
Psychological Kinesiology: Changing the Body's Beliefs

By William Whisenant, Ph.D.

From one perspective this document is about a specialized application. From another vantage point, it is a generalized philosophy. There is a tremor that is shaking the foundations of a variety of disciplines. Each one has the complete picture in blurred focus. When all are assembled the mural emerges with stark relief and brilliant hue. The various models offer brick after brick to the understructure of the emerging paradigm. Holographic photography has donated a tangible tool and a mystical metaphor. The geometry of fractals offers a method of seeing infinity within the microscopic. The mathematics of chaos presents security within the unpredictable. Each component has a role to play as each is a repository for the entire script. Even so, each cell of any multi-celled creature has its unique function that it is compelled to follow as it contains within its nucleus the genetic code for the entire organism, possibly the entire universe.

The most disciplined physicists, the most influential social scientists, and the greatest creative minds in health enhancement are converging with the poets and the minstrels. All paths are leading to a common goal. There is but one mind and it seems we take turns using it!

But let me show you how this works in my practice...

A man in his late 40s, whom I will call "Brian," came in for a first appointment. Brian had been referred by a previous client, so he knew something about how I worked. I spent about 15 minutes gathering information concerning his presenting problems, which involved gastrointestinal distress of many years duration. Then I asked Brian to lie on an examining table and I proceeded to assess the patterns of strength and weakness of his musculature. Af-

ter about 10 more minutes, following my energy assessment algorithm, I asked Brian, "When you were 13 years old, did a male member of your family become significantly injured?"

Until this question, Brian had been lying with his eyes closed, relaxing, and following my instructions to "hold" or "push." Now he opened his eyes and with an initial stammer confirmed, "Yes, when I was 13, my family and I were in a car wreck. Everyone was OK except my brother who was left permanently quadriplegic. How did you know?"

How did I know? There is a repository of information regarding the traumas and challenges we have experienced that is stored in the flesh and energy systems of our bodies. With the right techniques one can read this map and use this information to correct problems that have been plaguing the individual for years or even decades.

Applied Kinesiology was developed by Dr. George J. Goodheart, a chiropractor, who synthesized a system for assessing the integrity of the human body by using the manual muscle tests that had been developed around the turn of the century by physical therapists to assess the degree of damage in injured muscles and to monitor their improvement with therapy. Goodheart found that these manual muscle tests could also be used to determine such diverse health phenomena as spinal subluxations, acupuncture meridian imbalances, sources of toxicity, and nutritional deficits. From early in the conception of Applied Kinesiology, Goodheart spoke of three interacting components to the well being of a person, what he called the triad of health. These consisted of (1) the structural component, which is what chiropractors are generally known to address, (2) the chemical or nutritional component which encompasses the "soup" of the body, the nutritional

substrate and the presence of any toxins, and (3) the mental, emotional, or psychological component.

Of the three, this last factor, the mental, emotional and/or psychological component, had been the least developed when I was first introduced to AK in 1977. Psychology was my professional specialty and as I had kindled an interest in the more somatic features of psychology, I was especially intrigued. I had studied gestalt therapy, which focuses on the more peripheral expressions of the body. These expressions lead the practitioner to deeper and more penetrating insights that transcend the limitations of verbiage alone as a source of information. It is often a frustrating dilemma for a client with dysfunctions in the thought process to give the therapist a clear evaluation of the challenges he is facing when he has to rely on the same impaired thought process to communicate. The gestalt approach was an improvement over other verbal methods, but it still required a longitudinal effort to produce results, and I sought a faster approach for the sake of my clients. I consumed all the approaches of psychology and psychotherapy and was quite good at this art, but my impression of the whole was that this business seemed only to confirm the badly worn joke, "How many psychotherapists does it take to change a light bulb?" The answer, of course, is that it only takes one, but the light bulb has to really want to change and it will probably take a long, long time and be very, very expensive!

I needed to feel that my efforts were bearing greater fruit in a shorter growing season. My doctoral work was in brainwave biofeedback and creativity. Biofeedback monitors and feeds back the subtle physiological signals of the body so that the subject can learn to control these processes. Creativity is the quintessential expression of that which is the healthiest and best contribution of the human psyche. When I learned of Goodheart's work with its inclusion of the mental, emotional, or psychological component in Applied Kinesiology, my excitement was palpable, and I felt impelled to devour this new approach and see just how far it could take me.

