

Integrating Emotions into Your Touch for Health Balance

by Wayne W. Topping, PhD, LMT

Abstract. Your clients will receive more benefit from their Touch for Health balances if you incorporate work with their priority emotions. Use of simple techniques such as the priority mode, LAN Y, and More Mode quickly identify the relevant (biokinesiology) emotions and confirm when the emotional work has been completed. Tapping acupuncture points CV9, CV24 and GV26, then physically rebalancing gives a more profound balance.

Why Work with Emotions?

One of the major contributions Biokinesiology has made to the Specialized Kinesiology has been to show how important it is to work with emotions (ref. 1). In Biokinesiology, we have always used a wholistic approach so that for each tissue we might work with a series of specific emotions, passive position-releasing exercises (biokinetic exercises), sometimes acupressure points, and nutritional recommendations. In Touch for Health I, we are primarily working on physical corrections (NLs, NVs, tracing meridians, etc.) although we teach the emotional stress release (ESR) technique for dealing with current emotional distress. In TFH2, we extend use of the ESR technique into the past and future, and in TFH3, we do postural stress release because we've recognized that often balancing a person after an accident is more temporary or doesn't eliminate all pain unless the emotional components are also addressed. In TFH3, we are also introduced to some key emotions long recognized by the Chinese as being associated with the law of the five elements model. Once we get into the Professional Kinesiology Practitioner (PKP) program, we notice a significant shift. Here we find an emotion for us to be consciously aware of whenever we do any correction procedure. Why? Because it has been realized that physical corrections are longer lasting if we address the emotional components. The emotions used come from the law of five elements, Biokinesiology, Edu-Kinesthetics, etc.

For many years, I have been balancing the meridian system with biokinesiology emotions (ref. 2) with great results in ways similar to the balance I'll be outlining in this paper. Before describing the balance,

however, let's introduce some of the components.

The Priority Finger Mode

If an indicator muscle (IM) unlocks, the facilitator (or client) can place their middle fingernail into the first joint on their thumb. If the IM then locks, this is the top priority to be worked with (as presented by Dr. Sheldon Deal at the 13th Annual Touch for Health Conference, July 14, 1988).

The More Mode

After strengthening an IM by using emotions or a physical technique, such as the neuro-vascular holding points, we can use the More Mode as a non-verbal way to find out how to proceed further.

The pad of the middle finger is placed on the thumb nail and the pad of the index finger on the nail bed. If the IM unlocks while facilitator or client holds this mode, we know something more is needed. With only the index finger on the thumb, an unlocking of the IM indicates that more of the same is needed, i.e. continue to do more of the correction procedure you were just doing. With only the middle finger on the thumb, an unlocking of the IM indicates that more of a different type of correction is needed (ref. 3).

LAN Y

In January 1981, fellow Biokinesiologist Doug Wickham and I discovered a location on the governing meridian on top of the head directly above the ears that can be used as a major input center into the brain and body. For example, if Latissimus dorsi unlocks, the facilitator can point the fingers of one or both

hands directly down into the top of client's head and say "you feel accepted", then recheck the muscle. If Latissimus dorsi locks, we have confirmation that we are working with the spleen meridian. If it remains unlocked, again point down into LAN Y, say "neutral neutral" to cancel the previous input, then say "you feel forgiveness". If the muscle now locks, we are working with the heart meridian.

Stressing the System

Many of us are familiar with situations where a patient has pain relieved through chiropractic adjustments only to have the pain recur when they leave the office. So as not to have the same thing happen in my work, I have incorporated use of three acupuncture points first presented to us at the 13th Annual Touch for Health Conference, July 14, 1988, by Dr. Sheldon Deal. These points are usually used when the client complains of an ache or pain that occurs under certain circumstances, but is not present at the time you are about to balance them.

To deliberately stress the client to recreate the imbalances typical of the times when the symptoms are experienced, tap each of the following three acupuncture points 7-8 times:

1. CV9 (one inch above navel)
2. CV24 (lower lip)
3. GV26 (upper lip)

The imbalance thus created will last for about 20 minutes.

