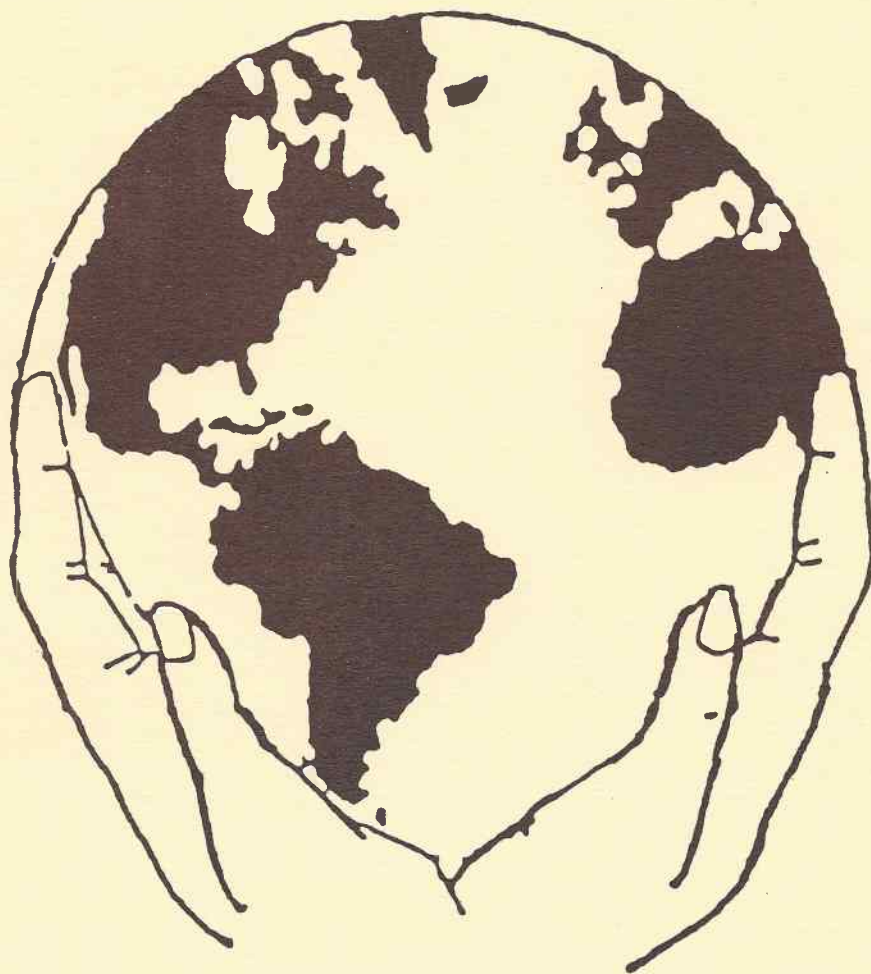


**Coming
Into the Light
1991**



**The Touch for Health
International Journal**

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



**1st International Annual Meeting
of Touch for Health Associations**

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Table of Contents

Elizabeth Barhydt, B.S and Hamilton Barhydt, Ph.D.	Balancing Homolateral and Contralateral Muscles	5
Joy Bradley	Integrating Touch for Health Techniques	9
Arlene Nedd Brown, L. M. T.	Integrating Massage and Touch for Health	10
Jan Cole	A Quick Programming Release	12
Risteard P. de Barra, B.Sc., A.T.O., L.C,S.P.(assoc.)	Making TFH Easier	13
Grethe Fremming and Rolf Hausbøl	Balancing the Senses	20
John Varun Maguire	Strain/Counterstrain Technique for Eliminating Pain & Structural Imbalance	22
Nettie Meissner,	A Most Perfect Body Balance	25
Mary Louise Muller, M.Ed, RPP	Integrating Cranial Movement Work with Kinesiology	27
Lorraine Osborne	You Can't Go Past Where You Are	29
Sharon Promislow	Goal Balance with Touch For Health	30
Geraldine L. Rhoades	Massage Therapists: Touch For Health is for You!	31
Suzanne Ryder	Quality Time With Your Client	33
Rosmarie Sonderegger	Switching On Your Senses	36
Bernhard Studer	Reversal on Different Levels	37
Wayne Topping, Ph. D. and Friends	Touch for Health in the Soviet Union	38
Theresa Van Ornum, Lic. Ac.	From The Basic To The Bizarre And Back Again	40
Alice Vieira, Ph.D.	Understanding the Origins of Sabotage Programs and Pain of Life Behaviors through the Develop- mental Stages of Man	43
Robert Waldon	Habits & Addictions Revisited	47
Ian White	Australian Bush Flower Essences	49



Come Into The Light

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 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 good of all humanity.

Balancing Homolateral and Contralateral Muscles

by Hamilton "Hap" Barhydt, PhD, and Elizabeth Barhydt, BS, MT

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The idea of Homolateral Muscles has been around for some time (ref. 7). The original idea was that when you rebalance your brain control circuits from homolateral (unilateral) to contralateral (bilateral) using cross crawl with looking up and humming, or other equivalent exercise, there may be some individual muscles that retain a homolateral (unilateral) response when tested directly. A homolateral muscle will test unlocked after contralateral exercise and locked after homolateral exercise.

Similarly when you rebalance your brain control circuits to trilateral balance with the Five Finger Quick Fix, or other equivalent exercise, fully balanced muscles will test locked after either homolateral or contralateral exercise, but there may be some individual muscles that retain a homolateral (unilateral) response (as described above) or a contralateral (bilateral) response (locked after contralateral exercise and unlocked after homolateral exercise).

Trilateral Balance Reviewed

As reported in previous papers (see refs. 1, 2, 5, and 6), after the brain control circuits have been balanced in all three directions, right-left, front-back, and top-bottom, (cf. Richard Utt's pitch, roll, and yaw concept, ref. 9) using our Five Finger Quick Fix or other suitable technique, we achieve a state that we can call Trilateral Balance.

Recall that in Trilateral Balance a balanced indicator muscle will normally test strong (switched on) after either contralateral (cross crawl) or homolateral activity.

Note: An over energy indicator muscle (i.e., frozen, or in Utt's terminology over-facilitated) will also remain strong after both contralateral (cross crawl) or homolateral activity. You can confirm that the indicator muscle remains in balance by CLing the K27 point on the same side while testing the muscle. If the muscle is truly in balance, it

will continue to test strong. If the muscle is over energy (frozen), it will test weak (switched off). (ref. 4)

In contrast in the familiar Bilateral Balance a balanced indicator muscle will normally test strong (switched on) after contralateral (cross crawl) activity and normally test weak (switched off) after homolateral activity.

In what we call Unilateral Balance a balanced indicator muscle will normally test weak (switched off) after contralateral (cross crawl) activity and normally test strong (switched on) after homolateral activity.

With this concept we have a hierarchy of brain control circuit balance states (ref. 6):

Unilateral Balance: right-left out of balance; front-back and/or top-bottom possibly out of balance.

Bilateral Balance: right-left in balance; front-back and/or top-bottom out of balance.

Trilateral Balance: right-left, front-back, top-bottom all in balance.

Trilateral Muscle Balance

The balance correction to bring individual homolateral and contralateral muscles into a trilateral state is similar to the earlier method used to balance individual homolateral muscles into a bilateral state:

1. Put yourself into a trilateral state of balance using the Five Finger Quick Fix. (ref. 1, 5)
2. Test those individual muscles that you wish to check for laterality state and make sure that they are in balance (i.e., "switched on").
3. Do the cross crawl (25 steps), retest the muscles being checked, and note those that are "switched off". These are homolateral (unilateral) muscles.

4. Do homolateral marching (25 steps), retest the muscles being checked, and note those that are "switched off". These are contralateral (bilateral) muscles.
5. Repeat the Five Finger Quick Fix. This will now repattern those muscles that were "activated" in steps 2 and 3 by testing "switched off".
6. Repeat the cross crawl (25 steps) and retest the muscles that were "switched off" by cross-crawl; they should now be "switched on".
7. Repeat homolateral marching (25 steps) and retest the muscles that were "switched off" by homolateral marching; they should now be "switched on".
8. Cross crawl briefly to further anchor repatterning.

Example 1:

Hap had a problem with his teres major and middle trapezius muscle going out of balance, even though all reactive combinations had been corrected. When retesting using the above procedures, we found that these muscles plus the latissimus dorsi were homolateral even though his brain control circuits were in trilateral balance. Hap rebalanced these muscles to a trilateral state and has not had any trouble with those muscles since.

Hap also had a more complex problem with his legs that was aggravated by torn knee cartilages partially removed by surgery. After strenuous hikes (his favorite exercise) the knee joints would become painful and the muscles on the outside of the thighs would become tight and knotted. The muscles were neither reactive nor frozen (over facilitated). Releasing the muscle knots by massaging the spindle cells (see ref. 5 and 8) gave only temporary relief.

Testing the quadriceps, using the standard Touch for Health technique (ref. 8), indicated that the overall muscle group was in trilateral balance on both sides. Testing the lateral (outside) fibers of the quadriceps showed that portion of the muscle group to be contralateral on both sides (i.e., switched "off" after homolateral movement). Testing

the fascia latas showed them to be homolateral on both sides (i.e., switched "off" after contralateral movement).

Note: The lateral (outside) fibers of the quadriceps may be tested by placing the muscle in the normal test position and swinging the lower leg out towards the side about 30 degrees. Then push straight down just above the knee cap as in the standard test.

For a hiker this is an interesting result. Efficient level walking swinging the leg from the hip is a contralateral movement and uses the fascia lata muscles. Efficient climbing on uphill slopes (or stairs) is a homolateral activity and uses the quadriceps muscles. Thus each muscle group was switching off to the type of walking activity where it was most heavily used. After bringing both these muscle groups into trilateral balance, Hap was able to hike without the knee joints becoming painful or the muscles on the outside of the thighs becoming tight and knotted.

Example 2:

Elizabeth noticed a sore neck after playing RummiKub, a game played at a table with domino sized playing pieces. Muscle testing quickly confirmed that extensive previous balancing had cleared all reactive and frozen muscles as well as all structural imbalances associated with the neck and shoulders. So we searched for homolateral and contralateral muscles. In the neck area the right posterior neck tensor and left levator scapulae were found to be homolateral and the right anterior neck flexor was found to be contralateral. In the shoulder area the upper and middle trapezius and the teres major muscles were found to be contralateral on the right side and homolateral on the left side. Correcting these imbalances corrected the sore neck.

Again in this case we notice a rough pairing of homolateral and contralateral muscles that tend to work against each other.

Example 3:

A more complex example shows how extensively homolateral and contralateral

muscle imbalances can impact one's state of health. Elizabeth has had a long history of problems apparently deriving from a herniated 5th lumbar disk resulting from a teenage fall off of a truck. She had been having success treating the injury by taking Standard Process Cyruta Plus and Ligaplex II per Dr. Versendaal's Contact Reflex Analysis (ref. 10). In two month's time she was feeling much better and discontinued the treatment in order to treat other problems.

3-1/2 months later the condition flared up again. Initial Versendaal Contact Reflex Analysis indicated a negative metabolic triad involving the spleen, liver, and thymus. The 5th lumbar also indicated a negative CL. Brushing up on the 5th lumbar reflex cleared that reflex and also the metabolic, spleen, liver, and thymus reflexes. On the other hand, brushing down on the metabolic reflex did not clear the 5th lumbar reflex, indicating that 5th lumbar problem was triggering the triad.

All reactive muscle, frozen muscle, and structural imbalances were cleared using our Reactive Muscle, Frozen Muscle, and Structural Basic Balance techniques (ref. 5), but this did not relieve the pain or clear the 5th lumbar. We continued with testing for and balancing homolateral and contralateral muscles. We found and balanced the following:

Homolateral

gluteus medius, both sides
piriformis, both sides
teres major, left side
teres minor, left side
rhomboids, left side
sartorius, right side

Contralateral

psoas, both sides
fascia lata, both sides
quadratus lumborum, both sides
popliteus, both sides
sartorius, left side

After balancing these muscles, Elizabeth's back pain was substantially eliminated, and she could move more easily. In addition the CL reflex indications for the 5th lumbar and

the metabolic triad cleared, suggesting that these imbalances derived from the homolateral and contralateral muscle imbalances. Continuing treatment involved returning to the nutritional supplementation for the herniated disk (Ligaplex II and Cyruta Plus) as well as continued monitoring of muscle balance and correction as necessary.

Antagonist Groupings

An interesting observation in working with contralateral and homolateral muscles is that we often find that the contralateral muscles tend to be antagonists of the homolateral muscles

Summary

Finding and balancing contralateral and homolateral muscle groups has often cleared up muscular aches and pains remaining after clearing all reactive and frozen muscles as well as structural imbalances.