I learned what I could from anyone or any source that I could find. It was not much. I continued to work with these techniques and found numerous predictable patterns unfolding. By 1985 I found I was doing things with these methods that no one else was doing. It was time to preserve this approach in print. I began writing with the notion that I would pace myself and whip this book out in

about six months. However, I must have been hallucinating when I formulated that plan. Five years later the work finally came to a close and I published *Psychological Kinesiology: Changing the Body's Beliefs*. I breathed a sigh of relief that I could enjoy for only about a year when new information began to emerge. Primarily, the new findings embraced the energy fields surrounding the body, the chakras, and the layers of the aura. These are being taught in seminars and are included in the manual *The Whisenant Algorithm*.

DYSFUNCTIONAL ASSUMPTIONS

A central feature of Psychological Kinesiology involves dysfunctional assumptions. These are beliefs that the person holds that are sometimes consciously acknowledged and sometimes only unconscious. The person acts "as if" these assumptions are true and attracts circumstances into his or her life that confirm these assumptions. These internal models of reality drive the behavior and perceptions of the person, as well as orchestrating the overt events to make the objective reality fit the assumption. I use the word assumption instead of belief because the latter means "a conviction that certain things are true" and it carries a subtle implication that the person consciously acknowledges this belief. However, sometimes the person will overtly testify that he believes one thing but the unconscious or non-verbal responses of the muscles indicate the polar opposite. And it is this non-verbal language that is communicated through the muscle responses that defines the assumptions. Also, I do not use the term "erroneous assumptions" or "wrong beliefs" because when the person orchestrates life to confirm these assumptions they become true. However, they are not inherently true. These assumptions can be changed with the present techniques of Psychological Kinesiology. Subsequently, the overt events and health conditions will follow suit. One individual may have a dysfunctional assumption that all people with blond hair cannot be trusted. He or she attracts circumstances that repeatedly confirm this assumption. When the assumption is specifically changed at the energetic level to a contention that blonds are very trustworthy, the covert and overt experience follows suit. Some of the more typical dysfunctional assumptions cluster around the way all men or women are perceived, the basic goodness or danger of the world, and the presence or absence of safety and support in childhood or adulthood. Consider the following

example.

A young girl grows up in a household in which the alcoholic father terrorizes the family, routinely beating on his wife and children. She has a younger sister who is also victimized and an older brother who is sometimes the victim and sometimes a perpetrator of violence. As she matures this girl attracts the worst boyfriends and a couple of husbands that repeat the pattern. When tested with kinesiological techniques to assess her assumptions, she tests strong on the statement "Men abuse women." For her, this is reality in the same sense that the Sun rises in the east and gravity pulls objects toward the Earth. This operative dysfunctional assumption, "Men abuse women," has obviously been commensurate with a lifetime of trauma for this person.

Using the techniques of Psychological Kinesiology, these assumptions can be changed to their polar opposite. The client's energetic conceptualizations can actually be rewritten to a healthy perspective. But the PK process requires a broadly deployed approach, which is the key to its radical effectiveness. Meridians can be balanced, nutritional deficits can be supplemented, structural distortions can be corrected, and when the bodily energies are in a state of fertile readiness the functional assumptions can be conveyed. It is only from this state of peaceful, trusting balance that assumptions like "Men are kind to women" and "Women and men have happy, healthy relationships" can be accepted into the energetic systems.

This is a crucial consideration. Many self improvement programs advocate using affirmations and visualizations to bring about success and well-being. However, if there are significant traumas and other energetic distortions that are prolonging the dysfunctional assumptions, the healthy paradigm will not be allowed to enter. As with our example above, before treatment if this woman is presented with a man who is sincerely kind, loving, and gracious toward woman, she will not be able to allow this experience to enter. For her, the very concept of men being genuinely kind to women is so foreign that the distorting process can take place totally from an unconscious dimension. She may even overtly state that she believes that some men are good to women. Perhaps she may even label one or more of her abusers as loving toward her. But the energetic and informational systems stored in the flesh and energy fields of the body will not be denied, and even positive situations are processed according to the dysfunctional

assumption.

This brings us to another crucial point. When the traumas, the imbalanced meridians, and the energy distortions are not corrected, the positive affirmations and visualizations can actually have detrimental results. In our example, if the lady reads a book espousing the healing effects from the repetition of positive affirmations, she may dive into the practice only to find that the beatings from her current husband escalate. The dysfunctional assumptions are so entrenched and armored that she is only irritating a vicious, sleeping dog instead of removing the problem.

