us into the event.

Pertinent Questions and Suggestions

What is happening? Tell us more. Intensify the feeling. What do you see? When did you feel like this before? Is it OK that?

In Rudi's case the dialogue went as follows:

Questioner: Rudi, What happens when you think about movement?

Rudi: My neck burns. It's burning right now.

Q: Do you recall a time when you felt like this before?

R: I just remembered when I was seven and my little brother was killed.

Q: Tell us more about it. What are you seeing?

R: I see my father over my brother on the road. My father is crying. My neck is really burning now. And my eyes are burning too.

Q: Tell us more about it.

R: I see my little brother all crumpled up. I feel frozen. I can't move. I've never seen my father cry before. I don't know what to do. My eyes are on fire now and my body is frozen.

AT THIS POINT we have a lot of ANS activity. Shaking, sweating, redness and heat through Rudi's upper body. And Rudi's eyes are full of what Reich would have called orgonotic pulsation -- life energy. The eyes appear full, shiny, tearful, glowing and vibrating.

Q: Is it OK that you neck and eyes are burning?

R: Yes, That's OK.

Q: Is it OK that you are frozen and unmoving as you see your little brother on the road and your father crying?

R: Yes, That's OK. It's also OK that I feel so guilty. I should have taken better care of him. I had forgotten all about this. Why is it coming up now?

Q: You are re-creating a specific memory in relationship to movement. Just the thought of moving freely has

brought up all these forgotten experiences. The fact that you judged yourself for all the feelings and thought you did have helped you repress the pain and emotions. You could then easily lock yourself into an unmoving attitude of body and mind and throw away the key. Is it OK to move now?

R: Yes, It's OK to move.

WE NOW MUSCLE TEST THIS STATEMENT and find the response is strong. It is also necessary to test the polar statement -- Is it OK not to move? Otherwise we remain subject to a preference. Preferences preclude the application of unconditional love which embraces all dualities. The reappearance of the concept of unconditional love is the resurgence of the Great Mother energy in our society. We are totally accepted for what we are rather than for what we do.

R: Yes, It's OK not to move. It's OK that I have been a frozen person all my life. It's alright to have been unmoved and unmovable. It's also alright to feel moved and movable, to weep, to regret, to see death and tearing grief.

AT THIS POINT and as much as possible through the whole process the student is voicing his/her own realizations. As the life energy is released, it flows through the psychophysical system giving rise to insights which can be uttered as well as renewed activity in the eyes and brain.

If either of the statements, 'It's OK to move' and 'It's OK not to move' still muscle test weak, then we delve deeper. Sometimes this digging takes us into past lives and sometimes to the inbetween space, the timeless matrix in which reincarnation is embedded.

If we have a strong response to both of the 'OK' statements, then the unconscious resistance to and judgement of either event has been transmuted. Application of the available techniques now becomes the conscious choice of the student. They will use the magic pencil and the bird swing according to their own agenda and

according to their own agenda and free of ANS inhibition.

The releasing of the ANS by unlocking holding patterns in mind and musculature frees Energy. This Energy becomes undifferentiated and can no longer be called anything except Being. This Being/Energy is then spontaneously available to the human for use in creating health and clear sight. Eventually there is no longer any dependence on facilitation. There is joy in sharing experience.

References

Bates, William H., *Perfect Sight without Glasses*, first published in 1921, reprinted many times since.

Goodrich, Janet, *Natural Vision Improvement*, Celestial Arts, Berkeley. This book is available through the TFH Store.

Reich, Wilhelm, *Selected Writings, an Introduction to Orgonomy*, Farrar, Straus and Giroux. In particular the selection, *The Expressive Language of the Living*.

Janet can be reached at P.O. Box 999, Caboolture, Queensland, 4510 Australia
Tel: 071 985013

Research: The Key to Recognition

by Norma Harnack

At last year's Annual meeting, there was a great deal of conversation centered around getting Touch For Health acknowledged as a legitimate method for promoting the total well-being of people. Many ideas were expressed as to how that could be accomplished. Some people felt that wider recognition of the organization through advertisement would be beneficial. Other suggestions included having more people experience the benefits of TFH, establishing a more formal educational system for teaching the TFH methodology, expressing through written documentation the benefits and changes brought about through the use of TFH. All of these ideas are valid approaches toward recognizing the value of TFH and its application to well-being. It is the opinion of this writer that the most difficult method to put into action would also be the most beneficial. While in the throes of a dilemma all solutions may seem radical and difficult, but in calmer moments of deliberation a more analytical approach can be perceived. For instance, let us consider recognition through advertisement. While this would be costly, it could certainly be effective. Providing a more formal educational system. This could also be costly, and establishing a curriculum would involve study that is not readily available in the current files of TFH. What is left is written documentation. While usually not as costly, the commitment of time and personal effort cannot be measured in monetary value alone. It is the area of written documentation that I want to address.

At last year's annual meeting, Dr. Thie put out a call for written documentation. His request implied that you document and submit to the TFH Foundation your results achieved utilizing TFH. He also requested your personal testimony of the results achieved while using TFH. He shared stories relating to the success of

TFH in catastrophic diseases. He suggested that we begin documenting episodes of results, especially in the category of catastrophic diseases such as AIDS. I wonder how many of us responded to his request? I wonder how many of us really heard and understood his request or realized the possible implication of such an effort?

Research has long been recognized in the scientific community as the appropriate communicator of fact, fact substantiated by results. By the scientific community, I don't mean to imply the medical community, but any body of knowledge that seeks to verify itself through logical and systematic investigation. This kind of documentation can be classified as research.

Research, according to Webster's Collegiate Dictionary, is a careful or diligent search or "studious inquiry or examination, especially aimed at the discovery and interpretation of facts or practical application of such new or revised theories." Who can do research? Anybody, as long as they are willing to follow a few accepted rules for documenting their research. What does it take? In the case of TFH, mostly time and personal commitment.

There are two types of research - basic and applied. Basic, concerns itself with the establishment of new knowledge or facts and the development of fundamental theories which will not always be immediately applicable. Applied research seeks knowledge that is immediately useful and applicable without much delay. While there are many reasons to do research, ours in TFH would probably focus on the evaluation of an approach to well-being through the use of TFH.

How do you start your research project? Document. Your documentation needs to follow seven easy steps in order to be effective:

1. Identify the thing you are researching
2. Collect essential facts pertaining to the thing you are researching
3. State the intended outcome and how you will achieve it
4. Set up a routine method for collecting the data
5. Collect the data
6. Analyze actual outcome in terms of your stated outcome
7. Report the findings.

If this sounds like a lot of work, it is - when attempted on an individual basis. That is why research teams are created. TFH could qualify as one of the worlds largest research teams, if everybody on the "team" would contribute to the overall effort. We know this stuff works, let's prove it!

How can you contribute to this research?

First, be committed. Commit to sending in to the TFH Foundation one letter about your results from TFH within a twelve month period.

Second, set up a format. Your letter can follow the steps outlined for creating research data. For example:

1. Identify the thing you are researching. I used Edu-kinesthetics to assist a person in achieving their weight loss goal.

2. Collect the essential facts. The person I worked with is female, age 42, 5'6" tall and weighed 280 lbs. She has been diagnosed as clinically obese and sought various types of medical and non medical help for her condition. She can be contacted for verification because I asked her permission to use her in a letter to the TFH Foundation reporting the results achieved.

3. State the intended outcome. Our goal was to lose 41 lbs in 20 weeks.

4. Set up a routine for collecting the data. We decided to work together once a week for the twenty weeks balancing to achieve the goal of weight loss. (Here you

might describe in detail the type or the way you went about doing the balance.)

5. Collect the data. The first three weeks she lost 16 lbs! The next seventeen weeks were not as easy as we encountered plateaus and underlying issues revolving around her losing weight but at the end of twenty week she had lost 42 1/2 lbs.

6. Analyze the outcome. Using the methods learned from my Switching on class, a 1500 calorie diet, and a very low exercise regime she was able to lose weight for the first time in her adult life.

7. Report the findings. Put your letter in an envelope and address it to the TFH Foundation, put a stamp on it and put in in the corner mailbox. You will have contributed immensely to the TFH Foundation.

Although this may seem like a very simple application of research it can be the foundation to spur on more serious research into what we all know about TFH, and that is that it works!

We will be holding a special forum for nurses on how to do research utilizing Touch For Health.

Reference

Notter, Lucille E., *Essentials of Nursing Research*, Springer Publishing Company, Inc., New York, 1978

M.D. Joins with Touch for Health

by Warren Jacobs, M.D.

Western Medicine - the diagnosis and treatment of human illness as taught and practiced in our time is scientific, increasingly technical, and certainly can be dramatically effective when applied to one end of the spectrum of human illness. A Saturday night visit to our local trauma center would certainly prove the above statement. However, the vast majority of human ills including those "annoyances" that most of us put up with - the recurring digestive disturbances, muscle and joint pains, skin irritations, headaches, low back syndrome do not seem to respond very satisfactorily to the traditional western medical approach.

Indeed - when people do seek help for these complaints from a good, conscientious, well trained medical practitioner - what often transpires is a thorough and physical and laboratory examination - the result of which may reassure the patient that there is nothing seriously wrong - but usually does little to relieve the symptoms and return the patient to a state of exuberant health. As John Thie puts it, instead of seeing ourselves in either a state of health versus illness--why not aim toward exuberant good health?

The method of western medicine now utilizing marvelous technical advances that enable us to peer into the body, measure, and even repair the effects of accident and illness in ways not even dreamed of when I left medical school can impress the patient, but depress his pocket book. The possibility of legal action often pushes the doctor into overuse of these modalities, leaving the patient still unwell and considerably poorer. In addition this often leaves the patient somewhat skeptical of the doctors skills and unfortunately skeptical of his motives as well. How unfortunate. The doctor is, I feel, trapped by the focus of his training, (illness oriented rather

than health oriented) the malpractice threat, and is distrustful of any adjunctive method that lies outside his training or the institutions that traditionally have provided that training. Matching persons with symptoms to recognized medical labels called "diagnoses" is often the process; and when there is no "fit" - the patient is told, "nothing seriously wrong."

Yes, the focus on illness rather than on health is in many ways unsuitable when the object is to achieve and maintain the state of exuberant good health. This is the criticism often directed against western medicine - treating illness rather than teaching wellness.

After some eight years of practicing medicine in Escondido - I became painfully aware that I was not helping people with the majority of their health complaints, certainly not the recurring problems. My search for answers through post graduate courses in the various specialities - although very interesting and helpful in keeping abreast of the latest advances in medicine - did not help in the way I hoped. Then, maybe it was about ten years ago I happened by chance, to get a short look at a man who changed my life - John Thie.

It was at a convention in San Diego. The large hall was packed - we had all come to hear Elizabeth Kubler-Ross tell us how to deal with the dying and their families. She was wonderful, you could hear a pin drop as she spoke.

Well - one of those presenting was this John Thie - this tall personable smiling chiropractor. Please see this through my eyes - the eyes of one trained in science; a left brain , no nonsense, prove it to me M.D. John proceeded to demonstrate a few of his weakening - strengthening maneuvers on a volunteer. An M.D. in the audience broke in with his Viennese accent, haughtily announcing to the

gathering that this exercise on the podium was nothing more than simple suggestion - obvious to him because of his studies with the great one in Vienna. I was most impressed by John's handling of this fellow. Never losing smile or confidence. John invited the outspoken gentleman up on the podium and asked permission to test a few muscles. One of his arms was weak - the man simply explained that this was a long time problem - his bad arm. John then "suggested" he would be further weakened by the next maneuver as he not so gently stimulated a strengthening point. The man was then retested and all present could appreciate how he had become stronger - although bewildered by the experience. I was impressed by the method and by the man.

It was not easy for me. It worked - sure - it had truth - but an empiric system - unscientific - conflict. I handled the conflict in this way. It is interesting - it works - it does no harm. It is another way of looking at the person. OK - I'll get into it - but of course it has no place in my practice - just of academic interest - exciting too- fascinating even. Courses from John Thie - Donna Eden. I drove Donna crazy - every time she gave a course I was there. Gordon Stokes - read some books - books on Chinese medicine - fascinating. This went on for two or three years.

Then one day - it had to happen sooner or later. In comes L.D., nice lady about forty - pain in the right shoulder - really hurting. Hurt so bad she kept her arm to the side - pale - sweaty - no sleep - nauseated. Exam-diagnosis - inflammation of deltoid bursea - treatment with inflammatory oral drugs - injection of steroid into bursa - analgesics - pain pills, sleeping pills.

Patient returns next day, no improvement. Nice lady in pain, sweaty, pale weak - what to do? Pass the buck - send her to orthopedic surgeon? (diagnosis really not in doubt). I know what he will do - shower her with codeine - use physio therapy, prolonged course - eventually it will pass - perhaps

residual loss of range of motion, but she will make it. I said, "Livia, do you know anything of Oriental medicine?" She replied, "do anything!" I went to my consultation room, got the "Touch for Health" book - and opened the book on the counter. Then going from patient to reference gave the lady a rather primitive fourteen muscle balance. I then stood back, arms out to the side and slowly raised my arms in a big circle until they met over my head. "Livia, you try." "Doctor, I can't," she whispered. "Try," I said. She put her arms to her side as she sat on the exam table and very, very slowly at first and just slowly after she realized she indeed could move, raised both arms over her head until her hands touched. She was amazed! But that was nothing to what I experienced. She thanked me, got off the table and strode out of the room with a strong step, leaving me in a state. I was pleased, startled, shook up to say the least.