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Integrating Touch for Health Techniques

by Joy Bradley

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Integrating Touch for Health techniques into a massage session can present a challenge, especially when a new client is involved. The person may already feel apprehensive about having a new therapist. Then again, the person may be perfectly open to new techniques. In my 12 years of experience, all I have learned is there are no set rules regarding how much Touch for Health work you can do with a new client

Give the Client control

One sure fire way to reduce apprehension is to give the client a feeling of control over the situation. I have found that a client questionnaire helps accomplish this. In addition to standard information such as medical history, I ask them how I can best meet their needs. For example:

1. Why are you interested in massage therapy? Circle any below.

Relaxation

Stress Management

Injury Therapy

Other

2. What is your estimated stress level on a scale of 1 - 10 ?

1 2 3 4 5 6 7 8 9 10

3. What changes would help you meet your health goals ?

Change Weight

Change Diet

Change Exercise Habits

Improve Stress Management
Techniques

In addition, I ask what kinds of massage they have already experienced. Whatever questions you decide to ask, keep them simple with possible answers ready to be checked or circled.

Discuss the Client's Needs

What skills do you have to help the client meet their expressed needs? Now you have an opening for dialogue about muscle testing and other balancing work. Give the client a range of possible therapies. For example, you might say "We can do some muscle testing on that knee and possibly do some balancing. There are some things you can do later to help it heal, and your full body massage will certainly give you relief." In my experience, clients will pick out a combination of my suggestions.

Introduce Touch for Health

I introduce the new techniques lightly. For example, I might teach the person how to muscle test that knee first. Most people get very excited at this point and want it all, but I still hold back and limit the muscle testing to something like switching the muscle on and off or testing the diaphragm. Clear what is possible, quickly, then go on with the massage. The client feels better, gets the massage they expected plus a bonus. ESR is the technique I use most in these situations. It takes only 5 minutes and gives lasting results.

The Results Sell the Techniques

Most clients will soon be back, asking for more of "that stuff" and giving you a report on what worked and what didn't. Your problem now may be finding time for the body massage!

Integrating Massage and Touch for Health

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Over the years as an instructor I've seen many massage therapists and bodyworkers take Touch for Health classes and inevitably ask, "Now how can I start integrating these techniques into my practice?" Most find it impractical to use a 14 muscle balance during a massage session but are eager to use their new skills to benefit their clients. I find most choose to use techniques which are simple and do not require muscle testing. Providing an approach that meets the needs of massage therapists and also encourages them to utilize the powerful tool of muscle testing has been a challenge and the subject of discussion by massage therapist TFHA group at recent annual meetings.

In the hopes of encouraging more bodyworkers to begin implementing TFH techniques into their work I have developed a workshop format that teaches basic muscle testing procedure (using only one muscle) and blends several simple TFH skills. I have also developed some balancing techniques that can be easily integrated into any bodywork practice as a compliment to what is already being done. Keeping the techniques as simple as possible works best for those new to Touch for Health. Some of the techniques which are presented in the "Integrating Massage and Touch for Health" workshop include ESR, meridian massage, neurolymphatic massage, checking for water, auricular massage, and procedures using spindle cell and golgi tendon techniques.

The neuromuscular procedure using spindle cell and golgi tendon techniques that Dr. Thie describes in the TFH manual is of particular interest to bodyworkers. Ann Holloway's informative article *Golgi Tendon, Organ, and Spindle Cell* in the 1990 TFH International Journal presents further explanation on the methods and mechanism involved. The spindle cell and golgi tendon apparatus are receptor mechanisms within a muscle and tendon that monitors the length and tension of that muscle. These techniques are used when a muscle or joint area has been strained,

overworked or after other strengthening techniques (i.e. neurolymphatics reflexes, neurovascular reflexes, etc.) have failed to generate the desired muscle response. Manually stimulating the muscle fibers in specific directions can be effective in resetting a dysfunctioning neuromuscular spindle cell which is causing abnormal muscle function.

The spindle cell and golgi tendon techniques are generally used in conjunction with testing the involved muscle or joint. Testing the muscle before and after using these techniques will give one feedback as to the effectiveness of the techniques, but may not be appropriate if the muscle or joint area is too painful to move. Using the techniques without muscle testing, as in weakening a cramp in a muscle, may provide relief, but may only be temporary.

Over the past five years I've been working with a method that identifies muscle imbalance using a surrogate muscle. This circumvents muscle testing the specific muscles involved. With this method one can identify and correct specific muscle fiber imbalances for an area that has been injured or overworked without the risk of further aggravation it. This technique checks the entire area involved and the opposing muscles to bring about a more thorough and long lasting correction. The technique is easy for anyone to use and is especially useful for bodyworkers. Be ready to see immediate and long lasting results for both acute and chronic muscle problems with this technique.

Specific Neuromuscular Precision Reset Technique - "Muscle Toning"

1. Begin with a clear indicator muscle, check for switching and water.
2. Place hand over suspect area. The indicator muscle will switch off if any muscle imbalance is present.
3. Check for emotion on line.

Touch For Health International Journal, 1991

4. Touch 2 fingertips along length of muscle while testing indicator muscle while testing indicator muscle.

5. If indicator muscle switches off then.

- a. Stroke muscle with fingertip in one direction (along length of fibers) Then retest
- b. Stroke muscle in opposite direction. Retest.

6. Correct by massaging in direction that made indicator muscle stay switched on. Using. 4 or 5 times works best.

7. Recheck indicator muscle by touching the specific muscle just massaged. Muscle should now test switched on. To challenge and make sure that is all the muscle needs to rebalance it, scratch or tap the muscle twice. Then retest the indicator muscle.

8. If the indicator muscle stays switched on when challenged, then go on to the next area of the muscle (about a finger's width away) and begin procedure again. If the indicator muscle switches off when challenged then the spindle cell technique will be needed to correct the imbalance. To check for this

- a. Stroke → ← on muscle. Retest.
- b. Stroke ← → on muscle. Retest.

Correct in the direction that switches on the muscle.

8. Recheck the muscle by retesting and challenging it by scratching or tapping it twice. Muscle should now stay switched on. Move on to the next area to check.

Note: It is important to do an entire area and opposing muscle groups, not just the specific area feeling pain or tightness to receive the optimum results.

A Quick Programming Release

by Jan Cole

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Step 1. Getting It Out

1. Sit in a comfortable quiet place with no distractions.
2. Divide your paper into two columns:
 - or negative on the left side,
 - + or positive on the right side.
3. List all thoughts, words, phrases about a situation, person, or relationship that is annoying or upsetting to you in the negative column. Include all the loaded words that you can think of: abuses, blasphemies, contumelies, curses, epithets, expletives, insults, invectives, oaths, obloquies, profanities, railings, revilements, scurrilities, swearwords, vituperations. Remember that it takes 10 positive statements to undo just 1 negative. Get the negative clutter out and away from you. You will be physically and mentally healthier. Don't reread your list.
4. Write quickly without analyzing, numbering them as the thoughts come. There will most likely be positive responses that pop out. Include them in the number sequence. Don't censor your thoughts. Remember no one else has ever to see this paper.

Example:

- | | |
|------------------------------|--------------------|
| 1. Doesn't keep commitments. | 3. Brings flowers. |
| 2. Always late. | |
| 4. Tells lies. | |
| 5. Couch potato | 6. Great hugger. |

As you number you will see how time consuming and energy draining these thoughts can be peppered throughout your day, since this exercise won't be the first time they have bothered you..The writing alone will bring some relief to your mind. For a more power release proceed to step 2.

Step 2. Release

1. Touch ring (emotional) fingers to thumb pads while lightly touching your ESR points with the index and middle fingers.
2. Repeat the following statement continuously while rotating your eyes in a circle, first clockwise several times, then counter clockwise. Note any glitches where the eyes move unevenly or dwell on particular spots in particular.

Release statement:

"I, (use all your names), ACCEPT AND RELEASE MY (or these) NEGATIVE THOUGHTS, FEEL-INGS, AND EMOTIONS RELATED TO THIS ISSUE."

Or use any other appropriate statement.

3. Note how you feel when you complete the process compared to before; less tense, more alert, more relaxed, any pains gone, whatever is happening for you. Appreciate the shift. In a week, two weeks, a month, note the percentage of time it is negatively distracting. Highly impactful emotional issues may need more than one session.

Making TFH Easier

How to make TFH classes more enjoyable and successful

(Updating the Direct 1-Point Balance)

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The TFH material includes a large amount of information, techniques and expertise which classes aim to impart to the students. It is advisable, therefore, for the students to be able to learn the material easily and to absorb and apply the information as quickly as possible. None of the material is very obscure or difficult. It is just that the very amount makes for overwhelm and so causes difficulty. However, if the material were to be arranged in a simple and very easy and logical pattern, it would be of enormous benefit. This would be particularly true for the lay person, the person for whom the TFH synthesis is expressly designed. Of course, such a method would also make life much easier for professionals.

This paper is an attempt to make the learning of TFH easier. It will also make it easier to teach. The methods applied are a **chunking down** and a **rearrangement** of the basic material, as follows:

TFH - 1 Procedures

Start with the easiest and most important muscle in kinesiology, viz, the Strong Indicator Muscle (SIM). Next, introduce a very easy and practical application, e.g. Auricular Energy. In the class, find the 1/2 of the students who switch off most clearly and easily on this and then workshop practice Muscle Biofeedback testing (MBT) on this repeatedly, that is, before doing any corrections. Do this for as long as it is necessary for all to become comfortable and confident at MBT. Only then show the correction and retest. Repeat the procedure for Visual Inhibition and Switching. Then (or later) have the class test and correct for Dehydration, Zips, etc. This forms a good and necessary clearing and may take up to 3 hours or more of class time. It is well spent for, in the process, the students will have had excellent practices of MBT and will

be ready to be introduced to specific muscles, i.e. the 14 TFH -1 muscles.

These are introduced in a 'chunked-down' format in 3 sections:

1. Supraspinatus and Teres Major (for Brain and Spinal Cord and so relating to the Central Nervous System). Test, and if weak, demonstrate and practice the corrections, viz, Neuro-Lymphatic, Neuro-Vascular, Acupressure Trace, Physical Corrections, etc.

Next, the 12 Meridians of the Wheel, which are to be subdivided and clearly separated into yins and yangs.

2. Deal with the most important 6 meridians first, viz., the yins. These have a higher priority for treatment. It is merely logical to give them prime importance in the instruction process. As the strict order of the muscles (on the Wheel) in the TFH book (Pectorallis Major Clavicular, Latissimus Dorsi, etc.) is not going to be followed, it would be a good opportunity to rearrange the Yin Muscles in an easy-to-learn and logical sequence. One particular sequence is very suitable from a number of viewpoints. The sequence is:

Subscapularis,
Deltoid,
Pectoralis Major Sternal,
Latissimus Dorsi,
Psoas,
Gluteus Medius

(Note that the Deltoid is preferred to Anterior Serratus as Lung Indicator in TFH -1

The sequence has the following useful features:

1. Physically, the order of test muscles goes down the body.

2. NL points for the muscles to down the body in order.
3. NL points for the muscles are physically 'over or above' the actual location of the organ in the torso.
4. The related organs form a logical and hierarchical order and also run down the body, in order, viz., (Brain, Spine) Heart, Lung, Liver, Spleen, Kidney, Sex.
5. The order of the Meridian Testing follows the KO Cycle

For all the above, the pattern is clear and easy to learn. The 6 yin muscles can be chunked down even further by pointing out that there are 2 tests with the elbow bent, followed by 2 tests with the arm straight and the palms outwards, followed by 2 leg tests! It is well worth while changing to this pattern. There may be some initial effort for the instructor but the dividends are handsome, as witnessed by those who have made the change. It makes the TFH classes more successful. The students learn more easily and so have more confidence to use the material straight away - thus leading to further success.

3. The 6 yang muscles complete the 14. These, too, can be arranged in a simple order going down the body, for example:
Pectoralis Major Clavicular,
Anterior Deltoid,
Teres Minor,
Quadriceps,
Peroneus,
Fascia Lata.

They comprise 3 arm muscles followed by 3 leg muscles. Also, apart from the Thyroid, the related organs also go down the body. i.e. Stomach, Gall Bladder, (Thyroid), Small Intestine, Bladder, Large Intestine,

(Alternatively, the order, Teres Minor, Anterior Deltoid, PMC, etc., might be preferred so the Thyroid comes first.)

These yang muscles are treated as being less important and the student is advised that they can be omitted when starting balancing if the student feels that 14 muscles would be too much to begin with. As the overall attitude is more relaxed, the funny thing is that all the muscles (not just the yins) are more easily

learned and taken on board. The student is under less pressure.

Thus, the stages of 'chunking-down' are:
2 muscles,
 $2+6=8$ muscles, and finally,
 $2+6+6=14$ muscles.

The students are far more comfortable with the prospect of handling 2 or 8 muscles first, with the option of adding on the extra 6 Yangs later. The student has more choice.

A worksheet for this method is included with this paper.