I have worked with many people who are well versed in New Age thought and the latest writings and teachings of self improvement. In the sanctuary of the psychologist's office, the client typically feels safe enough to share fear and failure, rage and regret, shame and sorrow. I have heard numerous stories of people who have diligently worked with positive affirmations and healthy visualizations in a sincere attempt to improve a pathetic life only to have that life nose-dive into even more dire circumstances. I have also been to groups where people share success stories of working with affirmations and visualizations. And I am aware that for every success story that is publicly acknowledged there are other stories of failure that are quietly endured. Or if the failures are reported, the worsened condition is written off as a "toxic clearing" or a "testing of one's faith."

A person who is just barely getting by financially recites affirmations of prosperity only to get fired from the present job with no alternative employment available. Another in fragile health visualizes a radiantly robust state of health only to suffer a plummet into a more severe disease condition. At this point, the rationalizations are meaningless unless they lead the person expeditiously to success. It has been my experience that when the accurate assessment has been made and the most relevant intervention is applied, the cure comes quickly and smoothly.

Now having said that, I must acknowledge that sometimes there are circumstances in the way that I don't know how to address. Six billion people draining the resources and polluting a small planet is one challenge that has defied my best efforts so far. However, there are also unprecedented developments that impart a justification that we could catapult ourselves to new levels of social and personal well-being. We are unraveling the genetic code and have world wide communication. Ironies are abundant.

We trade and share internationally as we destroy thousands of species each year. I don't pretend to have all the answers. But I share the techniques that I have seen effect the most profound results.

TRAUMAS

There are a few categories of energy distortion that can significantly block efforts to change the dysfunctional assumptions. The trauma has a certain specific meaning in Psychological Kinesiology. When a person is subjected to a very painful experience and loses consciousness for some period of time, a lasting energy distortion is left on or around the body. Sometimes the loss of consciousness may be as severe as when a person goes into a coma. Sometimes it is only a brief lapse of awareness. Sometimes the painful experience involves a morbid physical injury. Sometimes it is totally emotional. The techniques that I use involve identifying the existence of the trauma and when it occurred, locating where on the body or energy field the trauma is registered, and finally dissipating the charge while the person visualizes or "relives" the experience. Many problems of severe and/or long duration have been alleviated with this method.

I had worked with a 42 year old businessman a few times regarding relationship issues when he disclosed that he had multiple allergies that had been present since birth. He had recently heard that my methods could cure allergies and asked if his could be healed. This was the first time I had ever attempted to work with allergies from birth and I was cautious about promising him anything. But I told him if he were willing to give it a shot, so was I. In referencing him to his allergens, the trauma mode showed up. As I traced back to the origin of the trauma, the body's responses indicated that it had occurred in utero and had involved his father. I shared this information with him and asked if he knew anything of the circumstances of the home at that time.

He reported that he didn't know specific details but it made perfect sense to him. His father was alcoholic and had been violent since this man's earliest memories, so he was probably terrorizing the household during this man's gestation. The father's behavior had left traumatic energy scars on this person from the womb. Thus, he was born with a severe distrust of the world and a sensitivity to most nourishment including his mother's milk and any foods that were common in the household. He required a spe-

cial soy diet and linen sheets merely to survive these earliest years. Later, after he became more independent and left home many of the allergies subsided. A few remained and some of these were quite troublesome. An allergy to peanuts left a sensitivity that could be triggered by walking by a Chinese restaurant and smelling the food cooking in peanut oil.

I gathered several of the target allergens to work with this man. One of these was raw peanuts. We worked through my algorithm and arrived at the point where he was no longer indicating any allergic response to any of the items. I told him the muscle tests presently showed no more excessive sensitivity to these foods. But I cautioned him to go very slowly if he chose to include any of the food items in his diet since he had had such a long and painful history of reactions. The peanuts were lying on a tray on the desk. He touched one. He picked one up. Here he reported that previously just touching a peanut would set off an allergic reaction. He touched the peanut to his tongue. Everything still seemed to be OK. He put the single peanut in his mouth and proceeded to chew it. Then he grabbed a tissue and spit it out. Now I became worried. This was NOT going to look good if I had actually made my patient sicker! I asked, "Are you all right?"

He calmly replied, "Oh yeah, I'm fine. I'm not having a reaction. I just don't like the taste of these things!"

He had never eaten a peanut. Since then he has eaten a few merely to demonstrate to his family that he was no longer allergic to them.

IS IT MAGIC OR IS IT JUST ME?