It is said - when you come by some new information that does not fit in with your previous concepts you have alternatives. Disallow or discredit the new information - discard the old concept - or enlarge - make room for the new. Not all of us are able to do the latter - to accept the two truths. I was thinking of the particle theory of light and the quantum theory - one explaining some phenomena of light and the second explaining other phenomena. Scientists are forced to accept both, two truths.

Could I accept western medicine and make room for eastern empiric medicine - Touch for Health - this other healing art? Maybe I don't have to take sides, defend one or the other, maybe we can all open to other concepts - modes - ways of looking at the human and reduce some of the ridiculous - and expensive ways of delivering health care.

I know that John Thie has developed "Touch for Health" as a grass roots movement - to enable those who wish to become knowledgeable and responsible for their own improved health - rather than to approach a healer to be healed - to learn to keep themselves well - for each of

us to be the keeper of our own health. This, I believe is his design. I am grateful that he has made a place in "Touch for Health" for me - a western trained M.D., and what I would like to demonstrate to you now is how I use "Touch for Health" - its concepts and its methods in my medical practice.

The Great Fourteen Muscle Scam - Back to Basics

by Toni Lilley

So you feel confident giving a muscle balance and you know your muscles. Yet sometimes there is a feeling that something is missing. Your instinct tells you that all the information is not there and that the person being balance is holding out on you. Invariably you are correct.

This is almost always done on an unconscious level and only subtle clues will announce the problems inherent in this type of recruitment. Most Touch for Healthers have come across the term "recruiting" and are able to spot it while using muscle testing. It is a conscious or unconscious desire on the part of the person being balanced to maintain their strength and balance in the body.

I think that the basis for this need is the belief that it is not OK not to be OK. In other words, the body is so good at protecting us, reinstating energy, hiding and covering weaknesses, putting on a good front and avoiding potential faults that it is unthinkable for it to act any other way. Not only does the body not want to show its weaknesses, it will also

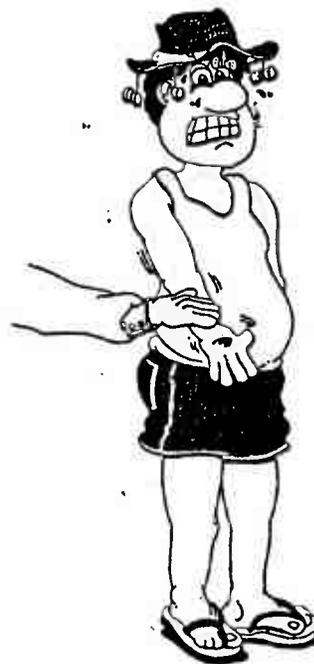
adopt a manner so that it is not noticed, and will set up thought patterns that will allow the person to protect himself at all times.

This understanding makes it easier for you as the tester and teacher to communicate with your people in order to make your muscle testing more potent. A clear explanation of how muscles are tested goes a long way to reassure a person waiting to find out what his "weaknesses" might be. Vocabulary should change to suit different people. A large strong earthy male may not be impressed with ... "I will be using gentle pressure in order to see how weak your arm is" and may be happier with ... "if the muscle wants to be strengthened again, I can tell by exerting firm pressure and feeling the way the muscle locks in position". Encourage feedback from your friend so that he or she feels that it is OK to tell you how the muscle testing is feeling.

My experience has given me some insight into the types of recruiters and the way they do it.

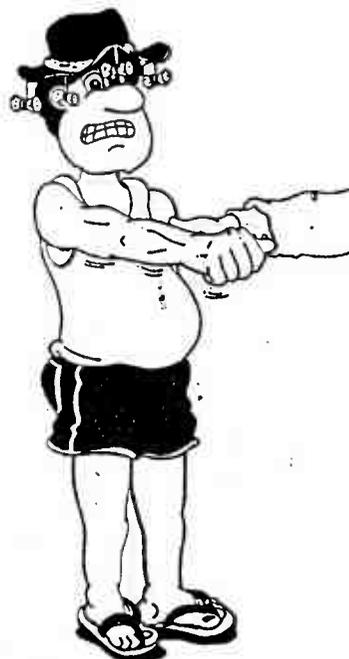
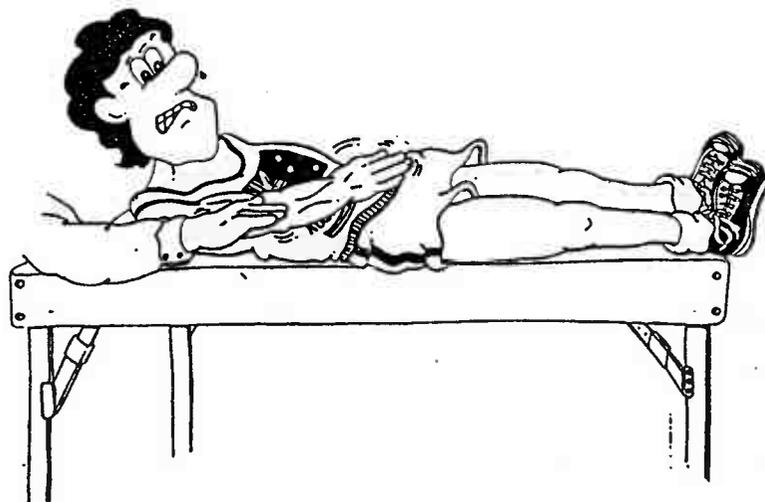
The Arm Raiser

Here the arm begins to raise even before you begin to test the muscle. This is very common when using an arm muscle as an indicator. Your person knows before you do whether there is an imbalance and seeks to "protect" himself by giving a strong indicator muscle test. So if you start in the beginning position for the Anterior Deltoid test and end up needing a step ladder, look for hidden imbalance.



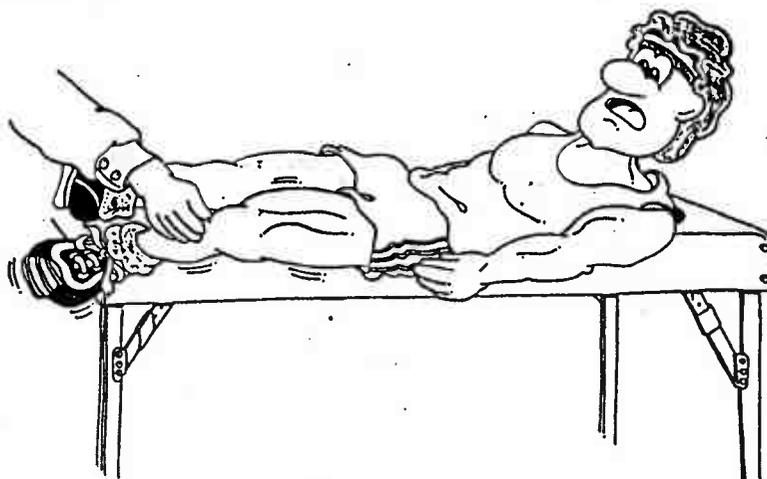
The Grabber

He doesn't like to seem to be "weak" and will grab at anyway he can to stay "strong". He will surreptitiously clutch the table while being tested. He grabs the air and makes a fist. He is someone who needs to have an understanding of "locked" and "unlocked" muscles so that an "I win, you lose" situation is avoided.



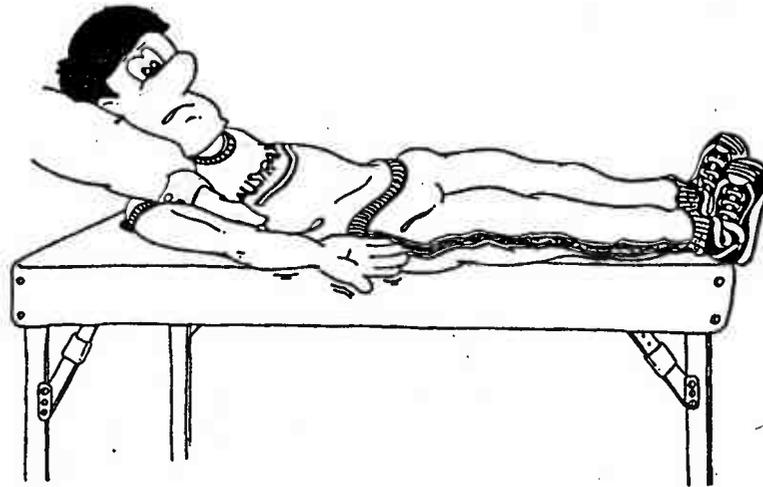
The Karate Kid

He will have his arm and hand like a steel rod. He's not relaxed at all! He's wondering how he has to defend himself. From where is the attack coming? What's going to happen? Will it hurt? He needs to realize that he can just lie there and relax knowing that he is in good hands.



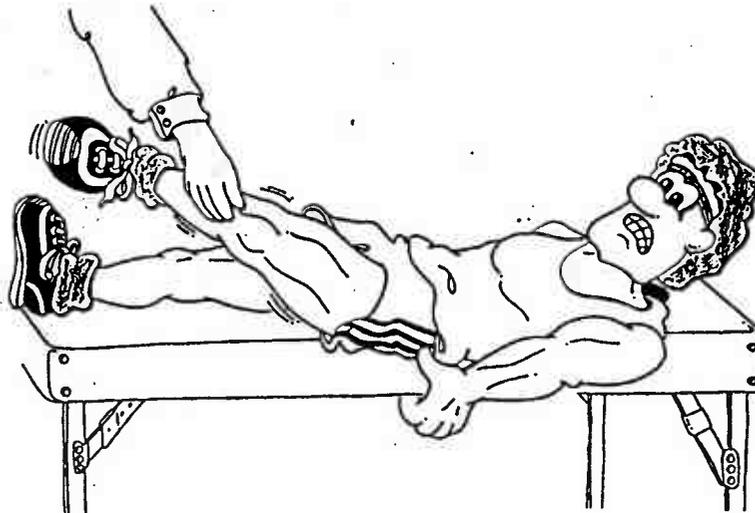
The Talker

They are going to distract you if they can. They don't want you to find out what's going on because they may not want to admit to themselves that there is something wrong. They will ask all the questions they can possibly think of so as to distract or cover up.



Mr. Inscrutable

He's very intellectual about the whole thing. He has listened to your explanations about what is going to happen. He's asked a few intelligent and pertinent questions and is now ready for testing. From now on he's noncommittal. After all, he's worked out very logically that he can have energy imbalances that can compromise his body and HE wants to find out if YOU can find them. But watch his face. Do the muscles around his jaw tighten up? Teeth make good recruits. Watch his neck muscles. Do they stand up like cords and does he raise one eyebrow? Maybe he is grabbing the table with his fingernails. He's going to recruit mentally too. He's not going to give anything away.



The Removalist

He's going to change your muscle test start position by putting himself where he can call out the recruits. Often, he already knows the muscle test positions and gets himself ready for you. Maybe some other TFHer you know. Maybe his leg is not quite wide enough for the Psoas test of Gluteus Medius tests. Watch him hunch his shoulder for the PMS/PMC tests or bend his elbow for Lat. Dorsi testing.

An Effective Format for Introductory Touch for Health Classes

By John Varun Maguire

This is a format for teaching an Introductory Touch for Health (TFH) class based on the educational (self-responsibility) model. The sessions are designed for a weekend format, though it can easily be adapted to evening sessions. It organizes the presentation of the material so that one session builds on the previous one. All references to page numbers are from the TFH Book.

This format is meant as a guide and within the structure there is lots of room for you to put in your own creative expression. Be alive, enthusiastic and focused on your purpose of having the individuals in your class get the information while having fun. Remember that some people learn best by seeing demonstrations, pictures and written descriptions (visual). Others get the information best through analogies, stories and explanations (auditory). Still others don't know what you are talking about until they stand up and actually do the technique in order to get a feel for it (kinesthetic). Vary your presentation so that you include all three modalities.

Remember to stay on purpose and teach from your commitment to make a difference in the lives of your students. Frequently ask your students how they are going to apply what they are learning. This helps to insure that they will get the most out of the course by integrating their knowledge and skills into their lifestyle.

One way of doing this is to cover a technique and have them share with a partner for about thirty seconds on when, with whom and in what situations they will apply what they've just learned. Another way is to have them share this with the group so that everyone can look at the creative ways others are going to do TFH and get ideas from that. If you have time you can start with the first

approach and then finish with the second so people can brainstorm with their partner and then share the best of what they thought of with the group. Important to be aware of the climate of the class, so remember to include circles and energy breaks.

Keep in mind the following:

- Being in relationship with the students
- the purpose of each topic
- the result to be produced
- the distinctions of the self-responsibility model
- skills acquisition.

Morning Session Day 1

Logistics - Breaks, bathrooms, beginning and ending, food, where to call if going to be late, agreements you ask that they keep to get the most out of the class, and special instructions about the location (parking, etc.)

Introduce yourself and talk about your TFH background in a way that excites the students with possibilities for how they can use it.

The purpose of the workshop - To give them knowledge, skills, and a structure of support so that they can be in charge of their own health and well-being using the system of TFH in their daily lives and sharing it with others in a way that makes a difference.

Student introductions - one option:

Have the students get together with a partner and share three things -

1. their name (can be a muscle name that you gave them on a name tag as they entered the class)

2. one thing that they like about themselves

3. one thing they want to accomplish out of being in this class.

Give them time cues - 30 sec. per person, 1 min. per couple, then say find a new partner.

After they complete with their partner they find a new partner until everyone has shared, or if the group is too large, end after ten minutes.

Option 2: If there is already a warm feeling to the group and most people know each other, do a circle - Name, a recent win, what you want to get out of the course.