Notes:

1. The groundwork is prepared for the Direct 1 - Point Balance, which is to be introduced in the TFH- 2 (see below).
2. The Muscle Dance also needs to be rearranged to suit the new sequence. a separate page of this paper indicates a fun way of learning the first 8 muscles.
3. Detailed information regarding each muscle in the new order is given on the back of the worksheet (included with this paper).
4. TFH -1 is completed with Cross - Crawl, Food Sensitivity Testing, Surrogate Testing, Postural Evaluation, Emotional Stress Release, etc, as usual.
5. Teaching muscle testing. The so called Range of Motion (ROM) concept is misnamed and confusing. For testing, the muscle is placed in contraction and the 'Range of Motion' demonstrated is when the muscle is weak and fails to hold against the testor's pressure. This should more accurately be called 'Range of Weakness' of the muscle. The 'Motion' that the muscle performs when it is strong and is activated is in the opposite direction! This could be referred to as the 'Range of Action' (ROA) of the muscle. Furthermore, the 'Range of Action' of the muscle is what should be taught to beginners, not the so-called 'Range of Motion'. i.e. the 'Range of Weakness' **The 'Range of Action' teaches the action the testee needs to perform during the muscle**

test. The so called 'Range of Motion' teaches the testee to move the muscle in the wrong direction a few times and then they are asked to do the opposite for the test! Educationally, this is ridiculous. It leads to confusion. It is also a waste of time. With the 'Range of Action', the testee is only taught the direction of the movement when contracting the muscle further. The testor presses in the opposite direction. The testor needs to know both parts (both the testor's and the testee's). The testee does not need to know or practice the direction the limb will move. If the muscle is weak, that is the testor's business. With the 'Range of Action', the students have far less confusion or difficulty in relation to the direction of the muscle test. The 'Range of Action' is also indicated on the back of the worksheet. After all, it is not necessary or desirable to show the 'Range of Motion' when demonstrating a SIM test. The 'Range of Action' is perfectly adequate'

Notes by the editor:

1. The term 'Range of Motion' is not defined in the TFH book; however, using accepted dictionary definitions, 'Range of Motion' refers merely to the limits to which the muscle moves both in maximum compression and maximum extension; no direction within these limits is implied.

2. Currently approved TFH-1 instruction technique emphasizes that the testee is in charge (often coaching an untrained testor to test the testee), and consequently it is normally the testee's business to decide whether a muscle test is 'strong' or 'weak'.

TFH - 2 Procedures

When teaching a TFH-2, it is recommended to start with a revision of the 14 TFH-1 muscles and at the same time to introduce the Direct 1 - Point balance, which is as follows:

1. Clearing: Test and strengthen the Auriculars, Visual Inhibition, Switching, Dehydration, Zips, etc. as before in TFH-1.
2. Test and strengthen Supraspinatus, Teres Major as in TFH-1.
3. Test only (no strengthening yet) the 6 yin muscles in the new order, viz., Subscapularis, Deltoid, Pectorals Major Sternal, Latissimus Dorsi, Psoas, Gluteus Medius.
4. When the first weak yin muscle is found, retest while touching the NL for that muscle. Hereinafter, this is called 'Prechallenging' (See the International TFH Journal 1983 paper by Brian Butler). Regardless of whether or not the muscle strengthens on the Prechallenge - **do not balance the muscle now**. Rather continue with testing the yin muscles.
5. When the next weak yin muscle is found by testing, then retest that muscle while prechallenging either; (i) an NL used successfully previously for prechallenging (preferably), or (ii) the NL for that muscle. Repeat this process for every weak yin muscle found by testing until all 6 are tested and you have identified one Priority NL (or maybe 2) which strengthens all succeeding weak yin muscles.
6. When all 6 yin muscles have been tested, then retest any weak yin muscle(s) in the early part of the cycle (Subscapularis, etc.) while prechallenging the most successful NL (or NLs). This step is necessary when the priority NL is not the NL of the first weak muscle.
7. Steps 4,5,6 will nearly always identify one (or possibly 2) Priority or Master NL points which strengthens all (or most) of the weak yin muscles. The procedure is similar to 5-Element Balancing.
8. If no suitable master NL can be found, or if there is more than one Master NL necessary, then repeat the tests on the weak yin muscles while prechallenging other NLs (you might have missed a weak muscle) NVs, Meridians, etc. If still no successful master strengthening point can be found (this is very rare), then check for over energy physical muscle corrections, etc. If no master 1-point can be found, then strengthen the best points, or revert to

standard TFH procedures such as fix as you go, etc.

9. Balance (strengthen) the best master 1-point reflex(es) identified.
10. Retest all previous weak yin muscles and also retest with Rechallenge (which is identical with the TFH Challenge procedure), etc.
11. Test other muscles as required. e.g. the yang muscles, the rest of the 42 muscles, a selection of muscles, etc. while rechallenging the master point(s) previously balanced.
12. Tidying up: If further muscles are weak on testing or retesting, then they most likely need physical correction techniques such as: O/I, Spindle Cell Stimulation, Golgi Tendon Resets, etc., or perhaps Nutritional support.
13. Nutritional support is only recommended for the Meridian(s) associated with the key major 1 - point blockage(s).

Notes

1. The process of Direct 1-point Balancing as outlined is far easier than working through the complex process of 5-Element Analysis and Balancing. It does not require any paperwork. It does not require the learning of complex formulae or rules for where to start balancing. It is, therefore, more appropriate for the lay person.
2. This process short circuits 5-Element theory. The 'Master' blockage is directly identified.
3. When teaching TFH-3 the course could also begin with the clearing techniques and then the Direct 1-Point Balance, as in TFH-2.
4. Following the pattern of testing the muscles in TFH-1, one method of selecting the extra muscles for TFH-2, is

to choose all the upper body muscles that are tested face up, starting at the top and working down the body. For example:

Upper Trapezius,
Neck Flexors,
Brachioradialis,
Levator Scapulae,
Rhomboids,
Anterior Serratus,
Coracobrachialis,
Diaphragm,
Abdominals,
Mid and Lower Trapezius,
Triceps,
Opponens Pollicis Longus.

5. For TFH-3 there is left 7 muscles to be tested face up on the lower body, e.g.
Popliteus,
Piriformis,
Adductors,
Sartorius,
Tibials (Anterior and Posterior),
Quadratus Lumborum
and 8 muscles to be tested face down, e.g.
Neck Extensors,
Sacrospinalis,
Iliacus,
Gluteus Maximus,
Hamstrings,
Gracilis, Soleus,
Gastrocnemius.

6. A booklet of notes on the above and related topics is available from the author.

References

1. Butler, Brian, *Teaching Neuro-Vascular Point Strengthening Technique*, TFH International Journal, 1986, pp. 166-167.
2. de Barra, Risteard, *An Integrated TFH Energy Balance*, TFH International Journal, 1985, pp. 38-43.
3. de Barra, Risteard, *Streamlining TFH for the Lay Person*, TFH International Journal, 1987, pp. 45-48.

MUSCLE TESTS

NOTES: 1. "ACTION" Instructions for testee in (). Pos: Position
2. Arrows show direction of tester's pressure. RoO: Range-of-Opposition of muscle

CONTROL

SUPRASPINATUS (C)
Pos: Wide-robots.
Arms out diagonally, forwards & sideways, palm facing groin.
RoO: Palm to groin.
ACTION: (Arms up & out, away from groin)



TERES MAJOR (G)
Pos: Arms akimbo.
Arms angled, fingers behind.
RoO: Elbows forward.
ACTION: (Elbows backwards)



YINs

YANGs

SUBSCAPULARIS (H)
Pos: Scarecrow.
Upperarms out from shoulders, forearms parallel to body.
RoO: Hands forwards
ACTION: (Palms backwards or paddling)



PECT. MAJ. CLAVIC. (St)
Pos: Swimmers.
Arms in front at shoulder level, palms turned out.
RoO: Down & out.
ACTION: (Arm towards eyes)



DELTOIDS (Lu)
Pos: Flyers.
Upperarms out from shoulders, forearms straight in front.
RoO: Elbows down
ACTION: (Elbows up, elbow lift)



ANTERIOR DELTOID (GB)
Pos: Straight robots.
Arms in front 40°, palms facing back.
RoO: Arms to thighs
ACTION: (Arms forwards)



PECT. MAJ. STERNAL (LI)
Pos: Swimmers.
Arms in front at shoulder level, palms turned out.
RoO: Backstroke
ACTION: (Arms towards navel)



TERES MINOR (TW)
Pos: Chicken Wings.
Elbows near sides, forearms up & out, palms to front.
RoO: Wrists forward.
ACTION: (Wrists backwards. Back wing-flap)



LATISSIMUS DORSI (Sp)
Pos: Penguins.
Arms at sides, palms facing out.
RoO: Arms out & away.
ACTION: (Arms in to side)



QUADRICEPS (SI)
Pos: Knees up.
Knee & Hip at 90°
RoO: Straighten leg
ACTION: (Knees to nose)



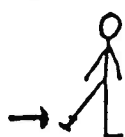
PSOAS (Ki)
Pos: Insidefoot up.
Leg forward & up, foot turned out.
RoO: Leg out & down
ACTION: (Leg up & in, or Sidefoot in-kick)



PERONEUS (BI)
Pos: Little toe up.
Foot turned out, little toe up.
RoO: Little toe down & in.
ACTION: (Foot turned out, little toe up)



GLUTEUS MEDIUS (CX)
Pos: Leg to side.
Leg out to side
RoO: Leg to middle
ACTION: (Leg out sideways)



FASCIA LATA (LI)
Pos: Outsidefoot up.
Leg forward & sideways, foot turned in.
RoO: Leg in & down.
ACTION: (Outsidefoot of foot up & out)



INDICATOR MUSCLES

	P	A	B	C	D	E	F	G	H	NL	NV
1. SUBRASPINATUS/Central	33									shoul	4 & 11
2. TERES MAJOR/Governing	35									2 - 3	8
YIN											
3. SUBSCAPULARIS/Heart	53									2 - 3	4
4. DELTOID/Lung	101									3 - 4 - 5	4
5. PECT. MAJ. STER./Liver	93									5 - 6 R	12
6. LATISSIMUS DORSI/Spleen	45									7 - 8 L	9
7. PSOAS/Kidney	65									navel + 1"	1
8. GLUTEUS MEDIUS/Circ-Sex	71									pubes	10
YANG											
9. PECT. MAJ. CLAV./Stomach	37									5 - 6 L	11
10. ANTERIOR DELTOID/Gall Bl.	89									3 - 4 - 5	4
11. TERES MINOR/Triple Warmer	79									2 - 3	8
12. QUADRICEPS/Small Intestine	55									ribs	10
13. PERONEUS/Bladder	59									navel + pubes	5 & 11
14. FASCIA LATA/Large Intestine	105									leg side	10

THE "NEW MUSCLE DANCE"

"ACTION" (Range-of-Test) of the first 14 Touch for Health Muscles

Note: DELTOID replaces ANTERIOR SERRATUS as Indicator Muscle for Lung (easier to test)

<u>MERIDIAN</u>	<u>MUSCLE</u>	<u>MEMORY AID</u>	<u>ACTION OF MUSCLE = INSTRUCTION TO TESTEE</u>
CV	SUPRASPINATUS	Wide Robots	Out and away from groin. Push against back of wrist.
GV	TERES MAJOR	Akimbo, fingers behind	Elbows backwards
H	SUBSCAPULARIS	Scarecrow, Semaphore	Paddling. Push FRONT of wrist
Lu	DELTOID	Flyers	Elbow lift
Li	PECT. MAJ. STER.	Swimmers (down and in)	Arm towards navel
Sp	LATISSIMUS DORSI	Penguins	Arm in to side
Ki	PSOAS	Inside ankle kick (soccer style)	(For leg furthest from tester) Push up and in towards tester's face
CX	GLUTEUS MEDIUS	Leg out sideways	Leg out to side. Sidefoot outwards
St	PECT. MAJ. CLAVIC.	Swimmers (up and in)	Arm towards eyes (or nose)
GB	ANTERIOR DELTOID	Straight Robots	Arms straight forwards
TW	TERES MINOR	Chicken wings flap back	Back of wrist back
SI	QUADRICEPS	Knees up (Mother Brown)	Knee towards nose
BI	PERONEUS	Charleston?	Turn foot out. Little toe to nose
LI	FASCIA LATA	Leg 45° forwards and 45° sideways	Leg up and out. (Test at feet of testee as for testing Gluteus Medius!)

MEMORY AID: The WIDE ROBOTS with ARMS AKIMBO hold the PADDLE and LIFT the SWIMMING PENGUINS which KICK IN and KICK OUT SIDEWAYS.

Note 1: Excluding Subscapularis, the tester always pushes on the BACK or BACK and SIDE of the wrist for all the arm muscles.

Note 2: With this scheme, in most instances, the "ACTION" is a continuation of the natural movement necessary to get the limb into position for the test. The only exceptions are Pectoralis Major Clavicular (which requires a small change in direction) and the Pectoralis Major Sternal. The rest of the 14 muscles follow the guideline!

Balancing the Senses

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The average person functions very well physically and emotionally. When it comes to the thinking process, we could do much better. Most of us are doing pretty well in coping with other people. We are a kind of tape-recorder, and when we say something "intelligent", we almost believe that we are intelligent. But most of the time we are just repeating what other people have written or said. How long ago was it that you had a "really good" idea — and did you manifest it? Think of Einstein, Niels Bohr, and others.

It is through the senses that we can expand our integration and thereby our consciousness, building up a thought process connecting cause and effect in our lives that will help us to focus all our energies on our life purpose.

Each of the 5 senses has a definite connection with one or another of the various parts of our personality and also has a correspondence to all parts of our personality:

Hearing is connected to the physical part of the personality.

Touch/feeling is connected to the emotional part.

Sight is connected to the mental part.

Taste is connected to the intuition.

Smell is connected to the clear knowledge we sometimes are touching.