A critic of this work might justifiably wonder if there is something I am doing to correct problems that differs from the techniques that I propose to solve the problems. Virtually all of the procedures that I use in Psychological Kinesiology have been taught to others who have obtained similar results. One amusing case illustrates this method in the hands of another practitioner. A therapist whom I have taught worked with a young man who had enrolled as a test subject for an experimental drug treatment for asthma. His diagnosis was confirmed and he was evaluated as functioning at 60 percent of normal respiration. While he was on this program, the therapist used Psychological Kinesiology techniques to clear the man's asthma. When he went back for his next visit with the nurse monitoring the medical study, he was evaluated as having 97

percent normal capacity. At this point the nurse asked him to see the doctor in charge of the program because he had been receiving the placebo drug. The doctor asked if he had taken any other medications during the study. The young man had not but described the PK procedure. At this news the doctor reportedly became angry and dismissed the man from the study. The down side was that the man was no longer getting paid for participation in the experiment. The up side is that the one session of PK eight years ago seems to have cleared his asthma.

For every dramatic healing that has taken place through my hands there have been many more with other healers using these same techniques. This has been an ongoing concern of mine. I consider a procedure valid only when I can teach it to someone else and that person can also achieve successful results. The magic is in the method.

UNIDENTIFIED TRAUMA

At presentations of Psychological Kinesiology to the general public, I usually ask for a volunteer to demonstrate what this approach looks like. At one such presentation that has been preserved on video tape, a young woman named Debi volunteered. She was quite overweight, very chatty, and humorous. As I explored the pattern of organ and energy system strength and weakness, I found a disruption in one of the meridian systems that is typically shown with various types of addictive activities including overeating. Along with this pattern, I found a trauma that had occurred during the second trimester of this woman's gestation. It seemed to indicate that her mother was afraid and confused during that time. I asked Debi what she knew about the pregnancy of her gestation. She replied that she knew nothing. She had been adopted at birth and never knew her biological mother. This is one case that we never found out the exact circumstances of the trauma. However, we were able to dissipate the noxious effects of this particular traumatic experience but it took a little more time and effort. We can make an educated guess that the mother who gave up the baby for adoption very likely had some emotional distresses during the time of an unwanted pregnancy.

DEJA VU ALL OVER AGAIN

Traumas can occur at any time in a person's life. A heated interchange with the boss last month can leave an energetic scar that blocks vitamin C absorption resulting

in a six week bout with the flu. Clearing the trauma clears the flu within a day. A dramatic fight with one's spouse can leave a distortion in a chakra that everyone senses. Subsequently, all other relationships pull away until the source of the disruption is dissipated. A childhood trauma can set up dysfunctional assumptions and imbalanced meridians that last a lifetime if they are not addressed. And as described above, traumas can become implanted in utero.

In addition, when an examiner is tracing the origin of a trauma and is allowing the body's responses full rein to communicate the relevant details, sometimes the path is shown to a trauma that ostensibly occurred prior to conception. If the therapist then proceeds as usual following the dictates of the kinesiological responses, the details of the trauma can be ferreted out and the emotional charge dissipated. The symptoms that were connected to this trauma typically subside. This type of trauma is treated like any other with some minor adjustments. The client usually cannot be of much help in recollecting information. But this is, likewise, often true of traumas from the gestational period. Also, some clients may not be as open to addressing a problem that had its origin in a previous lifetime. For the first consideration, we just don our Sherlock Holmes hat and sleuth our way to enough pertinent information to get to the crux of the traumatic issue. The body's responses will let us know when we have an adequately fleshed out picture. Regarding the latter complication, we must agree that there is no way to conclusively prove the existence of a previous lifetime. Reincarnation is a sticky wicket.

The best studies regarding reincarnation are those in which a person spontaneously reports a previous life experience with or without the assistance of a consultant or facilitator. This lifetime is from a relatively recent period like the 19th century or early 20th century. The client has had no overt contact with the geographical area in question or with the culture or details of the other lifetime. And upon thorough research, records are found which confirm the information that emerged from the subject. Such cases exist. However, these data still do not conclusively prove reincarnation nor do they prove that the person today is the same person that lived in the past. The evidence supports these theories. But an alternative explanation could be that this person today was able to tap into the information about that life in the same way that telepathic experiments have shown that some individuals are

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able to receive information along other than ordinary channels. In defense of the reincarnational theory, the spontaneous subjective report usually includes the feeling on the part of the subject that he or she WAS that person of the prior life. It feels like a first hand experience. The subject is not an observer but the central participant. Still, a cautious researcher must acknowledge that this does not prove the theory without reservation. In the true spirit of scientific exploration, one never conclusively proves anything!