Demonstrate getting yourself balanced -

Explain that what they are about to see you do is what they will know how to do for themselves by the end of the course. Have them observe your posture and gait before and after the 14 muscle balance. Have each participant check and, if necessary, balance a muscle. Use neuro-lymphatics, neurovasculars and meridians.

Introduction to TFH

Using stories and anecdotes, talk about information from the TFH Book pages 6 and 7:

- Not a panacea or attempt to replace doctors, drugs, or surgery when needed.
- Can lower the cost of health care, and prevent needless surgery and medication through giving safe, simple, easy-to-use techniques.
- These methods help prevent pain and malfunction from developing, as well as correct the reason for pain, which is a signal of malfunction, and allow the life force to flow uninterrupted throughout the body.
- We can listen and feel for what is happening in our bodies and correct minor problems before they develop into serious illnesses.
- Man is a structural, chemical, and psychological/spiritual being and there

needs to be a balance within all three. These methods work with all three aspects.

- TFH stimulates the body's power to rebuild its organs, tissues and glands.
- Concentrate on health and how to maintain it, rather than on illness and how to cure it.

Background

Explain information on pages 10 and 11:

- Innate intelligence that runs the body is connected to the universal intelligence that runs the world, so each person is plugged into the universal intelligence through the nervous system.
- The body can take care of itself because there is no interference between the intelligences and the body.
- Dr. Goodheart concluded that it wasn't really muscle spasm causing the trouble, but that switched off muscles on one side of the body can cause normal muscles opposing to become or seem tight. Opposing muscle theory - fig. 1 page 10. Draw this on your flip chart as well.
- Applied Kinesiology, the science of muscle activation, uses muscle testing techniques to determine where the body is imbalanced and if the technique used for balancing is effective (the information sandwich).
- Some of the muscles are related to a specific organ system because they share a lymph vessel or an acupuncture meridian. Think of the body as a whole. Draw muscle - meridian - organ connection on flip chart. Show the energy switches under the triangle of the three that can remove interference to the energy flow and switch on the muscle. We are helping the body's intelligences to communicate with each other.
- Our society views symptoms as unwanted problems, yet a more powerful way of viewing them is as signs of imbalance and energy blockage. In TFH we are developing optimal well-being rather than getting rid of symptoms.
- We can look at aspects of our health as a triangle: We are a structural,

chemical, and psychological/spiritual being. The primary structure and the natural chemistry work together to influence the psychological, and vice versa - give examples. In TFH we are looking at the whole person.

• **History** (optional and can also be covered later in the course when you have a sense that it would be most appropriate) Dr. Thie met Dr. Goodheart in 1965. After helping start the International College of Applied Kinesiology, Dr. Thie felt that there should be a book and organization for lay people, since so many of the techniques could be easily learned and applied by them. In 1973 the 1st edition of TFH Book was published. Now the book has been translated into 15 languages and has been taught in 50 countries. Several courses have also been developed that are tremendously effective for athletes, people with learning difficulties, and people who want to better manage their stress. The advanced techniques are taught in the Facilitator Program offered by the TFH Foundation. Mention other courses (Educational Kinesiology, etc.) that you offer.

What is a meridian

Explain information on page 17 and show page 18 and 19

Meridians - loops around body 3 times, 6 on front, 6 on back, 1 center front, 1 on center back.

There is a meridian/ muscle relationship so we are going to learn to test one muscle for each meridian in this course.

Break

Meridian Massage - general location, not specific

Muscle checking

Push Hands Exercise: Participants facing each other - PUSHSHSHSH - feel even, gradual pressure as if you were pushing on glass representing a locked muscle. Then let the right hand move a little bit forward, the left a little back representing the feel of a switched off response.

Handout *Quality Muscle Checking* and go over each point

Demo Supraspinatus w/ Participants - explain that you are putting the muscle in its shortest, most contracted position and pushing in the direction where it is most relaxed and stretched out. We are not doing a strength test, we are looking for quality response.

For each muscle cover the following:

- muscle name - an easy way to remember it.
- the muscle location - see it in the book, show it on your body, have them feel it on themselves as they contract it and extend it.
- the direction of the test
- the function (what activities you would use it for) and an indication of when it might be switched off (from the functions and indications section).
- how to find the energy switches (NL, NV, meridian)

Briefly cover three ways that we are going to use today to switch on a muscle - firm massage, light touch, light stroking. Refer them to pg 22, 24, and 26 as you explain. Use the analogy of baking: Neurolymphatics is like cleaning up the kitchen; neurovasculars are like getting the ingredients out; and running the meridians is like turning on the oven.

Another option is to cover neurolymphatics for the supraspinatus and teres major, neurovasculars for PMC, and meridian trace for latissimus dorsi. Be sure that they understand that they have a choice for each muscle of using any or all three of the techniques.

Have them do the techniques on the first few muscles they check even if they test switched on so they can experience doing the techniques and feel the effects. Sometimes they will notice a muscle feels much more solid after a technique that tested switched on in the first test.

Partners now get their supraspinatus muscle checked while touching the muscle to feel the motion. Mark results on page 21 checklist.

Make corrections if needed using any or all of the techniques.

Switching On - clearing

Check for water - the value and importance of drinking water. Demo, then have them check, drink and recheck.

Check for switching - neurological confusion. Demo, then have them check and correct. Explain that the K-27 points are like the switchboard of the meridian system and activating them helps clear confusion in the circuits.

Check for over energy - in the central meridian. Demo the test, everybody tests; then demo and have everyone do the Cook's Hook-ups as you do it.

Ask for questions after each section.

Teres Major Demo, have them check with a partner and switch on if off. Mark results - pg. 21.

Review the session especially how to do the techniques.

Hand out the action plan checklist and have them fill it out if an evening session; otherwise, wait until the end of the weekend.

Closing circle - What did you get out of the morning that was new information or reinforced something you already knew?

Afternoon Session Day 1

Switching On

Have everyone check for water, switching, over energy.

Cross-crawl - demonstrate simple cross-crawl and then everyone does with music.

Review Neurolymphatic massage points -page 22.

Demo Pectoralis Major Clavicular.

Demo Latissimus Dorsi.

Have them check and balance those two muscles - both partners check and balance their PMC first before going on to the lats.

Demo Subscapularis.

Demo Quadriceps.

They check and balance both with a new partner.

Review neurovascular holding points - page 25.

Demo Peroneus.

Demo Psoas.

They check and balance both with a new partner.

Break

Cross-crawl - or other energizers. Muscle dance ones covered so far.

Demo Gluteus Medius.

Demo Teres Minor.

They check and balance both with a new partner.

Demo Anterior Deltoid.

Demo Pectoralis Major Sternal.

They check and balance both with a new partner.

Emotional Stress Release - Demo ESR for overwhelm page 119 and handout page 7-3 from FP manual. Have participants do it with a partner for the course material or if not needed for a situation they experience as stressful. Brainstorm possible uses.

Overview of the session - bottom line everything listing it on the flip chart and answer questions. Encourage them to share what they learned with someone before they come back to the next session.

Closing circle - What is one thing you found valuable that you are going to use?

Morning Session Day 2

Switching On

Check for water, switching (K-27's), over energy (Cooks Hook-ups)

Circle - a win or something they're excited about - can be from sharing TFH.

Questions from the last session.

Mention the next *Mastery Session* and encourage them to come and bring a friend.

Recap 12 muscles learned, show the direction of the test, feel muscle w/other hand, do a muscle dance.

Check and balance supraspinatus and teres major.

Acupressure Holding Points - page 26 1st set opens gates to balance energy 2nd closes gates to maintain balance.

Demo Anterior Serratus.

They check and balance with a new partner using A. H. P.

Origin/Insertion - mention both the jiggling the muscle ends to wake it up and the hard, heavy pressure against the attachments to reestablish the contacts - from the 2nd and 3rd paragraph on page 27.

Demo Fascia Lata.

They check and balance with a new partner using origin/insertion.

Do a method to remember the neuro-lymphatics - song and any other memory cues.

Break

Energizer - cross-crawl and muscle dance. Simon says on muscles and or review neurolymphatic song or any other memory cues.

Review the 5 ways to balance: Lymphatics, vasculars, meridian tracing, acupressure holding points and origin/insertion (sports).

Give a method to remember the neuro-vasculars, looking at which ones share the same spots, such as the anterior fontanel is the antie Su spot: the two "anterior" muscles - anterior deltoid and serratus - and the two muscles that begin with "su" - supraspinatus and subscapularis.

14 Muscle fix-as-you go balance - give them the hand out on this and go over it. Demo getting yourself balanced. Emphasize the self-responsibility model.

Get partners - ask people who are fairly confident with the information to raise their hands so that those who are newer to the information can pair up with them if appropriate.

Have both get each muscle checked and balanced before going on to the next, so you can observe if there is a couple who is slowing down and may need some assistance.

Partners share afterward - what worked, and what could make it better.

Get sharing from the group and answer questions.

Closing circle - What did you get out of the morning that was new information or reinforced something you already knew?

Afternoon Session Day 2

Switching On

Check for water, switching (brain buttons), over energy (Cooks Hook-ups)

Energizer - Cross-crawl, Meridian massage, or muscle dance.

Questions

Food Testing - cover points from page 116.

Biogenic - food switches on an off muscle.

Biostatic - food that doesn't change the response of a muscle.

Biocidic - food switches off an on muscle.

Ask for good muscles to use to check for Biocidics: Lats, PMC, fascia lata, quads.

Demo - then they check various muscles, finding some switched on and one or more switched off to test with a partner and discover at least one food in each category.

Partners share afterward - when and with whom will you use it.

Get sharing from the group and answer questions.

Surrogate Testing - Demo and practice

Break

Energizer - cross-crawl and muscle dance. "Simon says" on muscles and/or review neurolymphatic song, vascular points or any other memory cues.

Questions

Posture - Pg 126 Indicates out of balance. Highlight the 14 muscles.

Demo balancing and observing for postural changes checking individual muscles, then have them practice with a partner noticing the difference after balancing each muscle.

Review ESR

Have participants do it with a partner for a future event. Discuss applications and where to use it.

Overview of the course - Brainstorm - What ways can we now use TFH - bottom line everything listing on the flip chart.

Action plan checklist - Set up regular practice sessions - *Mastery Sessions*.

Promote your classes - Educational Kinesiology 1 & 2, the *Facilitator Program*, Membership in the TFHF.

Fill out and turn in Evaluation Form.

Closing circle - What has opened up for you out of taking this course?

Quality Muscle Testing

1. If you feel any pain while your partner is testing your muscles, immediately let the muscle go.
2. Have an unbiased attitude and desire to get accurate results in finding your muscles that are not functioning at 100%.
3. Demonstrate and explain the direction you want your partner to push:
 - A. Be precise in the starting position and direction.
 - B. If needed, show your partner where to stabilize you with their other hand, making sure your balance is good.
4. Get your muscle tested
 - A. Keep your body relaxed, contracting only the muscle your testing.
 - B. Tell your partner to push and avoid holding your breath or tensing -- you will get the best results if both you and your partner breathe during the tests. If you notice yourself holding your breath you can say "push-sh-sh-sh" as pressure is applied.
 - C. Have them gradually and smoothly increase their pressure using the flat of the palm or fingers, avoiding gripping or squeezing.
 - D. Feel for a lock as your partner pushes for 2 seconds with about the same force as you could exert with two of your fingers.
 - E. Be sure not to compensate by bringing other muscles into the test (bending the elbow, shifting your weight or straining).
 - F. Note if you are easily able to hold the position (a lock, strong or 100% response) or if there is any movement or difficulty holding the position (an inhibited, weak or less than 100% response).
5. If in doubt, re-check:
 - A. Notice if one side feels not as firm as your other side.
 - B. Scratch or pinch the skin and immediately re-test. By putting this extra stimulus to the nervous system, if the muscle is not at 100% it will show more clearly.

Fix-As-You-Go Procedure

1. Ask your partner to check your muscles. Have them push on each muscle slowly and evenly, feeling for a lock (see "Artful Muscle Testing")
2. Clearings (this step is optional, yet done for best results)
 - Check for switching
 - A. Check a switched on muscle three times, alternating hands each time.
 - B. If the muscle switches off in one of the checks, rub the Brain Buttons for 20 seconds (the K 27's while holding the navel).
 - C. Re-check to see if the correction was made.
 - Check for the need for water
 - A. Tug lightly on your hair and check a muscle to see if it switches off.
 - B. If it does, repeat the check after you drink a glass of water to see that the muscle stays on.
 - Check for over energy
 - A. Run the central meridian up and check an indicator muscle. It should switch on.
 - B. Run the central meridian down and re-check the indicator muscle. It should switch off.
 - C. If either of these does not happen, do Cook's Hook Ups.
 - D. Step 1 - As you cross the left ankle over the right knee, hold it with the right hand while holding the bottom of your left foot with the left hand.
 - E. Step 2 - Resting your hands in your lap, touch the finger tips of each hand together as you touch the tongue to the roof of your mouth.
3. Fix-as-you-go.
 - A. Check each pair of the 14 muscles and with your partner's assistance perform any of the following techniques if any of the muscles are switched off.
 - Firm rubbing on the body (neuro-lymphatic technique)
 - Light touch to the head (neuro-vascular technique)
 - Gentle stroking (meridian trace)
 - B. Re-check the muscle and if it hasn't switched on, do another balancing technique. If it has switched on you may want to challenge the muscle by re-checking it while you hold the spot you just rubbed, touched or stroked. If the muscle switches off, apply another one of the balancing techniques. Once the muscle stays on, go to the next pair.
 - C. Additional techniques you can use
 - Nutrition
 - Acupressure holding points
 - Origin/ insertion and golgi tendon/spindle cell

Emotional Stress Release & Creative Visualization Technique

WHEN TO USE IT:

- When under mental or emotional stress or anxiety
- To alleviate fears and phobias
- To create a mental blueprint for peak performance
- Before a race or performance
- With physical or emotional trauma

HOW TO DO IT:

1. Check your Pectoralis Major Clavicular (PMC) muscle and if it is not at 100% do the appropriate activation techniques. Re-test and if it is strong proceed to step #2.
2. While you are thinking about the situation that you are finding stressful, have your partner re-test your PMC. If it tests weak it indicates that ESR would be helpful.
3. Have your partner lightly touch the neuro-vascular points on the frontal eminences and slightly tug up on the skin. You may do this yourself and if you do not have a partner you can bypass steps #1 and #2.
4. While your points are being held, relax, breathe deeply and review the situation either mentally or verbally, paying attention to what you saw, heard, felt and thought. Simply notice what is present rather than react to it.
5. For an event that is upcoming, visualize yourself doing the event optimally, telling yourself how great you are doing. Recreate the physical sensations you have experienced when you've had great success and felt powerful and confident. Focus on what you see, hear, feel and say to yourself.
6. When you have completed this process, re-test the muscle to see if it is now strong. If it is not, then repeat steps 3 - 5 in silence. Then re-test. Repeat again if necessary. If it is, it indicates that thinking about the situation is no longer interfering with your energy flow and causing neurological disorganization. The creative visualization has created a mental blueprint for you to perform at your peak.