So the senses work on other levels than the physical. For instance we talk about "our 6th sense" and express thereby an inner knowledge connected to a higher level than the actual physical level. When we develop our senses in all parts of our personality, we will be able to remember much better and to integrate all data and relate them to what we are doing. We will get brilliant ideas more than one time in our lives.

The energy plexuses are extensions of the senses. The relationship of the energy

plexuses to the senses is complementary to the relationship of energy plexuses to the ductless glands. The senses provide the energy to make the glands function, and the energy plexuses are affected and influenced by the senses. In this way we can understand that the senses control and condition all parts of our personality.

The contact points between the personality and the world are the senses, which are connected via the network of energy in the electromagnetic body.

Different life experiences make us "close" for one or more of the senses to a certain degree. This may at a time be necessary for survival, but at a later stage it becomes a hindrance for the person who cannot do what he wants to.

The test for the sense integration helps us to identify why we have limitations, and the "balance" involves a conscious choice of "opening up" for the sense again. It is a very profound balance which often includes an immediate physical effect in the spine helping the nervous system to function better.

Test for Sense Integration

1. Clearing.
2. Goal — pre-tests — permission.
3. Handmode: folded hands. Test on the wrists, IM -
4. Identify which sense is "blocked" by:

raising both thumbs for	hearing
raising both indexfingers	touch
raising both middlefingers	sight
raising both ringfingers	taste
raising both little fingers	smell

The sense related to the fingers changing IM to + is the one which is restricted.

Touch For Health International Journal, 1991

Pause-lock the strong IM (Find priority if more).

5. Verbal test to find the situation/experience which made the person partly closed for that sense and relate it to his goal.
6. Challenge the spine. Usually two spots will test weak. (If more prioritize).
7. Permission.
8. Correction.

Person is lying face down with folded hands and the relevant fingers raised. Testor touches the two points on the spine and ask the person to open up for the sense.

9. Re-test the points on the spine, the statements from step 5, and the other senses by raising the other fingers. Cancel pause-lock. Re-test handmode.
10. Post-test
11. Test for homeplay.

Strain/Counterstrain Technique for Eliminating Pain & Structural Imbalance

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When an individual slips or rapidly changes position, one or more muscles quickly stretch while their antagonists are shortened. The spindle cell mechanism of the overstretched muscle sends a message to the brain: "Help! I'm being stretched too far and if you don't do something fast, I'm going to turn into silly putty!" The brain responds with a protective reaction and says to the muscle, "Chill out, Dude! Contract your fibers and you won't get bent out of shape."

In the meantime, the spindle cells of the hypershortened, antagonist muscle are silent, so there is no communication between the brain and the muscle. Before this shortened muscle knows what's happening it is whipped into a stretch by the protective reaction that the brain ordered to the initially stretched muscle. The shortened muscle's spindle cells fail to reset properly in this rapid change of position. They continue to tell the muscle to maintain a shortened position which keeps the muscle in a contracted or hypertonic state.

This lack of organization between the muscles, their proprioceptors, and the nervous system sets up a condition of possible pain and dysfunction. The inappropriate signaling from the spindle cells can cause a muscle to contract while it is being extended. This imbalance results in joint and other strain.

Although the hypershortened muscle is not the area of the initial strain and where the person may be experiencing pain, the spindle cells of the hypershortened muscle are not set correctly. They must be reset for balance to be achieved.

Lawrence Jones, D.O. has developed a technique that resets the spindle cells of the

tight muscles resulting from this condition. He named the technique "Strain/Counterstrain" to describe the cause and treatment.

The cause is strain described by Jones as "...overstretching of muscles, tendons, ligaments, and fascia with the attendant neuromuscular strain reflexes. The focus of attention is directed especially at the neuromuscular reflexes rather than the tissue stresses."

Jones' theory is that this condition develops as a result of overstretching tissue, with a **rapid** return to neutral. If the same overstretching was returned slowly instead of rapidly, no neurological imbalance would have occurred. The technique is to apply "counterstrain" to the neurological reflexes which originated the condition.

Counterstrain is "...a mild strain (overstretching) applied in a direction **opposite** that false and continuing message of strain from which the body is suffering." Therefore, pain in the back of the body resulting from this condition must be addressed by examining and resetting muscles in the front of the body and visa versa.

Jones developed this technique as a result of working with a patient who was unable to sleep because of pain. The man had no success after four months of traditional chiropractic and osteopathic manipulations. Jones worked with him to find a comfortable position to sleep in. Finally finding a pain-free position, the man remained there for a short time. Jones was amazed when the patient came slowly out of the position and was able to stand comfortably without any pain. The relief from pain was lasting as a result of positioning him for comfort.

Cause

Conditions that respond to this technique may be from a recent trauma or something that happened long ago. It may be caused by the individual slipping or a situation where a muscle is shortened for a prolonged period of time, while the opposing muscles are strained by overstretching, and then the person quickly changes position.

An example of this is when a person squats to pull weeds in the garden. The psoas muscle is shortened for a prolonged period of time, while the back extensors are strained by overstretching. If the person rapidly stands, a low back pain, which persists, may be felt.

Although pain is felt in the back, the dysfunction is in the psoas muscle which was quickly lengthened upon standing. The spindle cells of the psoas muscle are not properly reset as it quickly comes out of the shortened position. The muscle thinks it should remain short rather than return to its neutral position. The person rarely complains of pain in that area, although when the psoas is palpated, they will experience a very tender point usually where the muscle crosses over the pubic bone.

When the psoas is put into the position it was in during the original strain, its shortened position (hip flexion), the point will no longer be tender with digital pressure. This is the point that Jones calls counterstrain. His approach is to keep the person in this position and hold the point that was originally tender for 90 seconds. Then slowly and passively bring them back to neutral.

Where to Look

It is important to understand that the cause of the person's pain is in the antagonistic muscle, not the location of the pain, which may be in a muscle, tendon or ligament. This muscle was shortened during the strain and then rapidly lengthened, causing the spindle cells to fail to adapt to the new muscle position. Pain will be greater in some

directions and less in others. The position that decreases the pain is where the muscle that needs resetting is at its shortened position.

Have the person explain which movements increase their pain and then consider which muscles are antagonists. These muscles would have been shortened in the original strain and are where the imbalance will probably be found.

A muscle needing the Strain/Counterstrain Technique may show a postural imbalance. Observe which muscles are hypertonic around the strained area of the body.

If the movement that caused the strain are known, the muscles that would have been hypershortened during the strain can be evaluated to see if they need this technique.

The technique Strain/Counterstrain which is presented here is Dr. Goodheart's modification of Jones' original work. Positions for counter-strain are presented in Jones' text, *Strain and Counterstrain*.

Muscle Testing To Confirm

Dr. Goodheart developed a procedure to determine if a muscle needs Strain/Counterstrain Technique. The muscle needing this technique, when strong in the clear, will test weak after being maximally contracted for three seconds. After the technique is successfully done, the muscle will remain strong when re-tested. If the muscle remains weak there may be secondary areas in the muscle which need the technique.

Jones describes sixty-four locations that he frequently finds involved. With the above mentioned strategies, one can usually determine where balancing is needed. Muscles which commonly require Strain/Counterstrain Technique are the psoas, gluteus maximus, levator scapula and gastrocnemius. For further reference read pages 191-196 of *Applied Kinesiology Synopsis* by David Walther, DC.

Strain/Counterstrain Procedure

Test:

1. Check the muscle in question. It will probably be switched on. If not, balance it.
2. Check for sustained muscle use and muscle stretch response (Refer to PHP I Manual, pages 57 and 58).
3. Have the person maximally contract the muscle and hold it for at least three seconds and then re-test the muscle.
4. If it switches off, it indicates that Strain/Counterstrain is needed.
5. Locate a tender spot in the belly of the muscle. It will circuit locate.

Correction:

1. While holding the tender spot with two fingers, put the muscle into its shortened position as the person totally relaxes. When you find the position in which the original strain developed, the tenderness will be greatly diminished or gone. Hold them in this position.
2. If the tender spot is on the front of their body, have the person take a deep breath and hold it in. If it is on the back of their body have the person take a deep breath, exhale and hold it out.
4. Gently spread your fingers over the previously tender spot as the person holds their breath for thirty seconds. If they can not hold their breath for that long you can hold the spot for ninety seconds.
5. Very slowly and passively return the person to the neutral position. The original tender spot should now be gone along with the pain in the antagonist muscle.

Retest:

Have the person maximally contract the muscle and hold it for at least three seconds and then re-test the muscle. The muscle should now test strong. If it does not or if tenderness or pain still remains, another spot in this muscle or a synergist muscle may need to be cleared.

Note: Occasionally the day after Strain/Counterstrain Technique a person will experience pain in that general area. This is related to the release of excessive amounts of lactic acid accumulated from prolonged muscle imbalance. Place cold tap water in a plastic bag and lay it over the area. Leaving it there until it reaches room temperature will usually provide relief.

A Most Perfect Body Balance

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Beloved I wish above all things that thou mayest prosper and be in good health, even as thy soul Prospereth. 3 John 2

A frequently asked question is, "What is Reflexology? Who needs it? And what can it do?"

Foot and Hand Reflexology was originally written and researched by Mrs. Eunice Ingham in the early 1920's. Mrs. Ingham's research took her back to the Egyptian times with discoveries on the walls of the Tombs. In her research, she soon realized reflexology was for the layman as well as the physician. There are over 7000 reflexes in each hand and foot that correlate with the circulation in the system. Remember, I said reflexes and not nerves. No, you don't have to remember all these reflexes to feel better. That is the beauty of reflexology. Women have been doing it for centuries with no idea of the value of it. We have been doing what comes naturally by rubbing our children's feet and their back, or tummy to help them to feel better.

Mrs. Ingham made up some important guidelines that all Natural Health Practitioners must follow:

3 Do's and 3 Don'ts

DON'TS

1. Diagnose or name a disease.
2. Prescribe or change medication. Be careful of hints.
3. Treat for any specific condition.

DO'S

1. Relieve stress and tension.
2. Improve blood supply and promote unblocking of nerve impulses.
3. Helps Nature to Normalize.

Most of the above is quoted from material provided by the Ingham Institute of Reflexology.

About your client.

Basically you never know where the client is coming from on a mental and physical scale. You listen, take notes, and watch you client's body language.

In Reflexology and Touch for Health you have learned that home assignments can be important. It will give the client a mental diversion and a physical assignment. My clients get a sheet with the cross-crawl, a variation of the Cook's hookups, neuro-vascular holding points, hand reflexology techniques, and slow neck rolls. I also talk to them about when and where to do these exercises.

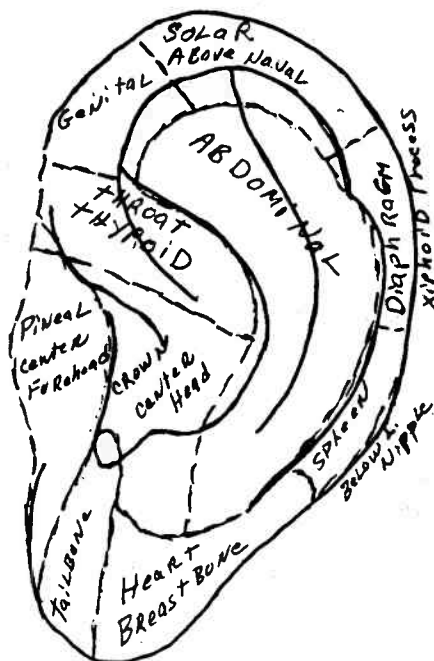
Some are embarrassed to be caught by family doing such silly exercises. There are ways and places that can be beneficial until you get a handle on yourself. At this time, the client learns of the ear reflexes. He is taught the importance of working the ears for reflexology for restoring balance to many parts of the nerve plexuses in the body. The home work assignments are given at the end of the treatment.

At this time my routine is having them remove their shoes and socks and lay face down on the treatment table. Normally on the first treatment I will explain most things as I go along. I assure them this is the best 30 minutes they will ever spend. I prefer a quiet client, but some need to talk and do they ever.

My normal treatment goes as follows:

1. Face down and pull the legs straight to straighten the spine. Always touch the

client on the back to help them to relax. Have them rest a couple of minutes and then start by rubbing the head and the neck, then start down the shoulders. You do acupressure down the spine while breathing in rhythm with the client. When you get to the hips, rub the hip bones and finish the lower spine. Massage down the legs to the feet. Return to the back and do a quick massage over the whole back area.



Ear Reflexes

2. Now have your client turn over. Continue by massaging the chin around to the ears. The ears have the whole body displayed in them; so don't forget to rub them and teach the client how. Next do the points around the eyes, down the nose, and around the cheekbones to the temple. Massage the temple up to the neuro-vascular, then rub the scalp again, and do a slow neck roll for them. They now know that death has come and they are in heaven. Now that your client is your slave, onto the next step.
3. It is very important that you do the squeeze play on the shoulder and arm and rotate the shoulder. Then back up to the hands for the reflexology treatment.

Finish and go to the other side and repeat the same process.

