

Temporal Tapping

by Robert Alan Frost

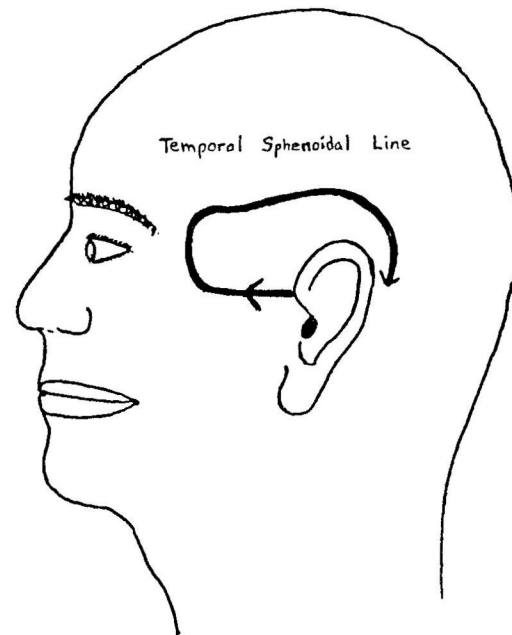
Abstract. Temporal tapping may be used to control involuntary bodily functions such as gagging and bleeding, to test for hemisphere dominance, to determine if a statement is true, to reprogram the brain to change habit patterns, to test if a particular muscle-meridian complex has been completely corrected, to test nutritional supplementation, and to perform structural corrections without the need for chiropractic adjustments. Temporal tapping simplifies and increases the effectiveness of many other techniques. Its use is recommended to every student of kinesiology.

Postural analysis, the meridian system, and palpating the line around the temporal and sphenoid bones are the three main diagnostic tools of the applied kinesiologist. The use of the temporal sphenoid line in diagnosis requires both sensitivity and persistence to master. However, this same line has several simple and effective therapeutic applications in the technique called **Temporal Tapping**. George Goodheart developed temporal tapping and its applications in Applied Kinesiology.

Temporal tapping is performed by tapping smartly along the temporal sphenoidal diagnostic line beginning in front of the ear and continuing forward, up, and around the whole line. The tapping should be done with the palm surface of the fingertips. To perform the temporal tap upon yourself, tap the right T line with the right fingertips and the left T line with the left fingertips. When temporal tapping someone else, use your right fingertips (palmar surface) on their left TS line and your left fingertips on their right T line. If temporal tapping is performed with the back side of the hand (the knuckles) the hand used is reversed in all cases due to the reversed polarity of the two sides of the hand. Tapping must be done firmly enough to penetrate curly hair or thick hairdos and to spring away from the skull after each light blow.

Before, during, or immediately after temporal tapping, some sort of sensory input is given. It may be visual (something to look at or read), auditory (heard or spoken yourself), or consist of some sort of therapy localization or other therapeutic maneuver. Temporal tapping appears to help the given sensory

input to pass the normal filtering mechanisms of the brain with the strength necessary to create the desired effect.



To use temporal tapping effectively, it is necessary to know the pattern of cerebral dominance. In a normally organized right handed, left hemisphere dominant person, a positive or true statement will be accepted (will not weaken an indicator muscle) when given with temporal tapping on the left side of the head. A negative or untrue statement will be similarly accepted when the right side is tapped. Those with the functions of the two cerebral hemispheres reversed (with the verbal function on the right side) will respond

oppositely in the above tests. Thus, temporal tapping may be used both as a test of cerebral hemisphere dominance and to determine if a chosen statement is true. Individuals with mixed dominance or neurologic disorganization may not respond to temporal tapping until corrective treatment has been given.

Use of the following test will determine if temporal tapping can be effectively utilized and how it must be performed. Find a strong indicator muscle in your test subject and test that it is not blocked (that it will test weak when a negative stimulus is presented). Tap the left TS line with the palm surface of your right fingertips. While tapping, say aloud, "This muscle now tests weak" and retest. If the muscle does now test weak, the subject is normally organized and may be temporal tapped as described in this text. If the muscle still remains strong, tap the right side of the head with the fingertips of your left hand and again give the statement. If the indicator muscle now weakens, your subject has reversed function of the two cerebral hemispheres and should be temporal tapped on the opposite side to the descriptions in this text. This condition is seldom found and when so, mostly in left-handed people. If neither side weakens the indicator muscle, check for and correct neurologic disorganization.

If the jaw is pulled back, or the posterior portion of the temporalis muscle (which pulls the jaw back) is hypertonic, temporal tapping will not be effective. Therefore, observe that the subject does not pull the jaw back during temporal tapping. To test if the posterior portion of the temporalis muscle is hypertonic, have the subject place two fingers into the belly of the muscle above and behind the ear. If this therapy localization weakens an indicator muscle, that portion of the temporalis muscle is hypertonic and requires spindle cell pinching treatment. After such treatment, the therapy localization to the belly of the temporalis muscle will no longer weaken the indicator muscle, and temporal tapping should function normally.

Although temporal tapping is often effective with only a positive suggestion, or with the tapping of only one side of the head, it is more effective when the suggestion is given

in the positive and negative form while tapping the appropriate sides of the head.