TOUCH FOR HEALTH ACTION PLAN CHECKLIST

Goals for the Week of: _____

1. _____
2. _____
3. _____

Balancing Activities

On Rising	M	T	W	Th	F	Sa	Su
1. _____	<input type="checkbox"/>						
2. _____	<input type="checkbox"/>						
3. _____	<input type="checkbox"/>						

Mid-day	M	T	W	Th	F	Sa	Su
1. _____	<input type="checkbox"/>						
2. _____	<input type="checkbox"/>						
3. _____	<input type="checkbox"/>						

Evening	M	T	W	Th	F	Sa	Su
1. _____	<input type="checkbox"/>						
2. _____	<input type="checkbox"/>						
3. _____	<input type="checkbox"/>						

On Retiring	M	T	W	Th	F	Sa	Su
1. _____	<input type="checkbox"/>						
2. _____	<input type="checkbox"/>						
3. _____	<input type="checkbox"/>						

Dietary Awareness	M	T	W	Th	F	Sa	Su
1. _____	<input type="checkbox"/>						
2. _____	<input type="checkbox"/>						
3. _____	<input type="checkbox"/>						

Reactive Muscle Correction Via HYPERTON-X

by Frank Mahony

A reactive state is said to exist when activation of one muscle causes other muscles to malfunction. Symptoms include:

Pain, weakness, and/or restricted range of motion.

These are the same symptoms that we use in HYPERTON-X to define the hypertonic state of muscles. Therefore, employing the concept of guilt by association, a reactive muscle is also hypertonic. Most often the reactive state is corrected by the HYPERTON-X correction:

Isometric contraction (25% of force) in extension, for six seconds while exhaling. Repeat until muscle has reached full range of motion.

When this does not totally correct the symptoms noted above, the muscle may be reacting to another hypertonic muscle, just as we learned in Touch For Health, except that we may not have used the term hypertonic. We may have used the term, "over-energized," or, "set too high." The TFH correction was to test the symptom-aware muscle (SAM), and then activate other suspect muscles, and retest SAM. If SAM went weak, the muscle in activation (MIA) was identified as the culprit. The spindle cells of the MIA were jammed together, and/or the Golgi tendons pushed away from each other causing the muscle to weaken, and SAM was quickly retested in contraction. If everything went right, SAM's symptoms disappeared. However, sometimes the correction was not accomplished, was partial, or was temporary.

Possible reasons for this include:

1. The therapist did not effectively stimulate the belly of the muscle, hence, did not affect the spindle cells

to a meaningful degree, nor the Golgi cells in the tendons, which can be elusive.

2. The MIA had a parallel muscle (PAL) that assists in spindle/Golgi cell activity of the MIA, and the PAL spindle cells were not affected in the correction.

3. The TFH/AK method deals with the muscle in a contracted state only, which may not evoke the reactive response.

In the first case, the therapist may have worked on the geometric center of the muscle, but the belly of the muscle was not in the center of the total muscle, such as in the tensor fascia lata, where the muscle is short, and the muscle mass is near the origin at the ilium, with a long tendon inserting below the knee. Manipulation half way between the hip and knee would have no effect on this muscle. Or, the muscle may consist of an array of muscles with multiple origins and insertions such as; the sacrospinalis, anterior serratus, hamstrings, et al. Also, the muscle may not have been clearly accessible, such as with the subscapularis, and psoas. Golgi tendon cells are known to be elusive. In either case, if the muscle is hypertonic, the spindle and Golgi cells may not totally respond to this type of manipulation, and there may also have been some trauma-memory involved as well.

The second example speaks for itself. In the third instance, it is my experience that we need to focus more on working with muscles in the extended state, as this has greater impact on the muscles. Therefore, SAM should also be tested with the MIA in extension as the shortened (contracted) position may not evoke the reactive state.

ALSO KEEP IN MIND THAT AS WE SHORTEN ONE MUSCLE IN CONTRACTION, WE ARE EXTENDING ITS ANTAGONIST, WHICH MAY BE THE REAL CULPRIT.

HYPERTON-X offers a refinement to the standard TFH procedure. The HYPERTON-X correction involves putting either, or both muscles (SAM/MIA) into maximum extension and isometrically contracting, with 25% contractual force, for six seconds. This is repeated until the muscles reach full extension and both/all hold strong in contraction when the other muscle is activated or extended. This offers the benefits of being able to affect all the cells related to the muscle, as well as the PAL and synergistic muscles, and muscles that present the problems of accessibility, etc., as noted above. Also, extension effects more muscle motor units, and has a more dynamic effect on the spindle cells, as they are relatively inactive in shortened contraction.

Common Reactive Combinations

Reactive muscle possibilities are endless, so we will deal with some common reactive combinations, keeping in mind that any muscle may be reactive with any other muscle, no matter how distal, and that there may be a chain of reactives involving more than one muscle. A more complete chart of possible reactive combinations are found at the end of this paper. Following are some rules of the reactive road that have proven helpful in identifying reactive combos. Look for:

Muscles that work together in a specific activity

Related opposite body parts, same muscle on the opposite side, and back to front combos, such as:

Fingers	Toes
Neck	Foot
Forearm	Lowerleg
Upperarm	Thigh
Shoulder	Hip
Biceps	Triceps

Quadriceps

Hamstrings

Muscles whose grain go in the same relative direction:

Vertical, diagonal, horizontal

Muscles that have common, or near common, origin or insertions

Examples of vertical interaction include:

Sternocleidomastoid, abdominal erectus, quadriceps, tibials, quadriceps, hamstrings, gastrocnemius, sacrospinalis

Examples of diagonal similarities include:

Pectoralis major sternal, transverse/oblique abdominals, rhomboids, gluteus maximus/medius, and latissimus dorsi

Horizontal orientation include:

Transverse abdominals, diaphragm, piriformis, pelvic diaphragm

For the sake of demonstration we will focus on a few key muscle groups that are often chronically hypertonic, and in that state usually create a reactive condition in an array of other muscles. These muscles are :

Upper Trapezius, Hamstrings, and Diaphragm

Although the standard reactive correction procedure is to make all weak muscles strong before correction, I prefer not to do so as it may be the reactive state that is causing the weakness. Therefore we may lose the necessary indication of the reactive problem. After correcting the reactive state the weak muscle may become strong, which tells us that the reactive state was the primary cause of its weakness.

UPPER TRAPEZIUS

1. Test muscles ala TFH in the shoulder and upper torso, such as:

Deltoid and anterior deltoid, pectoralis major clavicular and sternal,

teres major and minor, rhomboids,
levator scapula,

subscapularis, anterior serratus,

sternocleidomastoid, anterior-
posterior neck,

latissimus dorsi

Note weaknesses.

2. Place Upper Trapezius into contraction and retest above muscles, noting weaknesses. Repeat with Upper Trap in extension and note weaknesses.

3. Put Upper Trap into extension and contract gently for six seconds.

CORRECTION

Head is turned and brought forward and toward the opposite shoulder as if to place the check on the shoulder. Contract as if to bring the head up and back to center. Repeat until muscle has reached its maximum range of motion. Do both sides.

4. Repeat holding tests of muscles that tested weak with Upper Trap in both positions.

HAMSTRINGS

1. Test muscles in the pelvic area for weakness

Psoas, gluteus maximus and minimus,

piriformis, fascia lata, quadriceps,

quadratus lumborum, abdominals

Note weaknesses

2. Retest above muscles with the Hamstrings both in a contracted and extended state. Note weaknesses.

3. Correct Hamstrings via HYPERTON-X and retest weak muscles.

CORRECTION

Knee is straight. Therapist cups the heel in his hand and raises leg forward toward the shoulder to maximum range of motion. Contract as if to bring leg down. Also contract as if to bend knee with knee and ankle

stabilized. Repeat until full range of motion is acquired.

4. Retest weak muscles with Hamstring in both contraction and extension.

DIAPHRAGM

This unique muscle can cause reactive havoc throughout the body. But because of its location it is not easily dealt with making it awkward to effectively test for reactivity. Testing may also require holding the breath, which in itself may color the results. Also, determining if the muscle is in either a fully extended or contracted state is pretty much a judgement call, and may require some assumptions. An indicator muscle test is helpful here while the subject takes a deep breath, extending the abdomen, and holding the breath while firm pressure is applied to the abdomen. If the indicator goes weak, the diaphragm is a likely candidate as a trouble maker. The diaphragm may still be so even if the IM doesn't test weak, as it may not have gone to full extension. Therefore there are several ways of getting the tests accomplished.

1. Have the individual do some deep breathing for several seconds to activate the diaphragm to full extension and contraction.

2. Begin muscle testing (forty-two or fourteen, or what ever you wish), preferably while the deep breathing continues. If the therapist has a good sense of timing, he will be able to test both on maximum exhalation and inhalation without the breath being held.

Note weaknesses

For the abdominals, since it is nearly impossible to test them while breathing deeply, use deep breathing for several seconds and then perform tests with several 'breath breaks' until all abdominals are tested.

3. CORRECTION

A deep breath is taken and the abdomen is extended to maximum. The therapist applies firm pressure to the diaphragm for six seconds. Repeat three times.

4. Retest weak muscles.

NOTE: In all cases there may be some emotional involvement with a particular muscle position, or tension. If muscles do not respond fully to correction, test the Indicator Muscle (IM) while the person thinks of the body in the muscle test position (then muscle that has been identified as the rogue muscle). If the IM goes weak, hold ESR points, then retest the muscle while the person again focuses on the body position. Repeat if necessary. Also, the person may "recall" a life experience related to the body position, and may have an emotional release as well. Hold the ESR points (your own as well) and be supportive.

Asking the Body Questions (ABQ)

Test the Indicator Muscle while asking simple Yes and No questions. If the person has a physical complaint such as pain, weakness, or loss of range of motion, (SAM) ask:

"Is there a reactive muscle involved?"

"More than one reactive muscle?"

If "Yes," test IM as you count up:

"How many muscles: 2, 3, 4, etc."

Determine which muscle is priority and which muscle, or muscles, are involved. Sometimes the muscle demonstrating the symptom (SAM) is not involved in the corrective process. Ask for the muscles in their reactive order. Then test them in order and retest the SAM. What questions you ask are determined by your area of knowledge. For instance, if you are well grounded in Five Elements, ask:

"On which element is the prime muscle: Fire? Earth? etc. Is it a Yin muscle? Yang?"

Another way is asking for body location: Front of the body/Back. Above the waist/Below. Arms. Between shoulder and elbow. Legs. Between hip and knee. Torso. Between hips and ribs. Skeletal Support. Movement muscle. Fast muscle. Slow, etc., whatever will quickly help you identify what muscles are involved, and in what order they should be tested and corrected, which will be the

same order. Sometimes the muscle(s) are unknown to us. In this case ask what the function of the muscle is:

"Does it close the hand? Raise eyebrows? Pucker lips?" etc."

Correct the muscles in order via HYPERTON-X (Isometric contraction in maximum extension for six seconds while exhaling. Repeat until muscle reaches full extension). Re-evaluate SAM for symptom change. Repeat corrections if necessary.

Summary

A reactive state exists when one muscle, or group of muscles can cause a malfunctioning of another muscle. Symptoms of the SAM (Symptom Aware Muscle) include pain, weakness, and/or restricted range of motion, which are the same symptoms of a hypertonic state of muscles. Therefore, correcting the hypertonic state of muscles can be a valuable additional method of correcting reactive states. Sometimes the SAM muscle is not directly involved in the corrective procedure as its symptoms are corrected by correcting the reactive state of other muscles. There may be a multiplicity of muscles in a reactive chain that may have to be corrected in a specific order, but often one HYPERTON-X correction may correct all. Reactive muscles are often involved with muscles whose fibers run in the same direction, have common insertion or origin points, are antagonistic, or have a body counterpart relationship: Fingers-toes, hand-foot, ankle-wrist, leg-arm, shoulder-hip, front-back, etc. Three muscles that have a reactive commonality from person to person include, Hamstrings, Upper Trapezius, and Diaphragm. These muscles can cause a widespread reactive condition, so by correcting them via HYPERTON-X major areas of the body are affected with positive results.