4. Do the normal AK balancing on the Ileocecal valve and the Houston valve and check all the upper respiratory area.
5. Squeeze play down both legs to relax the muscles and balance the legs. While in the area, do hip rotations to relax tension in the hips.
6. Most important is to sit in a comfortable chair or on a roller stool and prepare to meet the feet. Gracefully touch and examine the feet for any unusual marks, surgical scars, corns, calluses and tell the client if you see anything out of the ordinary. (you don't want them to accuse you of making their feet red or causing something they weren't aware of.) Massage the ankles and down to the right foot, using powder only, no oils. (You want a smooth surface from any sweat.) You must support and protect at all times while doing pressure points. Using the thumb on its side, you may dwell into all the reflexes of the body by working the feet or hands. There are at least 75 major points in each foot and hand. From the sinus area to the sciatic, gall bladder, liver pancreas, shoulder, prostate, uterus and many more.

Who can do reflexology?

Anyone can. By learning a few simple techniques the average person can enjoy better health. As practitioners, we need to be aware that just any one technique isn't quite enough. Personally I find that without the balancing of TFH my reflexology does not hold as well and the two become a perfect blend of marriage.

Don't forget the home assignment and a hug.

Special credit is given to "The Original Ingham Method of Reflexology," Touch for health", Hap and Elizabeth Barhydt of Loving Life and the good Lord, who is not through with me yet.

Integrating Cranial Movement Work with Kinesiology

by Mary Louise Muller, M.Ed, RPP

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Did you ever want to get answers directly from a child or an injured person that you were unable to muscle test? Did you ever want to find out how make sure you got all the positions in a postural release that were significant? Did you ever want to confirm that a person was not yet complete using ESR without interrupting the process to muscle test? Cranial work offers a simple effective way to do this and much more.

When we were children and went to a doctor for the first time, he listened to our heart beat. For many of us this was an amazing new discovery that we could observe this part of our body function.. Similarly, we are usually unaware of our breathing until it is called to our attention by a cold, shortness of breath or an exercise teacher. Muscle testing brings for most of us a new recognition that we respond to stressful situations and thoughts with muscle weakness. Our body has done all these things all along yet we needed some sort of impetus to bring our attention to them.

The Cranial Rhythmic Impulse (CRI) is another cycle that, until we turn our consciousness to it, we are unaware that it has been a primary force in our daily functioning all our lives. The CRI feels like the rise and fall of an ocean. It has a strong energetic quality and follows the flow of the filling and emptying of cerebrospinal fluid. It can be felt anywhere on the body and is especially easy to feel in the cranial area. It is also called the "primary respiration". This puts what we normally think of as respiration in a secondary position.

When we learn to work with the cranial rhythm, there are specific tools that integrate well with kinesiology. The cranial rhythm has a self-corrective or therapeutic function called a stillpoint. It is as if the CRI is turned in on itself and is building up the energy to move through an energetic block. The stillpoint can be induced by slowly working with it, or it may happen abruptly with a thought or internal process.

The stillpoint has been used by Dr. John Upledger as a "significance detector". When dialoguing with a person, the CRI will stillpoint itself as significant issues are broached. This significance detector function of the stillpoint can be used much like a muscle test feedback system to obtain Yes/No answers. In this way we can quickly and non-obtrusively identify emotional charge on something we are clearing, determine whether a process is complete or even use finger modes to identify the next step of the process. All of this is done without moving the hands from where they are currently resting, for the cranial rhythm can be felt anywhere on the body.

Also the stillpoint can be used as a monitor of therapeutic processing and completion. When the body integrates or uses any needed therapeutic process, it stillpoints until it has completed the use of that process. Sometimes I have had a client doing Cook's posture or ESR and it has seemed a very long time, yet my inner feeling is that they are still processing. At times like this it is a powerful confirmation to be able to feel the stillpoint that persists. You can even feel the stillpoint deepen as the person goes more and more into the levels of processing and you can feel it lighten as they come out. When the CRI resumes with fullness and symmetry of motion, the process is clearly complete.

Another aspect of working with the CRI is the use of somato-emotional release or unwinding. The body initiates its own self-corrective motion within the stillpoint. This can be observed within a kinesiological balance when we do such corrections as ESR or frontal/occipital holding in a specific way. When we use a very light open touch, space is created for the body to begin its own gentle slow motion movement of the head and neck as it restructures the pattern of both thought and body.

As the therapeutic correction is happening, stillpoint is maintained while posture and

connective tissue move to align and release. The process is somewhat like a slow motion picture that stops on specific frames. It is complete when the sense of self initiated movement stops and the CRI renews with a strong vibrancy and symmetry.

Dr. Randolph Stone spoke of the cerebrospinal fluid carrying the mental blueprint or message of the body. How we think is reflected in the nuances of the cranial movement. As we balance and release the old stress, the new pattern must emerge that reflects the new balance. This pattern will be observed in posture and cranial flow.

The light open cranial touch which encourages "self-correction" brings another level of depth and completeness to all kinesiological balances. The essence of kinesiology which is communication with with the total individual is further enhanced and accessed.

Kinesiology also can be used to bring its own strengths to cranial work. By integrating emotional defusion, prioritization and pre and post check confirmations, craniosacral

balances are more efficiently and clearly completed.

When the practitioner learns to integrate these two systems it brings a dance like flow and clarity to the balance that comes from the inner core of the client, for that is what the craniosacral system is- the inner core.

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You Can't Go Past Where You Are

by Lorraine Osborne

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There was a professor in sociology in college that some of my friends dragged me over to hear. All I can remember is watching him pacing — pacing — pacing — dishevelled and in his own world of thought — and at odd moments turning and saying intensely to the class, "The baby cried!!!" Then he would write it on the board. Pace — pace — pace "The mommy picked it up!!!" And he wrote that down also. I don't remember him doing much past that. We sat in back and giggled uncontrollably, but quietly as he repeated the ritual, over and over and over.

I sometimes feel like that guy, like I'm pacing around and around and saying things everyone knows and yet feeling like there's a breakthrough at hand. I have discovered that there are only two or three thoughts in my head and that I keep putting different words around them. And saying them over and over again.

So even though this may seem simplistic. Let me put out some of my ideas here:

1. What is the purpose of asking the body questions? (as in, "Get a clear indicator muscle. Ask, "Have I given up my conscious mind? Test.")
2. Does denial have a purpose? (Eg, a man I know whose pattern was violent action, denied his anger when his wife left him. Should I have pushed that? His denial may have spared her life)
3. Is everything really "perfect"? (Please don't tell me that when I'm in the middle of being mugged.)
4. Am I really in touch with my own feelings? (If I set a flight to New York, I'd better know where I'm flying from, or I'll show up at LAX and my flight will leave from Dallas.)
5. Am I being accountable for my actions? On a deep level? (Eg, I consider myself

pretty accepting of other people's paths in life. What I have discovered is a seldom-glimpsed layer in myself that reads out as, "I am an accepting person. If I don't accept and acknowledge that, I will make you suffer.")

6. What did Phillip Crockford mean when he said in KEIT that feeling we're right is one of the best ways to survive? (I discovered that my desire for win-win solutions, taken to the extreme, was just another way to be right.)
7. Can God be on the barometer? (Aren't we just dealing with "stuck" stuff?)
8. What are our expectations of healing? (If you took a mentally retarded 30 year old from an operational level of age 9 up to age 16, would you consider that a healing?)
9. Are we really secure when there are no limits? (Perhaps human nature demands structure, or at least guidelines, for effective functioning.)
10. What are the ethical implications in all this for us as kinesiologists and as human beings?
 - A. If we test someone without permission, aren't we being invasive instead of helpful?
 - B. Can we know how to aid in healing if we don't know how to let die?
 - C. Is the medical world really against us, or must we ask if we aren't in fact against them?
 - D. Is there a right and a wrong? (Should we balance someone for the stress they feel when they rob a bank?)
 - E. Doesn't it all begin with us — our attitudes, our blockages, our ethics, our accountability?

Goal Balance with Touch For Health

by Sharon Promislow

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We know from our work with other technologies in the Touch for Health synthesis the power of establishing priority and clearing emotion. I feel it is too important to leave these techniques out until advanced PHP courses. I therefore schedule extra time into my Touch For Health I class and teach this balance, inspired by Dr. Dewe's Tibetan energy clearing. I also use TFH in this manner in my personal practise, simply asking the body to identify the priority muscle to be worked on, and clearing it on all levels.

- A. Clear an indicator muscle
- B. Establish priority goal or issue. Ask the body, "Is this the best goal?" "Anything to be added or changed?"
- C. Test 14 muscles (or 42 or go immediately to D), and when weak ones occur, write them down.
- D. Ask body permission to indicate priority muscle. Use a strong muscle (anterior deltoid is a good choice) as an indicator.
- E. Verbally name the weak muscles. The priority muscle will test weak.
- F. Ask is there an emotion to be added to the balance. If yes, to identify the emotion, muscle test list of emotions:

THE ARM WILL FALL, INDICATING EMOTIONAL CHARGE ON:

Sympathy...empathy...grief...guilt...
regret...fear...anxiety...anger...rage...
joy...love...hate...embarrassment...
respect...shame...support.

(Or use Behavioral barometer or Barton's organ emotions.)

- G. Balance the muscle. After Balancing the muscle, retest emotion. It too will test strong.
- H. Using this priority muscle ask: "There is another level we need to work at. " If arm is strong indicating yes, tell body to:
"Go to that level now, and indicate when you are there with a weak indicator muscle."
- I. Using a strong indicator muscle ask again "Is there an emotion involved?" If yes, to identify the emotion:
THE ARM WILL FALL, INDICATING EMOTIONAL CHARGE ON:
Sympathy...empathy...grief...guilt...
regret...fear...anxiety...anger...rage...
joy...love...hate...embarrassment...
respect...shame...support.
(Or use Behavioral barometer or Barton's organ emotions.)
- J. Rebalance the reweakened muscle. When balanced, retest emotional word. It too will be strong.
- K. Keep on repeating steps H, I, and J until there are no more levels.
- L. Ask body if there are any more muscles which must be balanced. If yes, repeat from step E until second muscle is balanced. Then see if there is a third one etc. Usually there is only one muscle that might need a complicated balancing with levels & emotion.
- M. Post test all previously weak muscles and they will be strong, and not just in present time! The benefit is permanent and profound!

Massage Therapists: Touch For Health is for You !

by Geraldine L. Rhoades

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This year I completed a thousand hour course in anatomy and massage theory and practice which is the required schooling to obtain a massage therapist license in the state of Colorado. My goal was to become certified to work with people on a one to one basis using all the skills I have learned the past 15 years as a Touch for Health Instructor. While I was studying massage, I became known at school for very effective work, and I was quickly building a clientele (I was doing muscle and emotional balancing with swedish massage). Near the end of the 10-month course, my instructors asked me to teach a 4-hour session to my class (25 students), explaining and demonstrating Touch for Health. I happily accepted. In the 4 hour session I taught muscle testing, and we balanced each other in pairs, using the fourteen muscle tests and balancing techniques appropriate each person. As a result of this class and the enthusiasm for Touch for Health, I was asked to teach on a regular basis.

Within the past month, I was asked to teach an 8-hour course specifically for massage therapists who have been introduced to Touch for Health. Hence, I designed an eight hour course teaching what I practice as a massage therapist, emotional balancing, meridian massage, reactive muscle release and balancing, alarm point testing, and the Dewe's affirmation patterning.

An outline of the class is as follows:

1. Introduction

- A. Definition of Touch for Health and its blessings and results in my life and experiences
- B. Feedback from each therapist — what they want from the class.

2. Muscle Testing

- A. Explanation and Demonstration.
- B. Hydration testing.
- C. Governing and central meridian testing and balancing.
- D. Explanation, demonstration and practice of the 5 Finger Quick Fix.

3. Emotional Balancing

- A. Demonstrations.
- B. Explanation including muscles and meridians associated with the 5 emotions.
- C. Color therapy techniques for strengthening and maintaining balance.

4. Reactive muscle work.

- A. Explanation and Demonstration.
- B. Practice of spindle cell technique and range of motion.
- C. Review common reactives.
- D. Reactive Muscle relief — *Self-Help for Stress and Pain..*

5. Affirmations using alarm points as checks — *Stress Without Distress.*

6. Review and Practice.

This class can be taught in four 2-hour workshops, in two 4-hour workshops, or in one all day session. Use lots of visual aids and music that moves along (70 beats per minute.) I recommend a 5-minute break every hour with a 5-minute review. Most important, BE THERE with each class and with each person and teach being there by intention.

Continuously, I mentally (and sometimes I verbalize) thoughts of Love, Blessings and Gratitude for myself and the person or people I am with. I am truly blessed and grateful to share Touch for Health...God is Good.

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Quality Time With Your Client

by Suzanne Ryder

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This article has been inspired by eight years of private practice. Based upon this experience, it is my intention to share some thoughts and ideas that have proven to support "quality balancing" with my clients.

So often, due to circumstances, we may only have the chance to balance or work with someone once — especially if you are travelling and teaching at the same time. Or perhaps, like myself, (most of the time) I am able to see people for follow-up sessions. In either case, our time is often limited, and our knowledge is great! How do we make the most of our time spent sharing and teaching others?

The following is a basic format that my associate Steve Ariss and myself have developed over the years at our New Method Kinesiology Institute to ensure quality, so that you and your client are able to reap the maximum benefit from your balancing and your knowledge. Feel free to utilize or implement part of this article into your own specialized form of balancing.