In terms of practical necessities, one can still use this phenomenon whether the practitioner or client believes in a reincarnation explanation or not. At times, I have used the term "protometaphor" to describe the story that emerges that is related to the traumatic mode that registers from the Psychokinesiological assessment. The emotional charge can be released in the same way that one can release the charge from a disturbing dream. Gestalt therapists often ask the client to relive a nightmarish dream to discover its meaning and release its hold. If one has a dream that he is attacked by pirates and made to walk the plank, it is not automatically presumed that this person experienced those events in waking life in this lifetime or any other.

One can embark on a lengthy ontological debate as to what constitutes a person's true being. We shed cells from our bodies continually and we still maintain a stable sense of identity. If one has a finger amputated there may be no serious detriment to the sense of self. But what about losing an arm, or the function of all limbs in a quadriplegic state? What about losing a talent or a mental faculty? Some feel no longer whole at the loss of certain attributes. But most maintain a stable sense of identity right up until the dissolution of the body, and as we have such poor communication channels with those who have crossed over (or ceased entirely), we don't have clear data from that perspective.

However, if the sense of identity is not the body and the person living today experiences a sense of self with the lifetime of a previous era, what else is required? One potential finding that could throw a wrench in the works of this theory would be two or more people living today claiming to be the same person from a previous life. This is presuming that an individual truly is "in-dividual," i.e. incapable of being divided. But to my knowledge, no such reports exist. There are, of course, the infamous jokes about numerous psychotic people thinking they are all Napoleon or Cleopatra, but the reports that emerge from seri-

ous reincarnation research usually describe unknown, obscure people in prior eras. Actually, this makes statistical sense. Most people of any era are not famous.

Regardless of the outcome of the empirical studies, a kinesiological practitioner tracing the roots of a trauma may be confronted with a scenario that has its setting in a previous time with a different central character that is presumably the present subject in a different role. But the theme of the trauma will be symbolically related to the present problem. If one follows this theme to its conclusion and dissipates the emotional charge, the current dilemma can be resolved. And this is usually the main concern of the client at hand.

EL MUNDO ES BUENO

People who speak more than one language have a curious phenomenon to consider when sorting out these dysfunctional assumptions. A troublesome belief may be stored in one language but not in another. I have had the honor of being able to work with many examples of multilingual people to see these patterns emerge. In Texas there are many Spanish and English speakers. While in Europe I encountered a number of people who were fluent in five or six languages. And in Hawaii, there is a significant faction that speaks Hawaiian and Japanese as well as English. Consider the following hypothetical situation. This example is actually a synthesis of various cases with which I have worked.

A boy was born in Spain and grew up in a household where he was loved and his needs were provided but he was never encouraged to develop independent activities and his efforts to mature were stifled. During his teenage years he studied English and upon graduation from high school went to study in a British university. Here he enjoyed some pleasant relationships but the work was extremely demanding and at times overwhelming. He studied French among other subjects and eventually obtained his degree and moved to France for his first job where he was reasonably successful and well recognized. However, his home life was not so joyous. He had married a French woman and had three children, but after eight years of a stormy marriage, his wife left him, taking the children and most of his money.

When this man shows up at the therapist's door, his emotional entrails are figuratively dragging on the floor. When testing for dysfunctional assumptions, it is found

that when he speaks Spanish, he weakens upon stating, "Yo soy un hombre." (I am a man). But he can maintain his strength when he affirms that the world is good or that men and women love each other in Spanish. In English his muscular responses indicate that he accepts the belief that he is a man and that men and women love each other, but he weakens upon stating in English that "The world is good." In addition, he strengthens upon stating that "Men must struggle and suffer to succeed." In French, he is strong when stating that the world is good or affirming that he is a man but he weakens upon stating that men and women love each other, or especially that women are kind to men. Furthermore, he actually shows a strong response when stating in French, "Les femmes abandonnent les hommes," (Women abandon men).

Finding and correcting these dysfunctional assumptions must be done within the relevant language. It is not imperative that the therapist be fluent in the language. One can guide the client in terms of what to say and the client can translate. I have even worked with clients who did not speak English (my only truly fluent medium) by having a third person serve as translator.