Clearing Blocks To Learning

by Tom Margrave

Abstract

An effective, rapid technique for clearing blocks to learning in the context of a class or group, as a way of maximizing the assimilation of information, is described in this paper. The technique essentially utilizes a member of the group as a surrogate for the group, in order to identify emotionally charged issues that are the cause of dyslexic behaviors. Having identified the issues, standard Educational Kinesiology techniques are used to defuse them. Dramatic improvements in assimilation of information result.

Introduction

This paper will describe a very rapid, effective method of clearing blocks to learning in a Basic TFH class. The techniques were developed at the Institute For Body Mind Integration in Omaha, Nebraska. They evolved out of my partners' and my own desires to facilitate the learning process for the people in our classes. We have found that implementing these techniques results in a dramatic increase in our student's ability to assimilate large amounts of information quickly and with much greater ease.

We are aware that many people have very negative associations with learning situations. These unpleasant associations are based on emotionally charged past experiences that unconsciously condition the individual's ability to function effectively in present time. If you want to use the Educational Kinesiology model, these are really dyslexic patterns of behavior and these blocks can be defused and the patterns released through the use of various Educational Kinesiology corrections.

The way these dyslexic patterns are expressed are through verbal behaviors and through the mental behaviors, i.e. thoughts, that underlie the verbal

behaviors. Do you ever hear anyone say "I'm not very good at memorization" or "I don't think I'll be able to learn all those technical words" or "I always had a tough time in science class" or any other statement that expresses self-doubt over the person's ability to learn? What are they really telling you?

They are telling you that sometime in the past, they had an emotionally painful experience or experiences that hurt their self-image, lowered their self-esteem and caused them to distrust their ability to learn successfully. Not only that, but the present situation (your TFH class) is uncomfortably similar to the circumstances that caused that pain and rather than risk that pain again, your friend is "checking out." How can anyone be open and receptive to new information when they're coming from that state of mind?

Clearing Techniques

The clearing technique we use is essentially a group balance using a surrogate. We used to do the same balance on an individual basis but that was terribly inefficient in two ways. First, it obviously took much more time to do it on an individual basis, especially when we had a large class. Second, it's inefficient because it doesn't make use of the available power of the group energy. Any time you can focus the intention and desire of a number of people on a common goal, it can be accomplished much more easily and quickly.

You can introduce the clearing blocks to learning process very early on in the class, usually right after the housekeeping announcements (scheduling and organizational details) have been made and the introductions have been completed. Initiate a discussion on how people get switched off to learning and how all of us, at some time in our lives, accept someone else's or our own negative evaluation of

ourselves and our ability to learn. Stressing that the acceptance of that negative message is a choice and that we can make new choices is very important. I ask the group to relate from their own experiences different times that they may have accepted those kinds of negative messages.

At this point you can ask for someone who would be willing to serve as a surrogate or representative for the rest of the group. Explain that you will be using muscle testing to identify some of the negative messages that the group has "on line." First test an indicator muscle in the clear. I prefer the pectoralis major clavicular because of its relationship to emotional stress. Then go through the switching on process (check for water, switching and over energy and correct where necessary) with the surrogate.

Give a brief explanation of surrogate testing noting that you will cover the topic in depth later. Get the conscious permission of everyone in the group to test for blocks to learning. If for any reason someone chooses not to participate, graciously and respectfully accept their choice and invite them to watch. Then have everyone in the group touch the person next to them until they are all linked. Be sure the surrogate is in the chain. Again test the indicator muscle. It should be switched on. If not, do the appropriate correction for the muscle. Retest and it should be switched on.

Now you are ready to go. Using the list included below, have the surrogate make each of the statements and test after each one. These are statements about learning and working in a group that may represent the emotionally charged issues of various members of the group. **Make a note** of which ones cause the indicator muscle to switch off. You can explain that the emotional stress associated with the statement disorganizes the body's ability to respond. The source of the stress can be **anyone** in the group. Encourage the group to participate by identifying other statements that may be sources of emotional distress. This list is by no means exhaustive, but it does

represent many of the most common dysfunctional messages about learning that people have accepted. Be creative, see how many more issues you and your class can identify.

When all the suggestions appear to be exhausted, test the final statement which says "There is something else on line to clear." You will probably get a switched off response which means that the statement is false and that all the issues have essentially been covered. If the indicator muscle stays switched on, test the next part of the statement which says "We need to identify it." Again, you will probably get a switched off response which means that the statement is false. This happens because even though there may be more issues on line, they are similar enough to ones already stated that they don't have to be separately identified. If not, brainstorm with the group to identify more issues. Continue until you have identified all the necessary issues and the indicator muscle switches off on the final statement.

The group has now identified its significant blocks to learning. Ask the class if they would like to defuse the various issues involved. Get the conscious assent of each of the group members. Facilitate the awareness that they are making a **new choice** for themselves just like they chose to accept the negative self-perception initially. With the conscious permission of each of the members of the class, you are now ready to proceed with the defusion.

The process I recommend is two-fold and I like it because its fun. Have the group form a tight circle facing inward. Have the entire group turn to the left so they each have someone in front of them and someone behind them. Instruct the group to hold the ESR points of the person in front of them and while doing so, have them take several deep breaths. While they are doing the deep breathing, explain to them that they are releasing inappropriate messages that in the past have interfered with their ability to learn. Ask them now to clearly choose something else for themselves, e.g. to believe that all learning is easy and fun.

After this is complete, have everyone spread out and do the lazy eight exercises. I explain that this is an integration right and left hemispheres of the brain for their new choices and new awarenesses. This completes the defusion process.

Now, you are ready to retest the statements that earlier caused the indicator muscle to switch off. Have the group reform its circle and have the each participant come back into touch contact with the person next to them. Make sure the surrogate is in the chain. Ask the surrogate to say each statement that caused a switched off response and retest after each one. You will find (and from my experience I'm tempted to say invariably) that each of the formerly switched off responses is now switched back on!

The process is fairly simple, but the ramifications are profound. I've found that if I stay focused and on purpose, I can easily complete the process in about 20 minutes. I view that 20 minutes of class time as an investment that pays for itself many times over. In a two day class, we get all the way through how to muscle test, the 14 basic muscles and the five correction techniques comfortably in the first day. The second day is devoted to balancing time and additional techniques. Everyone acknowledges the volume of information covered but no one is overwhelmed. The confidence of the students is heartwarming. Statements like, "This is a lot easier than I thought it would be", are common.

I strongly encourage you to give these techniques a try. We are entering a period in which everything seems to be happening more quickly and there never seems to be enough time. It's important to do things as easily, effortlessly and efficiently as possible and reclaim our birthright of joy.

List of Potential Blocks to Learning

1. It's okay to be testable.
2. It's okay to touch others.
It's okay to be touched.

3. It's okay to heal with touch.
It's okay to be healed with touch.
4. It's okay for me to work with everyone in the class.
- *** If indicator changes go to:
 - a. It's okay for me to work with males in the class.
 - b. It's okay for me to work with females in the class.
5. It's okay for everyone in the class to work with me.
- *** If indicator changes go to:
 - a. It's okay for males in the class to work with me.
 - b. It's okay for females in the class to work with me.
6. It's okay for me to learn this material quickly, easily, effortlessly and joyfully.
7. It's okay to not know this material.
8. It's okay to be smart.
9. It's okay to trust my ability to learn.
10. It's okay to be free of the fear of being unable to learn.
11. It's okay to be excited and enthusiastic about learning this material.
12. It's okay for learning to be fun.
13. It's okay for me to trust my ability to be muscle tested.
14. It's okay for me to trust my ability to muscle test.
15. It's okay for me to trust the information I receive through muscle testing.
16. It's okay for me to trust my body.
17. It's okay to be free of overwhelm.
18. Other: "There is something else on line to clear." If yes, "We need to identify it."

Goals and Affirmations

by Margaret Murray

The goals and affirmations which are the topic of this paper are a combination of ideas from Wayne Topping, John Diamond, Paul and Gail Dennison, and my own background in education and counseling. They grew out of my private practice in Milwaukee, WI. In forming a structure that would enable my clients to learn and change on a regular basis, I found that the 20 meridians (12 regular and 8 extra) gave me what I needed. They are used one at a time with six to eight week intervals. Tables for each of the meridians are shown on the following pages:

CENTRAL (Brain-eye)

POSITIVE: SUCCESS "I am a success"

NEGATIVE: FAILURE-OVERWHELMED "I am a failure"

PHYSICAL:

To have a strong healthy brain
To think clearly and accurately
To have strong healthy eyes
To have perfect eyesight
To have visual acuity
To have clear focus

EDUCATIONAL:

To be aware
To notice detail
To be creative
To see the whole picture
To see detail
To actively use all areas of my brain
To see clearly
To express myself clearly
To concentrate well

RELATIONSHIPS:

To have balanced relationships
To have successful relationships
To have honest and free expression

EMOTIONAL:

To be a success
To achieve what I set out to do
To know where I am going
To adapt to circumstances with ease
To feel confident
To handle myself well

SPIRITUAL:

To love God
To obey God
To have wisdom
To have vision

FINANCIAL:

To succeed with money and goods
To be in control of my spending
To be a good steward
To be a financial success

GOVERNING

POSITIVE: SUPPORT "I accept myself as I am"

NEGATIVE: UNSUPPORTIVE-competitive-ignore-appetetic "I am competitive"

PHYSICAL:

To have a strong healthy spine
To have a mobile, supple, flexible spine
To stand straight and tall
To have strong healthy ears
To hear sounds accurately and clearly
To have acute hearing

EDUCATIONAL:

To listen well
To listen with understanding
To respond with interest
To respond appropriately
To keep my ears open
To interpret correctly
To feedback appropriately

RELATIONSHIPS:

To encourage myself and others
To support myself and others
To support beneficial causes
To do my part

EMOTIONAL:

To be supportive
To be interested
To be motivated
To be flexible

SPIRITUAL:

To hear God (universe)
To know the truth

FINANCIAL:

To support myself well
To have a job that I enjoy

STOMACH

POSITIVE: CONTENTMENT "All my needs are satisfied"

NEGATIVE: ANGER-DISCONTENTMENT-critical-disgust-greed-disappointment-frustration

"My needs can never be satisfied"

PHYSICAL:

- To have a strong & healthy stomach
- To have excellent digestion
- To eat only nutritious foods
- To eat only what I need for energy and growth
- To produce sufficient amounts of stomach enzymes
- To choose foods and supplements that support the function of my stomach

EMOTIONAL:

- All my needs are satisfied
- To be satisfied with what is appropriate
- To be fulfilled
- To be willing
- To cooperate when appropriate

EDUCATIONAL:

- To learn easily
- To apply my learning wisely
- To be open and creative
- To remember what I need to know
- To listen well
- To be enthusiastic

SPIRITUAL:

- To be at peace
- To be content and blessed
- To be temperate (moderate)
- To be discreet

RELATIONSHIPS:

- To have fulfilling relationships goals
- To appreciate others
- To feel noticed, appreciated, and loved
- To fit in beneficially
- To recognize how I fit in

FINANCIAL:

- To have sufficient money to meet my To

SPLEEN - PANCREAS

POSITIVE: ASSURANCE AND CONFIDENCE "I relax and do my best"

NEGATIVE: WORRY "If I don't worry I'll die"

PHYSICAL:

- To have a strong healthy spleen
- To have a strong healthy pancreas
- To have perfect hormone regulation
- To destroy infective and malignant material efficiently
- To remove damaged blood cells efficiently
- To produce effective enzymes abundantly
- To have perfect sugar balance
- To eat foods in their natural state
- To choose foods and supplements that support the function of the spleen and pancreas

EMOTIONAL:

- To be safe and secure
- To be confident
- To have conviction and assurance

EDUCATIONAL:

- To relax and do my best
- To think before I act
- To be free to explore
- To be free to make mistakes
- To be free to mature

SPIRITUAL:

- To be peaceful
- To have faith
- To rely on God

RELATIONSHIPS:

- To trust others to take care of themselves
- To have confidence in others
- To stimulate others to have confidence in me

FINANCIAL:

- To be materially secure
- To have the necessities of life

BLADDER

POSITIVE: INNER DIRECTION "I am in charge of my life"

NEGATIVE: NEED FOR APPROVAL-CONTROL "Others control me"

PHYSICAL:

To have a strong healthy bladder
To have perfect elimination
To eliminate toxins and waste efficiently
To eliminate at will
To drink enough water to keep me healthy

EMOTIONAL:

To be in charge of myself
To be in charge of my life
To be in charge of my emotions
To be in charge of my attitude

EDUCATIONAL:

To be in charge of my learning
To learn freely
To sit still when appropriate
To listen to others
To surrender to rules and structure
To surrender to the proper authority

SPIRITUAL:

To have self control
To be patient
To be temperate (moderate)
To be gentle

RELATIONSHIPS:

To respect others space
To be respected
To be free

FINANCIAL:

To respect others property
To be a good steward of my goods
To spend money wisely
To save
To make wise investments

KIDNEY

POSITIVE: DECISIVE (ACTION TAKING) "I love being alive"

NEGATIVE: FEAR-PHOBIA-PROCRASTINATION "I am afraid of being alive"

PHYSICAL:

To have strong healthy kidneys
To have strong healthy ovaries (female)
To efficiently detoxify and remove waste
To regulate the body fluids and minerals appropriately
To have perfect hormone balance
To choose foods and supplements that support the function of my kidneys
To drink sufficient pure water

EMOTIONAL:

To take a risk with ease
To have challenges motivate me
To enjoy living

EDUCATIONAL:

To learn from my mistakes
To set goals
To set priorities
To take productive action
To finish what I start
To do it now

SPIRITUAL:

To overcome and be victorious

RELATIONSHIPS:

To be loved and accepted
To express sexuality appropriately
To be reliable

FINANCIAL:

To allow myself to receive as well as give

HEART

POSITIVE: SELF-ESTEEM. WORTH. LOVE "I like who I am"

NEGATIVE: LOW SELF-WORTH-hatred-anger-jealousy "I am a stranger to myself"

PHYSICAL:

To have a strong healthy lean heart
To have perfect heart rhythm

EMOTIONAL:

To like who I am
To like what I do
To nurture myself
To have gratitude
To be confident

EDUCATIONAL:

To enjoy learning
To enjoy growing
To mature with ease
To enjoy moving my body

SPIRITUAL:

To love others as myself
To have joy
To give thanks
To be virtuous

RELATIONSHIPS:

To serve others graciously
To discipline effectively
To be free to love others as they are
To give others the things that help them grow
To be loved

FINANCIAL:

To welcome abundance and wealth
into my life
To give freely to others in need
To be worthy of my wages
To give full worth to whom I am in service

SMALL INTESTINE

POSITIVE: ASSIMILATION-internalization-nourishment-joy-equality

"I learn from all of life's experiences"

NEGATIVE: REJECTION-forgetful-impulsive-reaction "I block my learning"

PHYSICAL:

To have a strong healthy small intestine
To digest and assimilate nutrients efficiently
To reject and eliminate toxins efficiently
To choose foods and beverages that nourish

EMOTIONAL

To express appropriate emotions
To enjoy equality
To feel loved and accepted
To love and accept others
To nourish myself with positive emotions

EDUCATIONAL:

To understand (comprehend)
To think before I act
To conceive clearly and correctly
To deduct logically
To use common sense
To remember
To think clearly and accurately
To learn from all my experiences

SPIRITUAL:

To be joyful
To be patient

RELATIONSHIPS:

To nurture others
To treat all as equals
To be courteous
To respect humanness
To respect authority

FINANCIAL:

To give equally
To accept freely

CIRCULATION/SEX

POSITIVE: BEING RESPONSIBLE "I take responsibility for myself"

NEGATIVE: BLAME-JEALOUSY-REGRET-REMORSE "I blame others"

PHYSICAL:

To have strong healthy sexual parts
To have perfect hormone balance
To have clear healthy arteries and veins
To have perfect circulation
To have blood that is clean and flows freely
To choose foods that promote the formation
of hormones and HDL (High Density Lipoproteins)

EMOTIONAL:

To take responsibility for myself
To take responsibility only for myself
To enjoy what I do
To be gently assertive

EDUCATIONAL:

To be efficient
To be organized
To take responsibility for my learning
To take responsibility for my memory
to finish what I start
To do it NOW
To start only beneficial projects

SPIRITUAL:

To forgive myself
To forgive others
To forget the past
To be kind
To be tactful
To have mercy

RELATIONSHIPS:

To be honest To share my time
To freely and honestly share my feelings
To take my own responsibility in a relationship
To allow others to take responsibility for themselves
To use responsible sexual behavior
To encourage others

FINANCIAL:

To generously share my abundance

THYROID/TRIPLE WARMER

POSITIVE: BALANCE "Everything works our right for me"

NEGATIVE: IMBALANCE-disharmony "Nothing ever works out right for me"

PHYSICAL:

To have a strong healthy thyroid
To have a balanced metabolism
To have ideal mineral balance
To consume only what I need
To be in perfect balance
To choose foods and supplements that support the function of my thyroid
To choose foods and beverages that make me light and slim

EMOTIONAL:

To be lifted up
To be witty
To be buoyant
To laugh and enjoy freely
To have everything work our right for me

EDUCATIONAL:

To sing beautifully
To be musical
To hear notes accurately
To sing in tune
To see

SPIRITUAL:

To have my spirits high
To be in tune (harmony) with God
(Universe)
To be hopeful
To have vision

RELATIONSHIPS:

To be a good companion
To enjoy people
To encourage and lift up
To be kind and gentle

FINANCIAL:

To use my financial resources wisely
To be in tune with the needs of others

GALL BLADDER

POSITIVE: CHOICEMAKING "I always make a good choice"

NEGATIVE: OTHERS APPROVAL-Resentment "I can't make a good choice"

PHYSICAL:

To have a strong healthy gall bladder
To produce appropriate bile mixture
To have my bile emulsify fats efficiently
To desire foods and beverages that keep me lean
To choose foods and supplements that the function of the gall bladder

EMOTIONAL:

To make good choices easily
To enjoy my choices
To believe in the choices I make

EDUCATIONAL:

To choose the correct mathematical answers
To choose activities that bring growth
To have knowledge and understanding to select correctly
To choose encouraging tones of voice and movements

SPIRITUAL:

To choose wisely

RELATIONSHIPS:

To attract the positive influences
To choose relationships that help me mature
To be a good example
To be free to make my own choices

FINANCIAL:

To make choices that cause financial increase

LIVER

POSITIVE: TRANSFORMATION "I welcome beneficial change"

NEGATIVE: STUBBORN-staying the same-rut-anger "I want to stay the way I am"

PHYSICAL:

To have a healthy liver
To eliminate toxins perfectly
To metabolize effectively
To produce bile efficiently
To choose foods and supplements that support my liver function

EMOTIONAL:

To be happy and full of good cheer
To adapt to changing situations in my life with grace and ease
To express emotions appropriately

EDUCATIONAL:

To explore new ideas and methods
To be receptive to beneficial ideas and opportunities

SPIRITUAL:

To welcome beneficial change
To change with confidence
To discern good and evil correctly

RELATIONSHIPS:

To have relationships that are growing in a beneficial way
To adapt to changes in others

FINANCIAL:

To welcome wealth into my life
To welcome abundance into my life
To accept good fortune

LUNG

POSITIVE: HUMILITY

"I am humble before the wonder and beauty of the universe (God)"

NEGATIVE: PRIDE-grief-guilt-loneliness-depression-indifference

"No one can teach me anything"

PHYSICAL:

To have strong healthy lungs
To have strong healthy sinuses
To breathe deeply and efficiently
To have the air I take in nourish me
To purify my blood well

EMOTIONAL:

To accept myself with my shortcomings
To enjoy being with people
To be interested in people

EDUCATIONAL:

To listen
To hear
To respect other peoples opinions
To learn from the wisdom of others
To be motivated

SPIRITUAL:

To be humble
To be meek
To be modest
To be tolerant
To be forgiven

RELATIONSHIPS:

To appreciate others
To see others point of view
To be able to establish close personal relationships
To recognize the value in others
To have favorable opinions of others
To accept others as they are
To let others know that I love and appreciate them

FINANCIAL:

To share generously as I have ability
To appreciate what is given to me

LARGE INTESTINE

POSITIVE: RELEASE LETTING GO

"I joyfully release the past to make space for beneficial change"

NEGATIVE: HOLDING ON OBSESSIVE GUILT "I hold on to all I no longer need"

PHYSICAL:

To have a strong healthy Large Intestine
To have colon reflexes that are free and clear
To be clean
To eliminate waste efficiently
To be flexible
To choose foods that promote the efficiency and cleanliness of my colon

EMOTIONAL"

To joyfully release the past
To make space for beneficial new experiences
To let go of control

EDUCATIONAL:

To read fluently
To be free to learn
To express myself freely
To recall learned information at will
To move with grace and ease
To write freely and beautifully
To have a clear, sharp mind
To be spontaneous
To spell accurately

SPIRITUAL:

To be forgiven
To be free
To be at peace

FINANCIAL:

To release poverty and welcome abundance

RELATIONSHIPS:

To cooperate
To have relationships that are open and free
To release others to take care of themselves
To communicate with kindness

MOBILITY YIN

POSITIVE: HARMONY "I harmonize with good"

NEGATIVE: DISHARMONY-uneasy "I am uneasy and uncooperative"

PHYSICAL:

To have a clear healthy skin
To have my skin smooth and beautiful
To have my skin attractive and radiant
To eliminate well through my skin
To choose foods, air, and activities that nourish my skin
To be in good shape
To slough old skin and regenerate new skin efficiently

EMOTIONAL:

To be at ease
To be flexible

EDUCATIONAL:

To sing in perfect harmony
To move in harmony with my surroundings

SPIRITUAL:

To be in harmony with God (universe-nature)

RELATIONSHIPS:

To be in harmony with the good around me
To be in harmony with the good in others
To cooperate

FINANCIAL:

To use my resources in harmony with good
To gain my resources "in a way that benefits all"

MOBILITY YANG

POSITIVE: CALM "I am calm and confident"

NEGATIVE: TROUBLED-anxious "I am troubled"

PHYSICAL:

To have a strong healthy thymus
To have an efficient immune system
To produce abundant T-cells
To destroy harmful organisms effectively
To encourage beneficial organisms
To remain youthful and vigorous

EMOTIONAL:

To be calm
To be confident
To manage stress well
To see simply

EDUCATIONAL:

To collect my thoughts and analyze
To relax and learn
To think clearly
To see the solution

SPIRITUAL:

To be peaceful
To be wise

RELATIONSHIPS:

To have smooth relationships
To have a calming effect on others
To encourage and soothe

FINANCIAL:

To be financially secure

REGULATING YIN

POSITIVE: TRUST "I TRUST"

NEGATIVE: DISTRUST-frustrated-irritated-jealous-anxious
"I am jealous-irritated and frustrated"

PHYSICAL:

To have strong healthy adrenals
To have ideal water balance
To have ideal mineral balance
To handle stress beneficially
To have a strong healthy parathyroid
To have my body use minerals beneficially
To rest well

EMOTIONAL:

To be satisfied
To be tranquil
To have inner peace
To be at ease

EDUCATIONAL:

To learn easily
To be able to solve problems
To be able to discern
Relationships:
To give others freedom
To make and keep peace
To share my feelings

SPIRITUAL:

To trust God
To trust others
To recognize when it is appropriate to trust
Relationships:
To be accepting of others
To yield to the proper authority
To encourage others

RELATIONSHIPS:

To give others freedom
To make and keep peace
To share my feelings

FINANCIAL:

To have goods when I need them

REGULATING YANG

POSITIVE: COURAGE "I have courage"

NEGATIVE: SHY-grouchy-disappointed-stubborn
"I am stubborn, shy, disappointed, grouchy"

PHYSICAL:

To have a strong healthy spleen
To produce abundant white blood cells
To overcome infection effectively
To have a strong healthy pituitary
To grow properly
To have a strong parotid
To have my glands work in a beneficial rhythm
To chew my food well
To have my saliva produce sufficient DNA-RNA
To have my food nourish and balance me
To consume only the food that I need

EMOTIONAL:

To give in to learning
To discipline myself
To speak up with ease
To perform with ease
To achieve

EDUCATIONAL:

To have courage
To move forward

SPIRITUAL:

To yield to God

RELATIONSHIPS:

To be accepting of others
To yield to the proper authority
To encourage others

FINANCIAL:

To consume only what I need

BELT

POSITIVE: COMMUNICATIVE "To listen and feedback with love"

NEGATIVE: SPEECHLESS-shy "I am speechless"

PHYSICAL:

To have a strong healthy pineal

EDUCATIONAL:

To see the light
To see things clearly
To set goals
To know what I want
To think carefully
To have accurate facts
To consider the consequences
To have a large vocabulary
To have proper word usage
To use words creatively
To use appropriate words and tones
To print pictures with words
To have a captivating voice
To have my body language attractive
To spell accurately
To have attractive penmanship
To know what to say, when to say it,
how to say it

EMOTIONAL:

To be tactful and compassionate
To love
To know how I feel
To give
To be enthusiastic
To be free

SPIRITUAL:

To be honest
To see the truth

FINANCIAL:

To share with others in need
To share freely with God

RELATIONSHIPS:

To have close fulfilling relationships
To allow others to share freely w/o
interruption
To share myself freely
To be easy to talk to
To listen
To be listened to

VITAL

POSITIVE: DESIRABLE "I am desirable"

NEGATIVE: UNDESIRABLE-unaccepted "I am undesirable"

PHYSICAL:

To have a strong healthy hypothalamus
To maintain proper temperature
To have a balanced appetite
To have a balanced appetite only for
nutritious foods

EDUCATIONAL:

To speak in pleasant tones
To choose complimentary colors
To design pleasing arrangements
To process information correctly

RELATIONSHIPS:

To be attractive
To have a pleasing personality
To have charisma

EMOTIONAL:

To be pleasant

SPIRITUAL:

To be pleasing to God

FINANCIAL:

To have sufficient goods to meet my goals

Short Cut Balancing

by Marjorie Ragon

Out of chaos comes clarity.

Out of complexity comes simplicity.

Necessity is the mother of invention.

And thus evolved the short cut balance.

There are usually advantages and disadvantages to any modality. It seems to me that the only disadvantage of the short cut balance is that it is not appropriate for a skeptic.

I started doing the short cut balance out of necessity--the necessity to simplify, save time, save energy for myself and the testee, and to enable me to test without a surrogate. The fact that untestable muscles can be tested with the short cut method is an added advantage.

Have you ever had a weak muscle become strong after rubbing the wrong neuro-lymphatic or running the wrong meridian? Did that happen because your intent was so strong and focused? Is our testing ritual a way of convincing the logical and analytical left brain that this procedure really is logical and thus true and effective? And if we believe it enough that we don't need the complete (sometimes complex) ritual, can we dispense with some of the ritual? I think so.

The procedure is very simple, and it can be done on an elementary, intermediate or advanced level. Your knowledge, experience, ability and creative imagination will determine your level.