A. Preparation and Education:

We begin each session with about three to five minutes of preparation and educational time. This is done while holding the ESR (Emotional Stress Release) points on the forehead. As the client becomes more calm, centered and integrated we take the opportunity to set the tone of the session.

The following is a list of things that we ask the client to do or think about while we hold the ESR points":

1. Take a few deep breaths.
2. Picture switching on all the energy in the whole brain.
3. Release and let go of any stress from today including the traffic on the way to the appointment.

4. Our goal today is to get all the energy on and balanced throughout the whole nervous system by the end of this session.

5. Think about your day-to-day stress level and what that does to your body.

6. Think about loving and accepting yourself enough to know on all levels that you deserve to be healthy, happy and successful in all areas of your life.

7. Are there any old belief systems that you are aware of that undermine your goal to be healthy, happy and successful?

8. Ask for 100% cooperation and commitment on all levels to do whatever is most important at this time for your health, happiness and success.

9. Briefly explain how muscle-testing works if the client is new.

10. Explain that they are in charge of the session and that your intention is to do whatever is best at this time to ensure comfort and ease while healing. Accessing maximum healing potential is mostly based upon your clients having trust in their healing process and faith in their ability to change.(respect each person's pace for healing)

B. Pre-balancing:

Because we are now ready to ask the body to make some quality decisions - the following is a quick list of corrections to ensure that the person is in present day and the brain is integrated.

You are free to include the techniques you recognize or add any of your own:

1. K 27's
2. Massage Ears
3. Hold cranial meridian for 2 minutes
4. Light on the RNA
5. Transverse Flow Correction (fig.8's)
6. Tap Thymus

7. Hypertonic correction for diaphragm
etc.

C. Balancing in the clear:

You are now ready to do a 14 muscle balance in the clear. Balance until all 14 meridians are on. This again clears confusion from the nervous system and organizes the body for quality decision-making.

D. Finding the priority:

In the preparation and education time you have already asked the client to think about what is most important. Now you are able to focus in on the key belief that undermines their health, happiness and success. The following is only a suggestion and includes the goals that we most commonly balance for.

Simply have the client state each goal one at a time and muscle test after each statement. Do the whole list. If more than one goal switches the person off, ask the body for priority and run through the whole list again.

Remember if the client tests strong after stating a goal - the body is in agreement with the statement. You are looking for the goals that switch them off.

1. I love and accept myself on all levels.
 2. I deserve to be healthy, and happy.
 3. I deserve to be successful in all areas of my life.
 4. I am United. I have inner peace.
 5. I am 100% cooperative on all levels.
 6. I forgive myself and others.
 7. I am free of the need or desire to punish myself in any way.
 8. I have trust in the process of life.
 9. I have faith in myself, my health, and my future.
 10. I deserve to love and be loved.
 11. I am safe and secure.
- etc.

Once you have found the priority goal, you can check to see if the "deserving" is the key or "fear" is the key. Ex. If "I deserve to love and be loved" was the key you could test again after they say "I have the courage to love and be loved" and or "I am not afraid to love and be loved"

E. Balancing for the priority Goal:

This is completely unique and individualized for each practitioner. Go ahead and balance your client whatever way you normally do - knowing that you are balancing them for the priority goal.

Anchor your balance when you are finished by testing the goal again. The client should now test strong on the statement.

F. Clean Up:

We have derived great benefit from taking a few moments at this time to quickly test the 14 meridians and make sure that they are on. This ensures that the body is centered and in present day (especially if you have done age recessing) and most importantly aids in avoiding any kind of "healing crisis" or backlash of emotions that people so often experience in the few days following a balance. I cannot emphasize how valuable we have found this step to be.

G. Homework:

When making major shifts in our belief system it takes time to re-educate the nervous system to accept a new notion or belief. Assign whatever you feel is appropriate to support the nervous system in anchoring this shift.

Example: Do ESR's two times a day for two minutes for four weeks while saying their priority goal as a affirmation.

H. Extra support:

Again, if a major shift has taken place, and depending upon the client's experience with techniques for healing, we often recommend reading material to support whatever level of awareness one is at.

Touch For Health International Journal, 1991

For clients who are new to this kind of balancing, we recommend:

1. *You can Heal you Life*, by Louise Hay
 2. *Touch for Health*, by John Thie
 3. *Your Body Doesn't Lie*, by John Diamond
- and many more.

I have a list of more than eighty books in my office that I have associated to physical, mental, emotional and spiritual health and make suggestions accordingly.

I. Follow UP:

Whenever possible test the body for the length of program and schedule the next appointment. This creates security, stability, and promotes cooperation and commitment to making a permanent change.

Upon first reading this article, it may appear to be a lengthy way to balance. But with some practice and organization it actually saves you time, as the client has the opportunity to be more organized and clear on what is really important and where the root of their imbalance is. This cuts down on time and sessions spent surface-balancing, re-balancing over and over for the same topic, as well as confused or disjointed sessions. It is my experience that a fifty minute session organized this way

accomplishes what used to take me three or four sessions to do.

My foremost intention is working with clients is to do what is best for them. Secondly, to work as quickly and effectively as possible - respecting their own pace of change, and thirdly to accomplish this with as little pain or discomfort as possible.

In conclusion, I would like to say that I support all of you in the foundation dedicated to helping and teaching others through the field of kinesiology. I acknowledge your uniqueness and I wish everyone success in being the best practitioner they can be. My sincere thanks at this time goes to Steve Ariss, my associate, teacher and friend, as well as my co-workers Janice Golub, Elaine Friesen, and Diane Duclos.

Bibliography and Reference

Although no quotes were taken from any particular author's works, the majority of the material presented in this paper is based upon the research material of Steve Ariss and Suzanne Ryder

However, some correctional techniques have been mentioned that are credited to: John Barton, John Diamond, Louise Hay, John Thie, Frank Mahony, Gordon Stokes and Daniel Whiteside.

Switching On Your Senses

by Rosmarie Sonderegger

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I first heard about Dominance Profiles in Dr. Paul Dennison's workshop. It made sense to me that we can shut down for certain activities or switch-on.

In our Swiss dialect we have different sayings that express how people have a balancing effect on us:

- you made my day
- you got me started
- thanks to you . . .

Working with people especially in helping professions, I realized that we can have our




senses supporting our work or making it a strain.

Here is the procedure:

1. Pretests
2. Think of a situation that is rather difficult and test the senses and the heart.
What is switched on (high gear) ?
3. Now think of a situation you enjoy, that makes you happy, and test the senses and the heart.
4. Now balance the senses for both situations.

Corrections:

Find the Priority sense and choose the active or passive exercise

	<u>active</u>	<u>passive</u>
1. EYES	Temporal Tap and 	Close eyes and relax.
2. EARS	Unfold the ears = (Thinking Cap)	Listen to music, or somebody hums a song for you.
3. NOSE	Nose 	Imagine the smell of a rose (or something else that has a pleasant smell).
4. MOUTH / TONGUE	Tongue 	TMG and ESR.
5. TOUCH	Touch somebody, hug, or muscle test.	Allow to be touched.
6. LEGS / FEET	Cross-crawl	Hold feet or imagine roots.
7. ARMS / HANDS	Arm lengthening	Feel the energy between your hands.
8. HEART	Draw colorful hearts ev. Heart Integration	Imagine hearts that give you your own big heart.

Reversal on Different Levels

by Bernhard Studer

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It is in my work with children that I realized that a **reversal** occurs on different levels, not only with zip-up and zip-down.

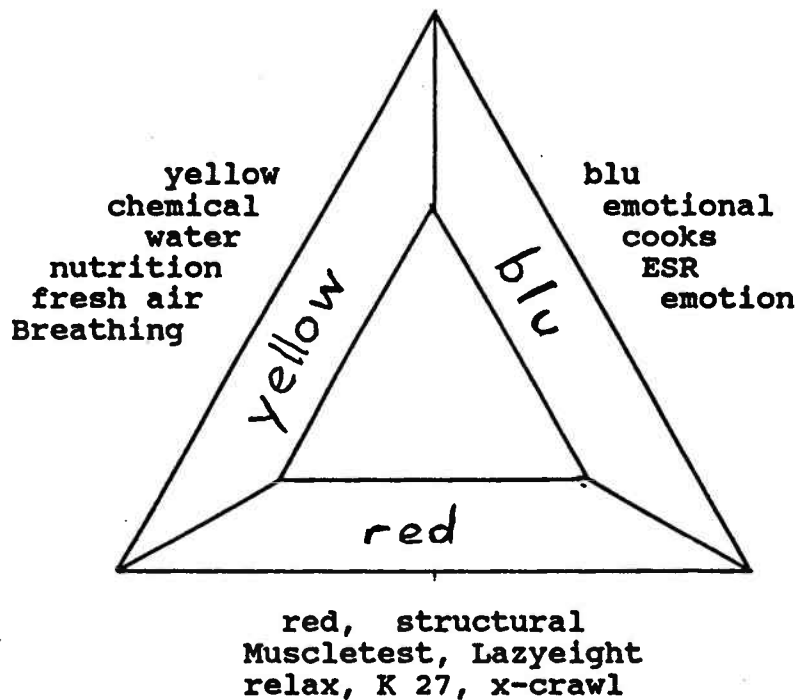
If with "zip down" the IM is "strong" and "zip up" gives a "weak" response, I suppose that this person is **reversed on the energetic level**, the meridian.

I was surprised when squeezing a muscle did not turn it off, but rather turned on the muscle (created a "strong" response). This means to me: **reversed on the body level**.

The same can happen on the mental level. A "yes" results in a "weak" response, and a "no" gives a strong IM, indicating then: **reversed on the mental level**.

Structural	-	Chemical	-	Emotional
Hand	-	Head	-	Heart
Body	-	Mental	-	Psychic

The **reversal** disappears as soon as the crucial aspect is found. One possibility to dissolve reversal is shown in the diagram below:



Touch for Health in the Soviet Union

by Wayne Topping, Ph. D. and Friends

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During July 1990 I had the great pleasure of meeting a holistically-minded Soviet medical doctor, Dr Michael Lazarev and some of his professional colleagues while they were visiting Bellingham, Washington. They were very interested in Touch for Health techniques I shared with them and invited me to teach in the Soviet Union. Rather than going in by myself, I decided to share the experience with other Touch for Health Instructors.

The travel and accommodations were arranged by Ambassadors International, a Bellingham organization that specializes in American-Soviet exchanges.

On February 3, a group of 10, undaunted by possible terrorist attacks on planes because of the Gulf War, and unfazed by the unrest in the Soviet Union, flew out of Newark, Los Angeles, and Seattle bound for Helsinki, Finland. We all met February 4, in Helsinki, where we had our orientation meeting and discussed how we were going to team-teach four days of Touch for Health in Moscow.

Our group consisted of Dawn Speck-Hughes of Ambassadors International; North American Touch for Health Instructors, Jan Cole, Norma Harnack, Camille Hetherington, Arnetta Hildreth, Judy Levin, Irene Yaychuk, and Wayne Topping; Three-in-One Facilitator, Carol Hontz; and a Bellingham entrepreneur, Joel Kronenberg.

While in Moscow, we stayed in a hotel built for the 1980 Olympics. The first two days of Touch for Health were taught in a nearby auditorium and the final two days in a lecture hall in a polyclinic or private hospital. Over 160 attended the seminar including quite a number of medical doctors, athletic coaches and teachers. During the first two days we taught a regular Touch for Health I class. During the final two days techniques were drawn from Touch for Health II and III. For part of that period the participants were split into three groups: a medically-oriented group,

teachers, and athletic coaches, for more specific information drawn from Educational Kinesiology, the MAPS course, etc. Our goal was to give the Soviets techniques and information that could be applied immediately in their work places.

Our schedule was filled with extracurricular activities. Some, for our relaxation and pleasure, included the Moscow Circus and an evening of folk and modern dancing. Tours to Zagorsk, a center for the Russian Orthodox Church in the Soviet Union, Red Square, the Kremlin, etc. introduced us to the Soviet way of life and some of its history. Some activities were arranged to give us a better insight into the Soviet health care and educational systems. We were given a tour of a very profitable, privately-operated hospital (polyclinic). There were two visits to the Children's Rehabilitation Clinic for asthmatic children operated by Dr. Michael Lazarev. One visit was to a large children's teaching hospital in Moscow. After a general discussion with many of their staff our planned tour of the hospital was changed. A number of us worked with the children instead, to demonstrate Touch for Health procedures. A few of us visited the operative and post-operative areas. With insufficient money to purchase equipment that is available and used in the west, we could see that the Soviets were hungry for any information that could be used to help their patients.

The return rail trip to Helsinki included a stop-over in Leningrad, the Venice of the North. Here we could be typical tourists, visiting the Hermitage art gallery, St. Isaac's Cathedral and other facilities to get a taste of the vast cultural wealth of this city.

A final night in Helsinki to discuss our shared experiences, then it was off to Canada and the United States.

We all had a wonderful experience and learned much. But, how successful was it in terms of Touch for Health? Very successful!

Touch For Health International Journal, 1991

We did make an impact! Our work was featured in Soviet newspapers, part of our workshop was shown on Moscow television, Wayne was interviewed by Radio Moscow, and articles are going to be written by some of the Soviet participants. Before we departed, a Touch for Health Association of The Soviet Union was formed, with 17 committee members from some of the various organizations represented at our seminar.