A DOG NAMED BEAR

While leisurely driving into work one morning along a winding country road, a big black dog suddenly bolted in front of my car. I reflexively hit the brakes and slid but was unable to completely stop before the front bumper hit the dog broadside. I had decelerated enough that the impact only knocked him sideways without injuring him. However, the incident terrified the dog who was in one moment playfully running and in the next moment was struck by a large metal beast. The panic stricken animal ran back to the safety of his yard. I had gotten out of the car and was running to check on the dog and what I observed left a profound impact with me. There were three other dogs in the yard and when the frightened, yelping big black dog ran into the yard the others immediately attacked him, aggressively barking and biting him. The owner came out and pulled them off. He was as astonished at their behavior as I was. He said that they had never done that before. The big black dog whose name was "Bear" had never been treated this way. The rest had always gotten along well with Bear.

As I have grown to appreciate the potent and pervasive workings of subtle energies, I have developed an apprecia-

tion for some of the more puzzling interactions among living creatures. A being who is injured or emotionally distraught becomes a toxic energy source. He is draining and distorting to his fellow creatures. If one is strong, healthy, and empathic and has a former relationship bond with the injured creature, then there may be a nurturing response. However, if one does not feel powerful enough to withstand this disturbance, especially if one has little positive history, an attack response is certainly understandable. The motivation is to quell this noisy, toxic disruption. A human example can be drawn from the infamous case when General George Patton slapped a soldier who was overwhelmed with the stress of combat.

YOU ARE WHOM YOU HANG OUT WITH

Many things impact our condition of health. The food we eat, the work we perform, the chemicals in our air, water, and soil, the Sun's radiation, the music we hear and the thoughts we ponder all affect our state of being. We can be augmented or decremented by conscious choices or serendipitous encounters with a broad range of factors. One of the most powerful contributors to anyone's well-being is the other people in one's social environment.

A demonstration of Psychological Kinesiology that I frequently include in my presentations involves showing how one person's energies affect another's. An examiner can test the meridians or specific muscles of a volunteer subject "A." Let's say we find an imbalanced liver meridian that shows as a weakened left pectoralis major sternal muscle. Then we procure a second volunteer "B" who shows no problems with the liver meridian or any of the associated muscles. We ask the two subjects to hold hands or otherwise make physical contact. Upon subsequent retesting we find subject "B" now has a weakened left pectoralis major sternal muscle. And we find that the same muscle in subject "A" is strengthened. This demonstration is usually quite surprising to the participants and the audience. I reassure the participants, especially subject "B," that this is not a permanent condition. When they release contact the muscle tests show their original pattern.

The people with whom we interact can make or break us. The closer and more intimate relationships will have the greatest influence but even casual relationships that are enduring can have their effect. If one is surrounded by healthy, happy, motivated people, great things can be accomplished. But if our relationships consist mostly of the

sick, the depressed, and the failing, it is the social equivalent of junk food. Look around and objectively note the well-being of those with whom you share the home, especially the partner(s) with whom you share the bed. It brings a whole new meaning to safe sex to know that biological energy crosses boundaries of skin and condoms and even space to some extent. Now evaluate the social environment of your workplace. Are your co-workers healthy specimens? How about your clients? One stark realization that emerges is that most any healing profession can be an extremely risky business. Now evaluate how you feel at the end of the workday and at the end of the work week. Do you feel a sense of pride at a job well done? Do you genuinely enjoy the people with whom you spend your professional time? These are crucial questions to address.

LIFE AND DEATH

One of the more unusual circumstances from the point of view of the general prevailing understanding of health, life, and death, involves the presence of a foreign energy pattern. I have on occasion called this a parasitic personality structure. It can also be described as a discarnate entity, a deceased spirit, or a dead person that has not made a complete transition. Typically, it is a family member or other loved one with whom the living person had a close bond. The common situation is when the living person is physically near someone who dies or has recently died and the living person is in a state of reduced consciousness. This can be as a result of intoxication from alcohol or other drugs, general anesthesia, or from shock at witnessing the person die. When a person is in such a state of reduced consciousness the energy field becomes more vulnerable and open to such an attachment from a discarnate. When a dead person's entity gets stuck in the living person's body, it is always to the detriment of the living person. And it seems to be to the detriment of the deceased person as well. Dr. Edith Fiore in her book, *The Unquiet Dead*, describes this phenomenon and the consequences of having such an entity attached to a living person. She stresses that she considers the deceased as her primary client and she works to assist this discarnate person to go on into the spirit world. When this is accomplished, it invariably helps the living person as well. Another serious work on this topic is *Entities: Parasites of the Body of Energy* by Australian Dr. Samuel Sagan. He emphasizes the energy draining quality of the entity and how it can direct the host

toward addictive and other destructive activities.