Procedure for Short Cut Basic 14 Muscle Balance

1. Get a good indicator muscle.
2. Say the word--that is, name the muscle you want to test and test the indicator muscle. If weak, do the Touch for Health corrections for the muscle you named.
3. Retest the indicator muscle saying the name of the muscle you just balanced.

4. Test all 14 muscles in this manner.

That's all there is to it!

After you have learned how to whiz through the 14 muscles, you can incorporate other techniques in your testing. The following are just a few suggestions for expanding the basic balance.

1. Test all 42 muscles.
2. Chart the test results and correct with the wheel or the 5 elements.
3. Pause lock the weak muscle response and use the finger modes to determine the correction.
4. Test a muscle for under energy and over energy by naming the muscle and testing the indicator from contraction (for under) and then from extension (for over).
5. Test each of the meridians for under energy and over energy by naming a meridian and testing the indicator muscle from contraction and then from extension.
6. Name and test some "untestable" muscles such as the following eye muscles:

Superior rectus

Inferior rectus

Lateral rectus

Medial rectus

Superior oblique

Inferior oblique

Use finger modes to determine the corrections.

7. To get a good indicator muscle, apply Rick Utt's method of getting a clear circuit.
8. Use my short cut of Rick's clear circuit method by saying "north pole" for

testing from contraction, and "south pole" when testing from extension.

9. Use an x finger mode while you name and test each alarm point for unintegrated meridian energy. Correct with Marjarobics.

10. Experiment by using **your** own knowledge and favorite techniques in your **own** way to let the short cut balance meet **your** needs.

Time of Day Balance

by Jim Reid

Here is a two to three minute balance that will not only balance all of the body's muscles, but will also eliminate 60 per cent of all the aches and pains that one encounters at the same time. I discovered this balance as a result of misunderstanding the instructions when I was taught to use the wheel in my original ITW. The steps by which I came to this discovery are unimportant. The end result is a very important time and pain saver. Here are the steps.

1. Pretest as many muscles as you wish. Note which are switched off.
2. Massage the neurolymphatics for the central and governing meridians.
3. Check to see what time of day it is. Go to that muscle on the wheel whether that muscle is switched off or not.
 - a. Massage all neurolymphatics front and back.
 - b. Hold the neurovasculars until a pulse is felt.
 - c. Trace the meridian three times.
4. Retest all pretested muscles. All will now be switched on.

TFH and Me

by Coby Schasfoort-Spanbroek

It is January in Holland while I write this paper for the San Diego Annual TFH meeting. It is kind of difficult to concentrate myself on what I want to write because the last Annual meeting is still in my memory as if it was yesterday. I am not a person that finds our new techniques, I am not reinventing the wheel again. I gladly leave that to other people. And I will use their inventions and have the benefits of their creativity if it agrees with my feelings on how to work with muscle testing.

What I do want to share with you, however, is the experience of the Dutch Instructor updating, which was held this very month and my concerns on how TFH can grow out to be a health care system instead of a self-help-method for everyone at every time.

This concern is very vivid in my thoughts and it has to do with the philosophy behind the TFH method as I feel it.

Being a faculty member does in my feeling not stand for stopping the method from growing to more techniques, tricks or otherwise.

The more knowledge one can get the more one can do for the benefit of the person works with. **MAYBE!**

I believe that this is not always true.

And therefore, I want to share with you the theme of our updating in Holland. I am pretty sure that my concern is not only a Dutch concern.

My concern has to do with the grim struggle that is going on in health care on the whole.

A couple of weeks ago, I talked to John on the phone. He asked when my annual meeting papers were going to be ready and could I write or tell something on the philosophy behind the method.

And, since this philosophy is one of my concerns, I will give you the letter that I write to the Dutch instructors and that was part of the discussion during our updating weekend.

Dear TFH instructor,

When John Thie started to develop the TFH method in the seventies, he had a goal. His goal was, that there would be a possibility for every human being to work on his own vitality, creativity, harmony and well being.

He did not talk about another alternative medical system to bring back physical health to the body. He was dreaming about another kind of way to create a sense of and, also, a reality of well-being.

His second goal was to, kind of, free people from their need for individuality when it comes to admitting that one does not feel well. Didn't we all learn not to talk about our difficulties, but to fight it all out for ourselves? Or wrap them up and take them to the doctor?

In order to yet have a chance to express ourselves in another way than the verbal way, he developed TFH. A way to restore our natural balance by means of the help that one can receive from family members, neighbors, good friends or even the milkman when that could be the case. In short: a method that could be learned by everyone.

This goal is -- until now -- still very much alive. And it is not only John Thie's goal alone anymore. It ought to be the goal of everybody who ever came in touch with the method.

TFH is growing incredibly in the whole wide world. And with TFH all the beautiful branches that grew out of that one tree. And all those branches got wonderful names. The names that all those creative people thought was best for their own inventions. I have seen many

fantastic things happen with all those creative ways of restoring the different energy systems in the body. So what am I concerned about, for heavens sake!

My concern is that with the creation of all these new offsprings we may fall in the trap of professionalizing as so called therapists. I have nothing whatsoever against Health-therapists, when that is the profession the person was educated for by other ways, that are legally recognized. If they add muscle-testing to their legal therapist-status it is fantastic and stimulating as I have seen many times. So if you want to be called a therapist with a legalized status as such, you need to go for additional schooling to get that title. The more you want the more you get. And with that title and status you also need to carry the burden of responsibility that goes along with it and the stress that goes along with it, and the restrictions that go along with it.

Touch for Health, however, has a different meaning. It is my deep belief that TFH has nothing to do with the restrictions that have become belief-systems in the medical world and in the health-philosophies. TFH is in my belief THE method to find out what my real choices are for a life with less pain, whether this is real physical pain or the so called pain in the neck!

And with 'TFH' I mean every method that has to do with muscle test, the way we use it. It is a way to become aware of the physical reactions of the body on psychological issues. It is a way to get more insight in the choices I make for myself and how much vitality this is going to cost. It makes me at least choose my own way instead of having other people do the choosing for me.

And if I can be of help for someone else to perform his own wonder, it gives me as great a kick as it gives to the other. At that moment we share the same balanced energy conditions and we surely feel that in our bodies too. That has nothing to do with a medical way of 'curing' the person; it has everything to do with healing the two that work together at the same time.

And that is wonderful. Whether we do the method via the belief system of John or Gordon or Rick or Jimmy or Tobe or Wayne or Whoever, it can only be my way of doing it. I am the one who works with the other person in a unit of energy. My aggressive creative energy can reach the other person by touching him and at the same time his timid energy can balance my aggression and vice versa. That is a wonderful idea if I want to believe in shared intentions. By healing the other I heal myself. This is a totally different concept than the medical concept. The medical concept always knows what is best for me. And logically that may be so. I only believe in it, however, when my body and soul as an integral part of the body reacts on the issue with a feeling of being at peace and harmony. As soon as the issue gives the reaction of inner fear or tension, I know that whatever the medical person tells me, there is no healing factor there.

This is one of the traps the muscle-tester can fall in when he starts believing that he can put his interpretations of the muscle test upon the other person. Only when the tester does not feel any stress or pain by the interpretation of the muscle test the interpretation is true. I mean to say that it is very important that the two of us, the tester and the testee, feel the same harmony while working together. There can be no question about the outcome when we both feel delighted by the discoveries we make together.

Muscle testing is a two-way experience between the one and the other. The same thing counts for teaching. In order to teach we have to learn first. Learning is gaining knowledge, but having learned something is different. Having learned is, the knowledge has become a part of ME! That what has become a part of me, I can give out again without losing it.

And that is what teaching is about. I can only teach with all my energy when the subject has become a part of me, when it is integral in my being, when it feels as if I am sharing a part of me with the other who does not have that part yet in his being, and who wants to have that part

too. The person only wants to have that part of me too, when it gives him the feeling of peace.

When I teach a subject that I do not master myself as yet, it sends out an unbalanced wave of energy. And everyone can sense that. That may be one of the reasons why people learn the same subjects a lot easier by the one teacher than by the other one. I can teach freely and with a lot of ease when I am convinced for myself, and I mean: in my own bodyfeeling, that the subject that I am teaching feels good for me. As soon as I start teaching beyond my bodyfeelings, I don't teach anymore. Instead I am balancing myself and my equilibrium on the edge of an abyss. And I am likely to fall over flat on my face. And my class will lose faith in what I am TRYING to convince them of.

This again is one of the reasons that makes me concerned. If touchers on the whole want to be recognized as therapists, they can not get away with not having the academic knowledge that is legally asked for. Academic knowledge in medical science, however, is very often that part of knowledge that we cannot experience as a feeling in the body. I do not feel my anatomy, I do not feel my bony structure, I cannot see my cell-structure and I cannot see my molecules tumble around. That is to say: when it is academic knowledge. Gaining academic knowledge is not something everybody can gain, because of different reasons. That can be money, that can be time, that can be social circumstances, that can be discrimination, that can be anything.

But gaining bodyfeeling knowledge is something everybody can learn by just experiencing it and recognizing it. We can be of tremendous help in helping people to gain that inner knowledge. In that way everyone can help everyone with no restrictions whatsoever. Who can prevent whom to touch someone when it is not for any medical reason? Nobody! That is what we are up to, reach out and touch somebody's hand, make it a better world if you can.

Teaching and touching, and touching while teaching is such a wonderful mutual experience for the toucher and the touched that they both feel enlightened. Enlightening has everything to do with how the body feels. We experience the different bodyfeelings because our hormones rush through the body under every different circumstance.

In the book, *The Footsteps of the Mystical Child*, the author says: "Our soul exists out of tiny entities that produce different lights under different circumstances: and that makes our feeling." Our soul is that integral part of our being that makes us feel the life-forces rush through us. Feeling is living, whether we can explain it scientific or not: that does not count.

That is what we are up to. My feeling does not change a bit whether I know which hormone gives me that feeling or whether I don't.

Once a doctor in one of my classes said: "Well, when people experience that kind of feeling, it certainly has to do with a rush of adrenaline and cortisol and other plus electrical reflexes."

I listened to him and was glad with his comment; but at the same time I could not resist the question of how it felt for him in his own body to have that knowledge. He said: "Well, to be frank, I never have the time to reason about my own feelings: they are there before I know which gland is doing what."

And that is exactly what it is. By teaching beyond the boundaries of my inner felt knowledge I put myself in jeopardy, I go beyond the stress-level, I start stammering and stuttering and sweating and radiating out stress-impulses instead of waves of harmony and relaxation.

I can teach what I have and not more: but believe me: that is a lot. And you know: what feels best is that human beings all feel the same. But when it is permitted to show the feeling by way of muscle testing, the strain disappears. And one other thing: muscle testing is so subtle and so gentle that nobody needs

to lose his dignity. Dignity is a logical part of our existence that makes us different from other creatures. We can go into each others deepest feelings and determine how so called bad or good they may be without jeopardizing each others dignity. We can experience individuality and togetherness at the same time and stay ME!

If we can stay with this goal, the world will really be changing into a wonderful place to be.

The Surrogate Connection

by Jimmy Scott, Ph.D.

We have all learned the basics of surrogate testing. If the Subject cannot be directly tested, then another person, or Surrogate, touches the subject and it is **that** person who is actually tested. The results of the test, however, apply to the Subject. Very simple and straight-forward. Or is it?

We have also learned to be wary that the results we obtain really are from the subject and not due to our own selves. Many of us have learned how to test some muscle(s) of our own, and act as our own surrogate with a subject. If that works, why not the reverse? Could it be that the subject might be a surrogate for us?

We frequently see or read, for some correction or another, that the balancing correction can be applied to the Surrogate, but is effective with the Subject. Have any of us asked, "Is the Surrogate affected?"

Exploration of the **Surrogate Connection** has yielded some fascinating information. Only the barest outlines can be included here, but the implications should be clear. One type of correction approach includes the use of stimulation of various reflex points by the Balancer on the Subject. These reflex points might include acupuncture points, neurovascular areas, or neurolymphatic areas. I call these **direct** corrections since the Balancer and the Subject are connected directly through known energy entry (for the subject) locations. Body work, spindles, cross-crawl, and the like are called **indirect** since the correction seems to be effected distally to the energy entry area. Admittedly this definition is a bit arbitrary, but it serves to distinguish the class of corrections to which the discussion below applies; namely, the **direct** corrections.

An important principle:

Whenever the Subject is touched (using the direct corrections) the energy systems of the Subject and the Balancer interact. Whenever the Subject's energy is changed, so is the Balancer's.

This means that whenever we do a direct energy correction on a person our own energy is being affected, and we might, or might not, be effecting the same corrections on ourselves.

By extension, it can be seen that the principle above will apply to anyone touching the Subject, or the Balancer, while the correction is being done.

Suppose the Subject's muscles weaken upon thinking, "I love my work." Suppose, furthermore, that we already have discovered that touching the Subject's B/K NV points will provide the correction needed. If the Surrogate also has the same item present, and needs the same correction points, then the Surrogate will also be corrected (especially if the Surrogate also thinks the same thing). If the Surrogate needs not only the B/K NV but also the Li/LU NV, then the Surrogate will be only partially corrected. The same applies if there is no 'third-party' Surrogate, but only you, the Balancer. In other words, if you are balancing a Subject you might also be balancing yourself, if you need it. If you do not need a correction for the particular item, then nothing obvious will change, but your own energy balance **might** still be changed.

