

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.