

Communications Modes

By Warren Jacobs, M.D.

Abstract: Use SK skills to identify the priority communication mode used under stress so that communication can continue in stressful times.

Primary Sensory Modes Under Stress

We have the sense of sight, of hearing, of touch---but it is suggested that when an individual is under stress, the senses shut down except for the one basic sense that is peculiar to each individual. It is helpful to know which sense this is to give improved understanding of our failures to communicate with each other in times of stress. For this purpose we separate individuals into:

- Visual
- Kinesthetic
- Auditory Tonal
- Auditory Digital

Under stress, the **Visual person** is only open to *what is seen*---how things and persons appear is pre-eminent to this person. This is the individual who says, "We can't do that! How would it look?"

The Kinesthetic person under stress does not respond to words, sounds, reasons, or what he or she sees. The only way to reach this person is with *touch*. Under stress this person's head droops, the position of the face is down, the shoulders slump, and often sobs are heard. The body may shake. Feeling takes over.

The Auditory-Tonal person under stress becomes *super-sensitive to sound and turns the right ear towards the other person*. What is seen has little effect. Facts and figures are also ineffective. Logic is out, and the tone of voice of the other person is all important.

The Auditory-Digital person is computer-like under stress, and the left ear is presented,

perhaps with the head tilted upward as if this superior intellectual human being is in touch with a higher intelligence. Only facts, figures, and reason/logic may enter. There is no room for the feelings of others at this stressful moment.

Identify Your "Under-Stress" Mode of Communication

To test with kinesiology, we ask the individual to think of a stress while holding one hand over the thymus. An indicator muscle should test weak. If not, have the individual choose another stress and retest until the indicator goes weak with a hand over the thymus. Now we are ready to see which communication mode is active in this person. Test the indicator with each mode position while the person thinks of the stress:

- For Visual-- eye to eye
- For Kinesthetic-- face to the floor
- For Auditory-tonal-- right ear to tester
- For Auditory-digital-- left ear to tester
with head turned
up

The weak indicator tells us the basic communication mode of the individual under stress.

Modes May Change with Kind of Stress

With many individuals there is one pattern *for mild stress* and *one for deep stress*. Discuss with subject, or better yet, with family members, associates to identify when these two different patterns show up. Good luck!

Warren Jacobs, M.D. is a medical doctor with thirty-five years experience in the practice

of family medicine. For the past fifteen years he has been involved in the use of alternatives to the standard surgical and pharmacological approaches to health problems, especially the use of Applied Kinesiology. He has been most influenced by the work of George Goodheart, D.C., John Thie, D.C., & John Diamond, M.D.

The Use of AK and SK in Practice

These techniques draw upon the concepts of health and balance found in the ancient societies of China and India. This approach to health care sees the therapeutic relationship between doctor and patient as a partnership with shared responsibilities for the outcome. Often the clue for the direction for the treatment lies within the patient rather than with the doctor. This method is used to facilitate the exposure of what is perhaps already known by the patient on some level, but which has been heretofore denied to consciousness. This is in contrast to the traditional western approach where the patient has the pain, the fear, the illness, and the *question* while the doctor has the *answer*.

This alternate method suggests that often the patient has the question, etc. and also has the answer! The doctor functions more as a facilitator, teacher, partner, and friend. He has the method by which the patient can gain access to that which is already inside himself but resides on some level where it remains hidden and as yet unusable.

Initially, a determination can often be made with kinesiology to establish where the complaint has its roots. Is the root of the problem in nutrition, structure or emotion? From this beginning one can explore in increasing depth from the general to the specific depending on the willingness of the patient, and the art and skill of the facilitator. This method is rapid, painless, cost-effective, and safe.

Warren Jacobs, M.D., with his techniques in applied kinesiology, has been enthusiastically received in the United States, Canada, Switzerland, Italy, Israel, Austria, and Spain. He is a certified Touch For Health Instructor with a certificate granted by the International Kinesiology College of Zurich, Switzerland, and has served on the Board of Directors of the Touch For Health Foundation, John F. Thie president for the past six years.

So often traditional western medical treatment, despite the application of the wonderful advanced technologies presently available and despite great expense and careful investigation by competent medical experts, the patient is much the same as when he began treatment. Dr. Jacobs finds that with applied kinesiology often and quickly a determination can be made as to the cause of the problem. Approaching the person from a perspective that allows a view of the disease or ease to be a reflection of the interaction of nutrition, emotion, activity, or past experience, (whether conscious or unconscious) is often more rewarding than merely treating symptoms.

Taking this concept one step further, man, in both mind and body, exists not in a vacuum but rather is influenced by his position in the family, in the group (at work, sport, religion, social association) or what have you. One must be willing to take all this into account if it is so directed by the body during muscle testing.

George Goodheart gave us the muscle test. John Thie tied the muscle test to the eastern concept of balance within the individual organs, structures, and energies. John Diamond went a step further using kinesiology to demonstrate and uncover, in a layer by layer fashion, the emotional imbalances that often block and control our behavior in unhealthy patterns. Next, the International Kinesiology College of Zurich, Switzerland, headed by

Bernhard Studer and Rosmarie Sonderegger, gives us the model learning center for training in the use of these successful methods.

What grand tools these are. Dr. Jacobs takes great joy in sharing the wonder and effectiveness of these techniques with those who wish to expand their skills in the uses of kinesiology, to those who seek to increase their understanding of the workings of the

body, and to those who wish to be of help to their fellow man.

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