Since our trip in February much has happened. Dr. John Thie has given permission for the Touch for Health book to be translated into Russian and this project is partially completed as of the beginning of April. Touch for Health is being used in some of the Soviet hospitals and many of the therapists have integrated it with the methods they were already using.

This month (April) Carol Hontz and Wayne Topping were both back in the Soviet Union to give presentations at an international conference on "Pedagogues for Peace and Mutual Understanding" held in Dubner about two hours from Moscow. Most of the participants were from the various Soviet republics with a smaller number from Japan, Italy, England, France, Denmark, West Germany, etc. Carol and Wayne had been invited to speak because part of the conference was directed at innovative new ways to teach. Carol presented Brain Gym (Educational Kinesiology/One Brain) exercises and talked about Montessori education. Wayne taught the emotional stress release technique and showed many applications to the classroom environment. In a separately organized mini-workshop for about 60 people—medical doctors with some

teachers—Wayne again taught various stress release techniques based on muscle testing.

Prior to the conference, Carol taught three days One Brain in Moscow. After the conference, Wayne taught a 20 hour class in Moscow reviewing what we taught in February and adding the Touch for Health II and III procedures we didn't cover at that time. Over 100 people participated, including many more doctors than we had on our first visit.

As of the time of writing John Varun Maguire and Wayne plan to go to Moscow to teach an Instructor Training Workshop in June. It is expected that by the time you read this paper we'll be able to report that we now have 20-40 certified Touch for Health Instructors in the Soviet Union and that Touch for Health is about to explode (a peaceful controlled explosion!)

The Soviet Union is currently undergoing difficult times economically and politically with an uncertain future.

You can give a man a fish and you feed him for a day, or you can teach him to fish and you feed him for a lifetime. The Soviet Union is so immense, its difficulties so immense, and its needs so immense. What we could contribute financially would merely be a drop in the bucket. However, through teaching them Touch for Health a relatively small group of us, representing you, have given them a gift and taught them a new way to fish that I am sure they will treasure greatly and use extensively.

A big thank you to each of the participants for a wonderful profitable shared experience.

From The Basic To The Bizarre And Back Again

By Theresa Van Ornum, Lic. Ac.

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Touch For Health changed my life. I'm certain that anyone involved in any way with Touch For Health can make that same statement. In my case it directed me towards a course of study that I otherwise would never have considered. I am now a licensed acupuncturist in the state of California. Touch For Health introduced me to the world of Oriental Medicine and meridian theory. My practice is just about as busy as it can be, but I still find a lot of people very resistant to the idea of acupuncture. The most frightening factor seems to be that it is continuously said to be mysterious and unknown. The "experts" in our western society state in official reports that there is no way to scientifically explain how acupuncture works. When patients come to me for the first time, I explain in very clear terms how acupuncture works, and the response is always, "Well that makes perfect sense!" With the establishment of understanding the fears disappear, and the patient and I can proceed with our work.

I'm sure that each one of us can think back to the time when we first experienced a muscle test, either first hand or by seeing it done on someone else. For most of us there was astonishment and maybe some disbelief. But once we were given a clear explanation of meridian theory, we easily reached a point of acceptance. Our minds opened up and we were on our way. Since that time we've all experienced pure magic as we've learned from others and discovered on our own that the possibilities of what can be done with Touch For Health are virtually unlimited.

As with any system that is practiced by many different people with varying perceptions and levels of understanding, variations on the theme of basic Touch For Health have developed. Some of these are advanced techniques and shortcuts taught in our higher level classes, for example reactive muscles, the use of 5-element theory, and educational kinesiology. Individuals have developed their own particular uses of applied kinesiology,

many of which are shared each year at the Annual Meeting. Human beings have an innate capacity for exploring and always wanting to know more about the material we are given. This is in part what facilitates evolution.

A few years ago, while teaching Touch For Health at a Los Angeles acupuncture school, I had the privilege of working with a group of just such inquiring minds. I was demonstrating surrogate balancing to the advanced students. These people, after studying acupuncture for 2-3 years, understood very well meridian theory. They also understood that energy follows intention. At the end of the demonstration they wanted to know if surrogate balancing would work if no physical contact were made, from across the room with only visual contact. We chose two new people and proceeded to try surrogate balancing with only visual contact. It worked! To everyone's amazement (including my own) it worked. They didn't want to stop there. Then they wanted to know if it would work if the two subjects were in separate rooms, with the surrogate (the one actually being worked on) concentrating mentally on the person being balanced. Again we chose two new people and again it worked! With each level of experimentation the students became more and more excited and of course had more and more questions. I had many questions myself, not the least of which was, "Just how far can we take this stuff?"

That night when I returned home, my husband and I discussed his cousin in Quito, Ecuador who, after coming down with an unknown illness, had been in a coma for several weeks. Everyone had given up hope and was sure that this 32 year-old formerly vibrant, healthy young man would die soon. No one knew what to do. The doctors had no answers. I told my husband what had gone on in class that evening, and he suggested that we do a long distance surrogate balance for his comatose cousin! Could it work? We

decided that it certainly couldn't do any harm; so we proceeded. Of course we had absolutely no way of knowing if it did any good, that night or the many nights to follow in which we repeated the process. But we do know that a few weeks later the young man came out of the coma suddenly and made a miraculously speedy recovery that no one has ever been able to explain. My husband and I never really told anyone what we had done because we never knew for sure if our actions had any effect or not. It is our belief, however, that energy follows intention, and our intention was clear.

We must be very conscious of what we do because in many circles muscle testing has a bad reputation as a hoax, a parlor trick or, worst of all, something used by those who do not practice "real" medicine. I watched another group of advanced acupuncture students become very turned off to muscle testing as it was used by one of the clinic doctors. This particular doctor used muscle testing to determine diagnosis, treatment plan and herbal formula, quite often without ever seeing the patient. He would have the intern who had interviewed the patient act as surrogate and claim to determine all he needed to know through testing the intern. Although the doctor had every bit of faith in what he was doing and the treatment plan was most often effective, this made little difference to the interns because they did not understand muscle testing. This particular doctor lost credibility among the other clinic doctors, and everyone interpreted him as wierd and lazy. Most of them were never the least bit interested in learning basic Touch For Health. For them it made no sense.

The difference between the attitudes of the students in the above two scenarios is extremely important. In the first case the students understood what they were seeing, had a firm grasp of the material, and their natural curiosity made them want to know more, explore further. In the second case the technique was never fully explained to the students. As a result their minds were closed because what they were seeing did not fit into their belief system. We must never go beyond someone else's level of understanding or their belief system, if we want them to accept what we are doing. That is

why it is most important to keep the technique simple and explain as we go along, always being attuned to whether or not we are understood. We do not wish to appear as magicians, doing things others cannot grasp, as if we have "the power" and they do not. The beauty of Touch For Health is it's simplicity and it's comprehensibility. We must remember that the Touch For Health Book was written and classes developed for the purpose of empowering the general public in the area of self healing.

Even though I practice acupuncture and Chinese Medicine, I usually begin treatment with a basic 14-muscle balance, explaining every step of the way what I'm doing. This accomplishes many things.

1. First of all it establishes trust between the patients and myself. We get to know each other during this process. I learn what might be going on with them while they learn that I care enough to take the time. They relax and are more likely to share information with me about factors that may be influencing their condition.

2. While I explain what I'm doing as I balance the patients, they are learning about their bodies and about what effects their lifestyles have on their bodies. The patients start to figure out for themselves what they should or shouldn't be doing in the way of getting well. By understanding more about themselves the patients are empowered to become involved in their own healing process.

3. Muscle testing is an excellent feedback mechanism. The patients can see and feel that something is actually happening right away. Experiencing immediate results gives them hope and optimism about their chances of getting well. With the positive attitudes they develop in this manner I believe they actually speed their own healing process.

4. As I explain why muscle testing works the patients are at the same time learning basic meridian theory. This prepares them to understand what I am doing when I later perform acupuncture on them. Touch For Health takes the mystery out of acupuncture like nothing else I can think of.

5. Learning about which neuro-lymphatic reflexes or neuro-vascular points work for them and actually seeing the results right there in the office makes them excited about using these techniques for themselves at home. Their self work reinforces the treatments we do in the office and their conditions improve faster.

6. Very often patients will tell me that they used a point on a child or co-worker for a headache or other common condition and it helped. This promotes the idea that we can help ourselves and each other quite often without resorting to drug therapy first.

In 4 years of intense study of very complicated Chinese medical theory, nothing

I learned is as powerful and useful as basic Touch For Health. We must continue to explore, to experiment, to play, and to evolve. It's important to develop new, better, and faster ways in everything we do. Let's go for the bizarre and see where it takes us!

But let us never forget why Touch For Health came into being or why we became involved. Let us never wander too far from the realization that basic Touch For Health is the most powerful self healing tool on the planet, potentially available to more people than any other technique. Let us continue to empower others with the most valuable gift we could possibly offer. The world needs it now more than ever!

Understanding the Origins of Sabotage Programs and Pain of Life Behaviors through the Developmental Stages of Man

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The purpose of this paper is to extend an understanding of the relationship between the positive or negative negotiation of Erik Erikson's developmental stages of man, the sabotage programs in Bruce Dewe's Professional Health Provider work, and the pain of life behavior and Behavioral Barometer in the Three In One Concepts work of Gordon Stokes and Daniel Whiteside.

In my clinical practice I now work either "in the chair" with a traditional psychodynamic psychotherapy or "on the table" where we do PHP. During my "table work" I adhere to the following procedure:

1. Check for overwhelm, switching, dehydration, clear muscle, polarization and ask if I have permission to work with this client.
2. Balance the client with a basic 14 muscle balance.
3. Determine an issue, goal, or have something or someone "on line". Check if this is a priority.
4. Ask if this body is, on all levels, 100% willing to release the need for the problem, to benefit from positive change, and to implement the goal.

If the client "gets through" to here with positive responses the next question is, "Are there any sabotage programs that need to be cleared at this time?" The next question is, "Are there any pain behaviors that need to be dealt with at this time?" In my experience it has been rare to not "get stuck" in step four. It is also not unusual to have someone ask to work on a particular thing and have it not be a priority. It is to this issue that I want to address this paper. I have found that there may be a pre-priority that needs to be considered. I have, therefore, added a question within the standard PHP procedure:

"Is this a developmental issue that needs to be cleared first?"

I ask this if the issue requested to be worked on is not a priority, if the person is not willing to release the need for the problem, to benefit from positive change or to implement the goal. The other time that I ask this question is when one particular age continually appears during age recessions. The results have been astounding. I offer these thoughts to you for your pursual and consideration. Traumas at any of the developmental stages when trust, autonomy, initiative, industry, identity, or intimacy is the "task at hand" can result in a life program of mistrust, shame, doubt, guilt, inferiority, role confusion and/or isolation. (ref 3) This is when sabotage programs and/or pain of life behaviors become established.

Jack Rosenberg in his book, *Body, Self, and Soul*, describes a healthy person as one who is a mass of free flowing energy, energy that moves on all levels, through all layers, in all directions at all times. It is energy that is accessible to a person whenever he/she needs it. A healthy person develops an essential sense of self by being aware of the energy and appreciating that energy flowing freely within his/her essential and ethereal bodies. Dr. Rosenberg describes an unhealthy person as one who has blocked energy in his system and the flow of energy is impeded. The blocking of energy in the early stages of development causes the sense of self to develop poorly in that this sense of self is buried under defensive blocks of energy. "This sense of well-being comes from the free flow of energy in the body, from the natural state of things happening as they are meant to happen." (p.21, ref 6) The developmental progression (table 1) from a basic sense of trust to an increased sense of autonomy to a sense of initiation etc. is the way "things are meant to happen".

VIII							INTEGRITY vs. DESPAIR
VII						GENERA- TIVITY vs. STAGNATION	
VI					INTIMACY vs. ISOLATION		
V	Temporal Perspective vs. Time Confusion	Self- Certainty vs. Self- Consciousness	Role Experi- mentation vs. Role Fixation	Apprentice- ship vs. Work Paralysis	IDENTITY vs. IDENTITY CONFUSION	Sexual Polarization vs. Bisexual Confusion	Leader- and Followership vs. Authority Confusion.
IV				INDUSTRY vs. INFER- IORITY	Task Identi- fication vs. Sense of Futility		
III			INITIATIVE vs. GUILT		Anticipation of Roles vs. Role Inhibition		
II		AUTONOMY vs. SHAME, DOUBT			Will to Be Oneself vs. Self-Doubt		
I	TRUST vs. MISTRUST				Mutual Recognition vs. Autistic Isolation		
	1	2	3	4	5	6	7

Table 1. Developmental Progression of Sense of Self

The developmental struggle to have a basic sense of trust will serve as an illustration of how, without it, the pain of life behaviors and/or sabotage programs inflict confusion and lack of resolution in one's life.