With the direct energy corrections it is usually possible for multiple Balancers to work simultaneously with one Subject. This is especially efficient when there are numerous reflex points to be stimulated. Just as described above, each of the multiple Balancers will be corrected simultaneously, along with the Subject. Likewise, if there are multiple

'Surrogates,' then all of them will also be corrected. It is quite possible, and easy to demonstrate, that with one Subject, several Balancers, and any number of Surrogates, all the people involved will be corrected. In this case Surrogate means anyone who just touches the subject, any of the balancers, or any other surrogate (who is touching the subject or another surrogate, etc). In this way literally dozens of people have been simultaneously corrected.

Many people have observed that when someone does many corrections on others, then that person also begins to function better, sometimes even going through healing processes. The discussion above makes it clear why this happens.

Stress Management Using Muscle Testing

by Wayne W. Topping, Ph.D.

During this time of transition one of our major challenges is to determine how to significantly increase public awareness of Touch for Health. I believe we'll ultimately get more people into Touch for Health programs by: (1) simplifying the muscle testing that the public is first exposed to; and (2) by packaging the material to make it accessible to the largest number of people, packages that are tailored differently depending upon the group targeted. Just as Educational Kinesiology and the Fitness Team are targeting specific groups another area we can develop is that of Stress Management.

The Challenge

Whenever you have a product to sell you first need to determine whether there is a market for it. The answer is going to be partly determined by your perspective, however.

Many of you are probably familiar with the story of the two shoe salesmen representing different companies that were sent out to Africa to determine what the market potential was for shoe sales. One reported back that the situation was hopeless, that no one wore any shoes, or even knew what they were! The other reported back that the market potential was absolutely incredible, that no one was wearing shoes yet, and, better still, there was no competition!

What is our perspective on Touch for Health? Do you see a limited market? Or do you see an unlimited market?

At last year's Annual Meeting there was much talk about Touch for Health being in transition. Some voiced the opinion then and since, that much of the market we've aimed at has become saturated, in certain geographic areas. Without really intending to, we've directed much of our attention to people already interested in wholistic health, and Touch for Health is just one of many therapies or

technologies competing for their time and attention. What about the remainder, the majority of the population? Do they need it? Yes, but it needs to be packaged differently. I remember hearing Dr. Thie say on a number of occasions how he was shocked to learn that most of his patients were not interested in learning Touch for Health to help prevent health problems but preferred to come to him regularly to be "fixed" or put back into balance.

Why? Is it because they don't want to take responsibility? Partly. However, looking back after being a Touch for Health Instructor since 1977, I believe it is because Touch for Health is initially too complicated for most people.

In his introduction to the *Touch for Health Workbook*, Dr. Thie had this to say: "If all you ever did was show others the emotional stress release technique probably 80 percent of the people would get better from that one technique alone." I have recognized for many years that the emotional stress release technique is both one of our simplest techniques, and one of the most useful. In the book *Stress Release* I expanded upon the emotional stress release technique and packaged it together with other simple techniques. The material is simpler than learning the 14 pairs of muscles in basic Touch for Health, yet it has led people on into Touch for Health classes after they have experienced the value of muscle testing. Similarly, we've had people decide to take Touch for Health after they've taken Brain Gym 1 and experienced the benefits of doing the lazy 8's, the elephants, etc.

Ristead de Barra's presentation in 1987, *Streamlining TFH for the Lay Person*, was also prompted by the recognition that the basic 14-muscle balance is too complex for the average lay person in a first course involving muscle testing.

Thus, as I see it, was are faced with two major objectives: (1) to simplify what is being taught, and (2) to package the material in such a way as to make it accessible to the largest number of people. Let's consider these in turn.

1. **Simplification.** My experience is that most people who have taken a basic Touch for Health class find that doing a 14-muscle balance is sufficiently overwhelming or time-consuming that they don't do it on any regular basis. While they may have good intentions it's just too much effort. Instead techniques that are simpler and faster to use are more likely to be worked with on a regular basis. Thus, the emotional stress release technique, cross crawl, lazy 8's, elephants, brain buttons, etc., all fit the bill -- simple yet fast, and they get results. When we can get a majority of the population doing some of these activities regularly we won't have a problem getting people motivated to learn Touch for Health.

One of the simplest ways to reduce the complexity of muscle testing is to reduce the number of muscle tests. Thus the emphasis is shifted away from use of specific muscle tests representing different meridians, to the use of an indicator muscle, such as the extended deltoid (flyer) or pectoralis major clavicular (swimmer), to test to ascertain whether the mind/body retains its organization or becomes disorganized by a specific activity. We use this type of muscle testing when we test to see whether certain thoughts are generating distress for the individual, whether a cross crawl exercise is disorganizing, whether reading out loud is stressful for the individual, etc. Here the muscle is being used purely for biofeedback purposes and the non-verbal question being asked is: "can the individual handle this activity, or is it causing undue stress, disorganization, etc.?"

2. **Packaging.** How many computer programmers would be interested in learning how to balance their meridians?? Almost none. How many would be interested in alleviating the

tightness in their shoulders? Most. How many would be interested in two or three simple techniques to help avoid job-related visual stress? Probably most.

The point is that the person learning something has to see that it has relevance for them. Can a person relieve emotional stress, prevent visual stress, prevent chronic tightness in the shoulders and neck without knowing how to do a 14-muscle balance? Yes. Moreover, if a person is taking a class after already having personally experienced that the techniques work, then they are more likely to use the information that they are learning.

Thus I see a shift occurring towards the development of modular workshops where there is more theoretical background given and relatively less time using muscle testing. The muscle testing remains, however, the primary tool to exemplify what is being taught. I believe such workshops would have a greater chance of penetrating into the business, educational, and athletic communities. Let's illustrate the point by looking at the area of stress management.

Stress Management

Over 50 percent of all our illnesses are said to be stress-related. Heart disease, high blood pressure, colitis, asthma, kidney disease, peptic ulcers, anxiety, depression, obesity, rheumatoid arthritis and cancer are some of the stress-related conditions. It would, therefore, seem very relevant for everyone to know what causes stress, how to recognize how distressed they are, how to recognize the sources of their stress, to become sufficiently motivated to want to change, to learn how to change, and to follow through.

The emotional stress release technique is a very powerful technique. Yet I am convinced that many people who have learned it in basic TFH classes don't appreciate it as highly as they could because they don't receive enough understanding as to the nature of stress and what symptomatic changes it can create physically, emotionally, and in

behavior. Self-awareness is one of the keys to effective stress management. For example, the "burnout syndrome", characterized by psychological, physical, emotional and spiritual exhaustion, was first identified in the early 1970's. Included among the groups that are at higher risk for burnout are: people in the "helping" professions, doctors, and nurses, paramedics, emergency medical technicians, and social workers. Many of them don't recognize the significance of the earlier symptoms of burnout. Educating such people as to the significance of what they are experiencing will usually make them more receptive to learning what they can do about it.

To get muscle testing procedures into the business community requires sufficient education, as is currently being undertaken with the TFH Fitness Team, that a need for our technology is appreciated. Just as simple muscle testing procedures can be packaged together for athletes, and just as has already been done for the educational community by means of Educational Kinesiology and Brain Gym, so too can muscle testing be a primary biofeedback tool to teach effective stress management. Over the past year I have been working on a workshop manual specifically to address this area. I have used many of the same techniques that are described in my book titled *Stress Release*, but there is also much material on the emotional, physical, and behavioral changes due to stress; recognizing burnout and what to do about it; time management; avoiding procrastination; using muscle testing to determine whether the type of exercise you are doing is appropriate; using muscle testing to screen out those foods, colors, environmental factors you may be sensitive to; etc. The goal is to use this manual as a vehicle to get muscle testing into the business community in the stress management area. Let's illustrate the approach briefly by looking at a few different areas of traditional stress management.

A. Goals. Goals give us direction in life. If you wanted to reach a specific destination you wouldn't travel on a ship without a rudder, would you? Yet, many people are attempting to go through life without concrete, clearly defined goals. Like rudderless ships they are tossed to and fro. Goals are like a rudder: they provide direction, and having direction gives greater stability. Most business people know the importance of having goals. However, are their goals creating stress for them? Are the left and right hemispheres of the brain in agreement in regard to the goals? Or, is there conflict? Having the person state their goal then testing an indicator muscle on the left side of the body then repeating the procedure with the same indicator muscle on the right side of the body will allow us to answer that question. A bilateral switching-off indicates that distress is being generated by the goal (correct with the eye rotation technique). A unilateral switching-off indicates conflict between the two hemispheres (correct with the brain integration technique). Alternatively, the person could imagine that they are achieving their goal. If the pectoralis major clavicular muscle then unlocks hold the frontal eminences while the person continues with the same thoughts or visualization. This illustrates the point that there are several ways to apply the same emotional stress release correction -- extremely simple to more complex, with the technique used varying according to the amount of class instruction time, age of participants, their background level, severity of problem, etc.

B. Using Exercise As Prevention and Change of Pace. One of the occupational hazards for typists, key punchers, computer programmers, and many other people with desk jobs, is chronically tight shoulders. After you've been sitting for some time it is great to get up, stretch, move around, and to get the blood and lymph systems activated again. Variations of the cross crawl exercise are excellent for this purpose and have the added advantage of increasing the

integration between the left and right hemispheres of the brain so that one is better able to handle work-related stress.

Certain exercises from Educational Kinesiology and Brain Gym are also excellent to do periodically as a change of pace. Doing the elephants, owl, lazy 8's, brain buttons, and the "scrunchies" (neck rolls) will go a long way toward easing the tension in the shoulder and neck muscles as well as keeping eyes and ears switched on for reduced work stress.

C. Procrastination. One of the most useful things we can do to regain control of our time is to overcome procrastination.

Why is procrastination harmful? Because it creates a lot of stress that is not necessary. Crises are created that wouldn't occur had action been taken earlier. It creates anxiety for the person who is tackling the task at the last moment. It creates stress for the typist who is having to push everything else aside in order to type up the paper before the deadline. Because she is typing under pressure, she is more likely to make errors. Other department heads who wanted to see the report before the meeting are being denied that opportunity. All around, many people can be more stressed because of one person's procrastination.

Why do people procrastinate?

(a) **Fear of the project.** If we anticipate something is going to be too difficult, we are most likely to shelve it until later. If we anticipate that the phone call is going to result in a "no", we put off making that call.

(b) **Boredom.** We tend to put off the mundane, less exciting tasks until we have to do them.

(c) **Dislike of the task.** Maybe if we forget about the task, it'll get lost in the shuffle, it won't be needed, or someone else will do it. Result: we put it off.

The Real Reasons Behind Procrastination.

Although you may believe that people procrastinate for reasons such as those given above, there are actually two primary reasons according to William J. Knaus, Ed.D., psychologist and author of the book, *Do It Now: How to Stop Procrastinating* (Prentice-Hall). They are self-doubt and "discomfort-dodging".

(a) **Self-doubt.** These people have shaky self-confidence, and are very critical of themselves. They have a high fear of failure and are indecisive about doing things. Some procrastinators are perfectionists and have such high standards that they don't attempt things because they won't be good enough.

(b) **"Discomfort-dodgers."** According to Knaus these people have a low tolerance for tension and frustration. They procrastinate because they're afraid of the anxious or uncomfortable feelings they associate with beginning a task. They procrastinate to avoid anticipated pain.

Overcoming Procrastination.

In addition to regular stress management techniques to counter tendency to procrastination we can do much with Touch for Health and related techniques. The "discomfort-dodgers" can do emotional stress release while visualizing themselves doing whatever task they have been putting off. Once the stress has been defused then there is no anxious or uncomfortable feelings to force them to retreat from the task at hand. Self-doubters who are fearing failure can do ESR while getting in touch with the negative feelings. They can continue holding the frontal eminences as they then imagine a successful outcome for the project. We have found one of the fastest ways to turn around a negative self-image and a belief that one has to do everything perfectly is by use of statements as described in "Stress Release". Occasionally beliefs such as "I must be perfect" are so strongly held that we use a more powerful method called personality trait reprogramming which will not be described here.

D. Making Sure that Changing the Habit is Appropriate. Effective stress management means eliminating habits that are inappropriate, e.g., cigarette smoking. We generally do things, such as cigarette smoking, for reasons. What happens, therefore, when we eliminate a negative habit and don't adequately address the reasons for the habit? It will be difficult for the person to break the habit, and we may inadvertently drive the person towards other inappropriate habits, that may even be more serious. When we work on changing an inappropriate habit we have to consider the overall ecology of the habit and the proposed change. Muscle testing of statements such as "I no longer need to smoke cigarettes to show my rebellion towards my parents" is the fastest way I know to obtain this information.

These four examples -- goals, using exercise as prevention and change of pace, procrastination, and making sure that changing the habit is appropriate -- were described briefly just to illustrate that muscle testing can make a significant contribution to the field of stress management. People participating in such a course would be learning standard stress management fare but with the addition of muscle testing and Touch for Health and Educational Kinesiology-type exercises to increase its effectiveness. My belief is that such a formula increases the likelihood that we can get muscle testing into the business and other communities. I further believe that people using muscle testing in this context are going to more open to taking Touch for Health classes to find out how else they can help themselves and others through muscle testing procedures.

References

1. Crockford, Phillip, *Educational Kinesiology, Vol. 1*, Touch for Health Foundation, 1987.
2. Dennison, Paul E., and Dennison, Gail E., *Brain Gym*, Edu-Kinesthetics, 1986.
3. Marks, Mary, *Touch for Health Workbook*, T. H. Enterprises, 1982.
4. Thie, John F., *Touch for Health*, DeVorss & Co, revised edition, 1979.
5. Topping, Wayne W., *Stress Release*, Topping International Institute, revised edition, 1987.