I have found it useful to balance the client, then tap the three points described above. If the meridians become imbalanced, I strengthen the indicator muscles with physical techniques (NLs, NVs, meridians) then I retap the three acupuncture points. I repeat this procedure two or three times until no further imbalances are created through tapping the three stress points.

The Balance

There are a number of ways emotions can be incorporated into a Touch for Health balance. What follows is one way. The client could also be balanced for a specific goal or we could balance indicator muscles for all 20

meridians (eight extra and 12 regular meridians).

1. Have client describe "symptomology", extent and quantitative measure of pain on a 1-10 scale, etc.
2. Do clearing tests (hair tug, switching, overenergy, etc.)
3. Test each of 14 indicator muscles and note imbalances.
4. Use Priority Finger Mode to determine which meridian will balance the others.
5. Put the primary positive emotion for that meridian into LAN Y and retest priority IM to see if it locks (it almost always does, even if there is a secondary emotion that is more relevant).
 - (a) IM locks. Say "neutral, neutral" to regain unlocked IM, then go the Step 6.
 - (b) IM unlocks. Go to Step 6. If a secondary emotion doesn't cause IM to lock, repeat procedure with the positive primary emotions for the other meridians, then repeat Step 6 again.
6. Repeat Step 5 with the secondary emotions for that meridian, testing the IM to see which one or more cause it to lock.
7. Repeat Step 5. Oftentimes, the primary emotion will no longer respond now that one or more secondary emotions have been identified.
8. Test an IM such as Pectoralis major clavicular or Anterior deltoid on both sides of the body (a) in contraction, (b) in extension, (c) in contraction then extension after sedating the muscle with spindle cells, then (d) after manual tonification of the IM.
9. Have client hold thumb and ring fingers together (tip to tip) and retest IM after:
 - (a) Client says "My name is ..." (IM should lock, otherwise do ESR). Repeat for other arm.

Touch For Health International Journal, 1995

- (b) Client says "I'm a little green frog" (both IMs should unlock).
 - 10. Have client say "I feel..." (inserting positive emotion to be worked with.) Test IM, then client repeats statement and you test other arm.
 - (a) Both IMs unlock: Have client do eye rotations (refs. 4 & 5) with finger tips on frontal eminences in one direction, then the other direction, while continuing to repeat the statement out loud. Repeat Step 10.
 - (b) One IM locks, other IM unlocks: client does Brain Integration technique (refs. 4 & 5): place arms out to sides and visualize left and right brain hemispheres coming together as client says statement and physically brings arms together to interclasp fingers. Repeat Step 10.
 - (c) Both IMs lock: go to Step 11.
 - 11. Facilitator states "We need to be more specific" and retests an IM.
 - (a) IM unlocks ("no"), go to Step 12.
 - (b) IM locks ("yes" response). Say "In the present" (check IM), "In the recent past", etc. Find timing of incident, who was involved, if needed, then repeat Step 10. Keep doing age recession until IM indicates that we have done all the emotional work we need to.
 - 12. Retest IMs for the priority meridian: should now be locked.
 - 13. Do More Mode: If IM unlocks, determine whether (a) more of the same, or (b) more of something different, is required (check NLs, NVs, meridians).
 - 14. Recheck More Mode. Once priority meridian IMs remain locked, recheck all previously unlocked IMs. If any are still out of balance, use Priority Finger Mode to get next priority then go back to Step 5.
 - 15. Once all IMs for all 14 meridians are locked, tap 7-8 times.
 - 1. CV9 (one inch above navel)
 - 2. CV24 (lower lip)
 - 3. GV26 (upper lip)
 - 16. Recheck previously unlocked IMs. If any are once again unlocked, determine top priority and challenge to find whether NLs, NVs, or meridians are required. Check with More Mode after balancing.
 - 17. Repeat Steps 15 & 16 until everything stays in balance.
 - 18. Check to see if growth work is needed for any of the emotions worked with.
 - 19. Re-evaluate "symptomology" as in Step 1.
 - 20. CELEBRATE!
- ### References
- 1. Topping, Wayne W., Biokinesiology: Its Origins and Some of its Major Contributions, Journal of the Association of Specialized Kinesiologists, 96-101, 1991.
 - 2. Topping, Wayne W., Biokinesiology Workbook, Bellingham, WA: Topping International Institute, 1985.
 - 3. Dewe, Bruce, The More Mode, Touch for Health International Journal, pg. 44, July 1990.
 - 4. Topping, Wayne W., Stress Release, Bellingham, WA: Topping International Institute, 1985.
 - 5. Topping, Wayne W., Success Over Distress, Bellingham, WA: Topping International Institute, 1990.