It is important to emphasize that we are not talking about demons or devils. A way that I use to explain to clients what this entity that did not make a complete transition is like is by comparing it to a homeless person. He or she is not intent on doing evil to anyone. Sometimes they are afraid or angry and oftentimes very confused. Those who work in settings where people often die or have recently died are particularly susceptible to having a discarnate attach. This applies to the personnel, patients, or visitors of hospitals, especially large hospitals with emergency rooms that receive people that have been injured suddenly, or hospitals that perform many complex operations, and where the death rate is high. Of course, places like wars zones and morgues would fall into this category.

Furthermore, a person who uses alcohol and other addictive or powerful drugs and associates with other addicts increases the likelihood of picking up a discarnate. Sometimes a person may go into a hospital for a fairly routine operation like an appendectomy and while under general anesthesia picks up the discarnate entity of a person that just died in the emergency room subsequent to a car crash a short time before. Avoiding the more extreme places of death and refraining from using drugs will reduce the chances of picking up an entity, but one must also be alert to sudden changes in health, behavior, or mood. Subtle energy assessment techniques can assist in identifying the presence of such a being and steps can be taken to remove it.

What follows are two reports in the clients' own words that serve to illustrate how entities can become attached, how they affect the well-being of the host, and how they can be released. In both cases there emerged information of which the client was not even aware but was later confirmed by other sources. And in both cases there was a marked improvement in the lives of the subjects.

In the first, the client's deceased father was attached to her. As is common when a discarnate is present, there can be numerous problems that are seemingly unrelated. The entity pulls down the overall energy and well-being of the living person. It can even precipitate life threatening diseases.

HOW OLD WAS FATHER?

When I first heard about Dr. Whisenant's work, I knew nothing about psychological kinesiology. It was very diffi-

cult for me to believe that simply through a series of muscle tests the body could actually communicate information that would be invaluable for restoring its own healing, either physical, mental, or spiritual.

I had purchased his book because I had hoped to unravel the mystery of why I could never manifest the quality of life that I yearned for—one that included a job that I truly felt passionate about, a loving and caring relationship, financial security, a community of supportive friendships. My ultimate desire was to start experiencing an abundance of joy. My life at the time was so far removed from all that. I had recently divorced, I was still recovering from cancer, I had moved to Texas six months earlier, couldn't seem to find the right job for me, and my financial situation was at its worst. I felt so much like some of the patients Dr. Whisenant described in his book *Psychological Kinesiology*. "The energy of an individual," he postulated, "can be so negative that it creates a negative field around that person causing even inanimate objects around that field to break down as well."

After reading his book I was almost certain that he could help me. Certainly his theories on dysfunctional assumptions made sense to me. However, I was still a little skeptical about the kinesiology end of it.

...My skepticism was quickly dispelled. During one of the sessions, as he "tuned in" to my body, he unraveled a series of events that were somehow creating some kind of blockage that was keeping me from "moving forward." As he performed the muscle tests he would verbally relate to me: "Someone close to you died when you were around 12 years old... This person was a male...played an important role in your life...more than likely your father or a father-figure...possibly 50 years old..."

I was shocked that he could tell all this. I was impressed with all the additional data that was retrieved because he was really on target with so much. Still I thought, we did have mutual friends and maybe somehow he may have received this information from someone else. My father had died when I was twelve but he really died at age 36 not 50. Yet, as he continued with the session, more and more facts about my life emerged that I had really kept secret from all my friends. This was really making quite an impression on me.

That afternoon I visited with my mother and related all that took place during the session. So much about my childhood memories had been stirred up. I really wanted

to discuss this further with her. When I told her about what Dr. Whisenant said about my father's death at the age of 50, she concurred with him. Apparently, my father had been much older than my mother. When he died I remember my mother being 36 years old at the time. I must have deduced as a child that he was the same age as she. Also, the only picture I had ever seen of him was that of a younger man.

My skepticism ceased after that and I continued working with Dr. Whisenant. It's been a few years since then. My life has really turned around so much. In the last year or so I have accomplished so many of my goals. I am happily married to a partner that is very caring and so supportive, I am a nutritional microscopist and have opened an herbal store that is seeing steadily increasing profits. I am doing what I love to do and am experiencing the most joyful existence. I have certainly worked on many aspects of my life using many and varied modalities. However, I do most assuredly realize that the basis of my emotional and physical healing was the work performed by Dr. Whisenant.