Statements given must be understood by and be believable to the person receiving the treatment. With these statements we are dealing with the reprogramming of the subconscious mind. The subconscious mind has often been compared to the mind of a five year old. Therefore, the suggestive statements should be simple, direct commands. The Statements to the left side should be positive and rational. Those to the right should be negative, emotional, and authoritative, as when a parent says to a child, "You are not going to do x (or you will be punished)." The wording is quite important. The positive statements (which are given while tapping the left TS line) should include one of the following phrases: "You will get along fine without. . .", "You can do without . . .", or "You will find it easy to. . .". The negative statement used while tapping the right TS line should include "You do not need to. . .", "There is no need to (for). . .", or "There is no reason to. . .". If you are doing this on yourself, replace the word "you" with the word "I".

So much sensory information reaches our brains each second that without filtering out and ignoring most of it, we would be overwhelmed. However, this same filtering mechanism diminishes the effect of affirmations. Temporal tapping appears to temporarily reduce or turn off this mental censoring mechanism. Affirmations are then directly accepted into the subconscious mind with full power. Behavioral changes then more easily follow.

In using temporal tapping to overcome unwanted habits, it is necessary that the subject wants to change and believes in the possibility of the change. Preliminary work to establish these criterion will result in greater success with temporal tapping.

For example, to eliminate a smoking habit, one should first build up the desire to do so. This may be done negatively by looking at photographs of the lungs of lung cancer patients, or listening to emphysema patients breathe. Positively, one may consider pleasant breath odor, and the ability to run or make love with great stamina. To help believe

that you can stop smoking, talk to and be with people who have done so. Such a support group can be very helpful in the transition to being a non-smoker. Careful preliminary work in establishing the criteria of desire and belief will result in greater success in the use of temporal tapping in creating behavioral changes.

Train the subject to perform the temporal tapping upon himself. Then, when the desire to smoke again arises, he may temporal tap and give the suggestions himself. George Eversaul recommends vitamin, mineral, and glandular supplementation during the transition to being a non-smoker. He also gives an excellent discussion on troubleshooting and difficulties with the use of temporal tapping in his manual, *Dental Kinesiology*.

A most useful application of temporal tapping is in the control of involuntary functions such as gagging and bleeding. The gagging reflex provides an excellent example of the usefulness of temporal tapping. First, test how far a tongue depressor or something else can be placed back into the mouth until gagging occurs. Tap the left side and say, "You will get along fine without gagging" or "You will find it easy to have these dental tools in your mouth". The right side is temporal tapped with a statement such as, "There is no need for you to gag." Then demonstrate that the same instrument may be placed much further back into the mouth without eliciting the gag reflex. This is very useful for various dental procedures.

Bleeding during oral surgery may be similarly diminished. The first attempts at this were not successful because statements such as, "There is no need to bleed during surgery" were not believable and therefore not accepted. When the phrase was changed to ". . . to bleed so much during surgery" it was accepted and blood flow was greatly diminished. This demonstrates the need to make all suggestions used in temporal tapping believable.

Temporal tapping is thus effective in bringing suggestions into the nervous system for the control of involuntary functions of the body. Although the effect only lasts about one half of an hour, this is long enough to perform

needed operations and other therapeutic measures.

Temporal tapping may be used to determine if all the factors directly affecting a muscle-meridian complex (the neurolymphatic and neurovascular reflex points, meridian alarm points, etc) have been adequately treated. A muscle may test strong in the clear yet test weak when one of its related treatment points is touched. This is called a hidden muscle weakness. Using normal techniques, it would be necessary to test all of the possible treatment points to a specific muscle to be sure there are no hidden weaknesses. This technique may be simplified with temporal tapping.

To do so, first see that the muscle tests strong while the subject touches one of the related treatment points. Then while having the subject continue to touch the treatment point, the TS line on the left side is tapped. If the muscle weakens after the tapping, there is a hidden weakness that must be located and treated. When all hidden factors have been correctly dealt with, touching a treatment point and tapping the left TS line will no longer weaken the muscle. Thus all direct influences affecting the muscle-meridian group may be detected with temporal tapping. Should the muscle weaken or other related problems return after treatment, possible indirect causes such as cranial faults or neurologic disorganization must also be evaluated for lasting results.

Temporal tapping may be used for the testing of the need for nutritional additives. To do so, first be sure that all neurolymphatic, neurovascular, and meridian alarm points for the chosen muscle test strong. Next, have the subject touch two of these points simultaneously, temporal tap the left TS line, and retest the muscle. If the muscle now weakens, some sort of nutritional supplementation is required. Check a list of possible nutritional supplements for the particular muscle. Have the subject chew one after another until a supplement is found which causes the muscle to return to strength (with the double therapy localization and the TS line tapping). This is the needed nutritional factor.

Temporal tapping may be used as an alternate to chiropractic corrections. After diagnosing a specific structural problem, the patient is put into the proper correction position, for example, with the pelvis correctly upon treatment blocks for the correction of pelvic faults). Then, instead of adjusting the fault, temporal tapping is provided upon the left side of the head. Often, without further treatment, the desired adjustment is already accomplished. It appears that temporal tapping alerts the nervous system to the need for the correction indicated by the treatment position and that the nervous system then corrects the structural problem without the need for chiropractic adjustment.

This use of temporal tapping has been developed and applied to many various problems by Dr. Bruce Dewe in the *Professional Health Provider* program. He also finds that the inclusion of the emotional finger mode (thumb to ring finger) plus eye rotations and visualizing an X both increases the effectiveness of temporal tapping and eliminates the need for negative affirmations. His technique is to tap both sides simultaneously (with emotional mode, eye rotations, and visualized X) while stimulation

the problem or while giving a positive affirmation only. Temporal tapping has so many useful applications that its practice and mastery is recommended for all kinesiologists.

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