For further information, please contact:
Wayne Topping, 2622 Birchwood Ave., #7,
Bellingham, WA 98225.

Appendix

EMOTIONS

MERIDIAN/ORGAN	NEGATIVE	POSITIVE
Central	OVERWHELMED Over-taxed Shattered Forsaken Abandoned Unsuccessful Clingy Longing Yearning Unmotivated	SUCCESSFUL Restored Composed Accepted Included Successful Adjusted Fulfilled Comfort Motivated
Governing	UNSUPPORTIVE Can't help Guilty Repulsive Abhorrent Vindictive Unhelpful Irresponsible Uninterested Bored	SUPPORTIVE Helpful Innocent Acceptable Adore Forgiveness Helpful Responsible Interested Enthusiastic
Stomach	UNRELIABLE Repulsive Disgusted Discontent Impatient Nauseated Resentful Unsubmissive Rebellious Upset	RELIABLE Acceptable Patient Content Patient Comfortable Appreciative Submissive Accepting Calm
Pancreas	REJECTED Sorrow Pity Unaccepted	APPROVED Joy Grateful Accepted
Heart	INSECURE Bitter Broken-hearted Unloved Defeated Sour Disgusted Forgotten	SECURE Forgiveness Loved Loved Success Agreeable Empathetic Remembered

Touch For Health International Journal, 1992

Small Intestines	UNAPPRECIATED Forced Obligated Pressured Compelled Ungiving Selfish	APPRECIATED Helpful Willing Desirable Eager Cooperative Unselfish
Urinary Bladder	FUTILE Weary Tired Embarrassed Shy In Vain Wasted Impossible	HOPEFUL, ASSURED Refreshed Rested Modest Bold Useful Fulfilled Productive
Kidney	DISLOYAL Ashamed, At Fault Aggressive Intolerant Hate Revoltng Anger Injustice	LOYAL Steadfast to Right Mild Understanding Affectionate Attractive Patient Justice
Circulation-Sex	WORRIED Misunderstood Dirty Unfruitful Unproductive Misjudged Unresponsive Frigid Unfulfilled Dishonorable Wrong Unrecognized Thoughtless Unaffectionate Lie, Deceive Unfriendly	ASSURED, SATISFIED Respected Natural Fruitful Productive Respected Responsive Warm Fulfillment Fine Understood Accepted Thoughtful Thoughtful Truth Friendly
Thyroid	SHAMED, HUMILIATED Fearful Terror Unrespected Unworthy Defensive Stupid Made a fool of Put down	SERVING, GOODNESS Courage Secure Respected Worthy Listen Reasonable Compassion Respected

Gall Bladder	TOO PROUD	HUMBLE
	Egotistical	Modest
	Stuck-up	Sympathetic
	Disorganized	Organized
	Haughty	Meek
	Smug	Compassionate
	Arrogant	Listening
	Hurt	Comfort
Liver	Confused	Confident
	DISTRESSED	CONTENT
	Hopeless	Trusting
	Despair	Faith
	Helpless	Powerful
	Incapable	Understandable
Lungs	DEPRESSED	CHEERFUL
	Grief for others	Fellow-feeling
	Grief for self	Fellow-feeling
	Sad	Glad
	Criticized	Appreciated
	Recluse	Sociable
	Out of sorts	Up-build
	Unfriendly	Friendly
Large Intestines	EXASPERATED	MILD, MERCIFUL
	Forlorn	Hopeful
	Lonely	Befriended
	Left out	Included
	Envy	Supportive
	Craving	Satisfied
	Doubt	Certainty
	Cut off	United
	Barrier	Clear
	Disunited	United
	Incomprehensible	Understood
	At wits end	Able
	Lost	Enlightened