When a child is born he/she is a mass of neurological responses. His/her emotions will develop soon, in response to his/her body reactions, but his/her language and other intellectual skills follow much later. The child is at NO CHOICE. (Behavioral Barometer in ref. 7). The child becomes aware of pain from the shock of birth, and later from being hungry, cold, wet. The child's pleasure comes from being fed, getting dry and getting warm. The manner in which these tasks are done (more than the fact that the tasks are done) will affect the child for the rest of his/her life. If the child is hungry and cries and is picked up and fed, and this is done on a consistent manner, the child learns to trust that pain will be relieved. The child also learns that someone cares about this pain and will relieve it. (6) The child learns that "It is OK to be here and be fed and touched and taken care of"; "It is OK not to hurry and to take time"; "It is OK to be held, to be touched and to be near someone who cares"; "Needs are OK". (Sabotage programs for BEING, ref. 2).

If, on the other hand, the baby cries because he/she is hungry and no one feeds him/her, and this happens consistently, then the pain is to be feared because the pain will not be relieved by the person responsible for him/her. The child must learn to handle the pain by him/herself. The way a child can do this is to seal off the pain and not feel. The eventual feeding may not get associated with the person doing the feeding because the child does not get a chance to know that the pain is important to another person: the pain is important only to him/her self. Babies who are consistently allowed to cry for long periods tend to give up crying, but in so doing, they have to handle their physical and emotional discomfort by learning not to feel it. (p.19-20, ref. 6).

If a basic sense of trust is not established by a consistent relief of the child's pain then the pain behaviors that lock in at this stage are a preoccupation with pain and an expectation of

failure with a pessimistic outlook on life (pain behaviors 1 and 10, ref. 7). If a basic sense of trust had been established then there would be a preoccupation with progress and a willingness to risk success (well behaviors 1 and 10, ref. 7).

Up to this point in a child's development the child does not differentiate from the mother or primary care taker. In the very early months the "I" of the child is no different from the "Not-I" of everything else. This is especially true when loving and consistent care is given. As the child grows, however, there seems to be a sense of inner division and a universal nostalgia for a paradise lost. The realization that the "I" is indeed different from the "Not-I" is an unpleasant reality. It is against this powerful combination of a sense of having been abandoned, of having been divided, that basic trust must maintain itself throughout life (p. 250, ref. 3). This introduces the child into the second stage of feelings, that of ONENESS/SEPARATION (Behavioral Barometer, ref. 7) and into the next stage of sabotage programs and pain of life behaviors if the stage of development is not positively negotiated.

In this second subphase of activity (about 9 months) DOING motivates the infant to separate momentarily from his/her mother. (ref. 5) The most important thing that happens in this subphase of establishing trust is that the mother serve as a "mirroring frame of reference" for the child. The child explores and reaches out with his/her eyes and arms and the mother responds to this or that. This selective response gradually alters the child's behavior and what emerges is the child's unique personality and individuality.

The healthy child learns that "It's OK for me to move out in the world, to explore, to feel my senses and to be taken care of"; "It's OK to explore and experiment"; "I can do things and still get support"; "I can initiate"; "I can be curious"; "I can get attention and approval and still act the way I really feel" (Sabotage programs for DOING, ref. 2).

When the mother is not comfortable with her mothering skills she may not pay attention. If the mother cannot find the natural balance between giving support and knowing when

to be available to the child or giving the child support on a higher emotional and verbal level while allowing the child to try his/her own wings, or if the mother is unpredictable, unstable, anxious or depressed, then the child has to do without a reliable frame of reference and the result will be a disturbance in the establishment of the necessary sense of trust.

The child given the reliable frame of reference can be preoccupied with his/her own progress and can feel equal to the challenge (Well behaviors 2 and 11, ref. 7).

The child whose mother is not able to mirror the child, to be consistent in the child's care giving will feel the feelings illustrated in the subheadings on the Behavioral Barometer under ONENESS/SEPARATION: the child will feel deserted rather than at one, morbid instead of fulfilled, melancholy instead of completed, unimportant instead of unified, loveless/unloveable instead of at peace, unacceptable rather than calm, unloved instead of safe and uncared for rather than quietly progressing.

And so it goes from stage to stage. Either the child is able to accomplish the task of establishing trust or the child is left with mistrust. Until the mistrust is diffused and resolved it will repeat itself in countless ways.

Integrating the needed task of each developmental stage with the possible sabotage programs, pain of life behaviors and the Behavior Barometer has given me a greater understanding of the ways a person

gets locked into unhealthy lives. It also allows for a resolution of the issue at a fundamental level and has a greater potential for lasting diffusions.

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Habits & Addictions Revisited

by Robert Waldon

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Habits = things we do

Addictions = things we crave

Most habits represent the repetition of a behavior which, past or present, has been effective in reducing anxiety, stress or fear of some kind in our lives. The addiction is to the resultant anxiety reduction (regardless of any other anxiety or stress might be caused by the addiction itself). Many of our Habits and Addictions take the form of substances which we administer or ingest (foods, drugs, cigarettes), but can also take the form of behaviors (pacing, arguing, lying, stealing, sleeping, daydreaming, etc) or patterns of thought ("I'm stupid", "I'm always making mistakes", "I'll never be able to do this", "I'm responsible for this mess", etc.).

Testing

1. Get strong indicator muscle
2. Check for switching, blocking, hydration
3. Think about habit / addiction (or look at items on a list)
4. Touch tip of thumb to tip of ring finger and re-test indicator. Weak = habit or addiction.
5. Check that it's appropriate to clear.
6. Find the emotion on habit / addiction.

Correction (based on Wayne Topping's Stress Statement work):

(Note: For added sensitivity to emotional issues involved, have person hold thumb to tip of ring finger on both hands while testing the Pectoralis Major Clavicular on both sides for all tests.)

1. Test muscle on both sides of the body independently to test for right and left brain integration.
2. If both sides test strong, there is nothing to clear on that statement.

3. If one side tests strong and the other weak, there is a lack of agreement between brain hemispheres. Do the Brain Integration Technique.
4. If both sides test weak, do Eye Rotations (both directions) while holding ESR points (keeping thumb to ring finger) and repeating statement. Re-check statement, testing both arms.

Possible statements to clear include:

- "I do not (no longer) need (thing / substance) for its tranquilizing effect."
 - "I do not (no longer) need (thing / substance) for its stimulating effect."
 - "I do not (no longer) need (thing/substance) to handle my (emotion)."
 - "I do not (no longer) need (thing/substance) to prevent feeling (positive emotion)."
 - "I deserve to feel (positive emotion)."
 - "I no longer believe (thing/substance) can offer anything I need."
 - "I want to be free of my (habit, addiction)."
 - "It's safe to let go of my (habit, addiction)."
 - "I am willing to change my thoughts about (habit, addiction)."
 - "I am willing to change my feelings about (habit, addiction)."
 - "I am willing to change my behavior relating to (habit, addiction)."
5. Do eye rotations and temporal tapping (add Frontal/Occipital holding if possible) while repeating each of the following statements, individually, several times:
"I no longer crave (thing) when I feel (negative emotion)."
"I no longer crave (thing) when I want to feel (positive emotion)."

Verification of Correction

1. Re-test indicator muscle while holding thumb to ring finger and thinking of habit or addiction to be sure it's clear. If not, repeat corrections then re-test.
2. Re-check emotion on habit / addiction to be sure its clear.
3. (Optional) Check for any other emotions which might have been imbalanced by process.
4. Check for and clear any stress on the process itself.

Australian Bush Flower Essences

by Ian White

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Using the finger mode system introduced by Dr. Bruce Dewe (PHP 2), flower essences are number 12 on the emotional or ring finger. During this paper I will demonstrate ways in which flower essences can be of great assistance to kinesiologists.

A little background information about the Bush Essences...

The Australian Bush Essences are a powerful system of healing that act as catalyst in helping an individual resolve emotional and physical traumas as well as their negative beliefs and attitudes. The Bush Essences integrate the hemispheres of the brain, bring about mental clarity, and balance the body - literally.

The Bush Essences carry on a very long tradition of healing using flower essences. Ancient records show that the Egyptians used them thousands of years ago, more recently the Australian aborigines have also used flowers to heal emotional imbalances. They used to eat the flowers in a symbolic ritual in order to heal emotional imbalances as well as placing the person amongst the particular flowers to gain the same effect.

The earliest European record dates back to Paracelsus in the 15th century who used to make remedies from the dew of flowers in order to treat his patient's emotional imbalances. More recently during the last fifty years there has been the upsurge in familiarity in flower essences due to the work of their modern founder, the late Dr. Edward Bach (1886-1936).

During my early years of practice as a naturopath, I used the English flower essences with good results. Yet my mind would often go back to the times of being in the bush with my grandmother, a herbalist who used many native plants, and I was that convinced that some of the Australian plants would also contain unique properties. For certainly, as I had learned from my grand-

mother, there is a tremendous strength and healing power in the Australian bush.

What has followed, over a number of years, has been the discovery and collection of fifty essences from all over Australia by my wife Kristin and myself. We have become aware that these new essences cover issues relevant to the needs of society today in the 1990's, namely those of spirituality, creativity, learning abilities, communication, and sexuality.

There is also at this point in time a very strong healing energy in Australia coupled with a very powerful wise energy in this land, both of which seem to be manifesting now in the Australian plants and flowers. Also, Australia is relatively free of nuclear and chemical pollution.

The Bush Essences are perfectly safe, nonaddictive, and without side effects. They can be used not only by adults, but also by children and animals with wonderful results. The beauty of flower essences is that you do not need years of medical training to be able to prescribe them. As they are based on emotional states anybody can use them. All that is necessary is merely a basic understanding of human nature; to be able to recognize when someone is experiencing fear, anger, frustration etc. However when combined with kinesiological skills their potential is astonishing and readily measured.

Workshop

1. Test for dehydration - i.e. Pull hair while testing indicator muscle (IM). If weak, test if able to assimilate normal water. If NO, then test for water with 7 drops of She Oak. She Oak rehydrates.

2. Clear any overwhelm - think of all the information occurring in the Conference and test IM. If in overwhelm the IM will test weak. If so give 7 drops of Paw Paw and retest it should now test positive.

3. To clear over energy use Sundew.

Using Dog Rose for Phobias

1. Test that your partner has a phobia, i.e. Muscle test several fears, e.g. "I have a fear of ... "crocodiles", "rejection", "childbirth", etc. stop testing after finding one fear.

2. Have the testee state, "I am now ready to let go of that fear". If a strong IM, go to step 4; if weak IM, go to step 3.

3. Have the person take a dose of 5 Corners and say 3-4 times while tapping the fleshy side/part of the hand between the wrist and the little finger, "Even though I am not ready to release this fear I deeply and profoundly love and accept myself". Then retest the earlier statement, "I am now ready to let go of that fear". If the response is now positive go to step 4; if it is still not positive, repeat step 3 once again.

4. Give the testee 7 drops of Dog Rose and hold their ESR points on the forehead while they are thinking of the worst aspect of their particular fear. Keep holding the ESR points until either:

- a. 5 minutes is up, or

- b. the testee states that they can no longer think of the fear, or that the images of the fear have faded.

5. Retest for the fear, "I have a fear of ...". If the response is negative, go to step 6. If the response is positive, repeat ESR and image once more.

6. Test to see if the Dog Rose needs to be continued after this process and, if so, for how long. Test if any other reinforcement is necessary - e.g. affirmations, visualisations, etc.

7. Have the person finish by visualize themselves successfully confronting their original phobia.

Endocrine Glands:

For each endocrine gland in the body there is a corresponding Bush Essence that will balance it.

1. Pituitary	Yellow Cowslip Orchid
2. Pineal	Bush Iris
3. Hypothalamus	Bush Fuchsia
4. Thyroid	Old Man Banksia
5. Thymus	Illawarra Flame Tree
6. Pancreas	Peach Flowered Tea Tree
7. Adrenals	Macrocarpa
8. Ovaries	She Oak
9. Testes	Flannel Flower

To test the endocrine gland circuit locate (CL) the corresponding Test Point (TP), i.e. put 2 fingers on the gland's TP. If any gland test weak, retest while the testee holds the corresponding Essence against the body. E.g. if the thyroid is weak then have them hold Old Man Banksia and retest.

N. B. Do not take any Essence at this point, unless there is only one gland down. The endocrine system is similar to a symphony. If one gland is out, then all the others are affected. Also there is usually one key gland that if balanced will balance all the other endocrine glands.

To find that key gland if there is more than one gland testing weak, use the Schmidt test, which is as follows:

1. CL a weak gland's TP, e.g. thyroid while the tester sequentially tests the other weak glands. Stop if there is an IM change. If, for example, the thyroid now tests strong while also CLing the adrenals, this indicates that by correcting the adrenals you will also correct the thyroid. If the thyroid tested weak while also CLing the adrenals, this simply indicates that the adrenals are not causing the weakening in the thyroid.

2. i. If no other gland is affecting the thyroid simply balance it with the appropriate Essence. This is an unusual outcome.

OR

- ii. If the adrenals correct the thyroid, then hold the adrenal TP and CL any other weak gland to see if one of these will correct the adrenals. If not, then hold the Essence that balances the adrenals, usually Macrocarpa, and test the other weak

endocrine glands. They should now all test strong. The adrenals being the key gland.

If the adrenals tested strong while holding the thymus TP, then repeat the same pattern that you have just done for the thymus.

3. When you have the key gland, balance it by taking the appropriate Bush Flower Essence.

Correction with Crowea:

Test the basic 14 TFH muscles, then give 7 drops of Crowea and retest. Crowea balances the muscles of the body.