Even prior to releasing the discarnates, this woman appeared to function pretty well. An overt, objective observer would have seen a bright, socially adept woman that was reasonably successful in life. However, she discloses her ongoing frustration from that earlier period that she had not been able to realize true joy and fulfillment in her life. This has apparently shifted dramatically for the better since the removal of the extras.

In the following case, the person describes in colorful detail the subjective experience of encountering the discarnate, the dialogue, and the subsequent departure, as well as the nuances of her physical and emotional experience during the episode. A Psychological Kinesiological assessment can guide the client and practitioner as to the best means of intervention. In this case, the body's responses indicated that a series of essential oil baths would help release the discarnates. Another salient point to emphasize is that prior to this work she did not even know of the existence of this relative that had become attached to her subsequent to his death. The name has been changed to preserve confidentiality.

FATHER'S COUSIN

January 1994

During a routine "scan," Dr. Whisenant discovered that

an entity was attached to me that had probably been there since early childhood; he asked if I had had any weaknesses or diseases at that time. I replied that I had scarlet fever when I was five years old. With further checking, he determined that the entity had originally been attached to my father for awhile, then it slipped over to me during my illness. He asked if my father had a male relative that he had been close to at one time, perhaps an uncle or cousin, that had died during that period. Because my father is an only child with few relatives, I knew that it was no one that I knew. His father had died much later in my life; the uncles were all accounted for; and my dad had only a female cousin. Dr. W. was certain about his findings, so on a whim, I called my dad (in a time zone five hours away) and caught him at home. I did not tell him what I was doing—only that I wanted to know about any of his family members that had died when I was young. At first, he confirmed what I already knew. Then, he casually mentioned his cousin “Weldon,” who had died when I was very young. I told him I didn’t even know he had that cousin; I was especially shocked, because my dad loves to tell stories, and he had never mentioned Weldon or told me the story I was about to hear.

Weldon and my dad were good friends and playmates growing up. They spent a lot of their childhood together. As they grew older, they saw each other less, until they lost track of each other. My dad finally saw Weldon under less than desirable circumstances: Dad was a corpsman (medic) in the navy and was working in the infirmary on base in Ft. Worth when Weldon was brought in for routine examination following his capture from being AWOL. It was an embarrassment for both of them. That was the last Dad saw of Weldon. Weldon fell into bad company and was eventually involved in small-time organized crime. He was apprehended by the authorities and offered a deal for “ratting” on his former associates. During a police raid on a cockfight where Weldon was pretending to be still involved in his former lifestyle, he was shot and killed by one of his associates who had figured out that Weldon was the “rat.” Weldon was a young man at the time, and his wife was left a widow whose fate was unknown to my dad.

My dad told me this whole story over the phone that day, much to my astonishment. Then Dr. W. began to work on me to determine how to facilitate the “moving on” of this entity that had died so suddenly and violently, and was so reluctant to accept his death and spiritual evo-

lution. The recommendation was to take special soaking baths for a half an hour each on three successive evenings. The baths were to contain apple cider vinegar, a rose quartz crystal, and a specific mixture of essential oils, including orange, lavender, and cedarwood; and I was to immerse my entire body, except my face, in the water. I was also to speak (psychically) to the entity (or entities, as it turned out—Weldon’s wife was present also) and encourage the moving on with firm compassion.

The first night, the bath was incredibly uncomfortable. The oils seemed extremely pungent, the water too hot—and I felt increasingly angry as the half-hour passed. I spoke gently but firmly to him, explaining that he was doing no one any good by remaining on this plane of existence. I felt a very strong sense of Weldon resisting my presence, outraged that I was challenging his presence, and completely unwilling to leave the place that he had occupied for so long. As the bath came to a close, I felt as though the vinegar was tingling on my skin, and I was not enjoying it very much. I was exhausted and nauseated for the next forty-five minutes after leaving the water.

The second bath felt a little less uncomfortable, but still not pleasant. I was aware of Weldon and his wife waiting for me, wary and cautious. They were curious to hear more about what I had said to him/them the night before. I patiently explained what had happened at the end of Weldon’s life and repeated what he needed to do in order to go on to his next level of existence. They seemed to be a little sad at the end but not yet decided about what to do. I was physically aware of tingling again and had the sensation that a lot of anger was leaving my body through my pores. The time seemed to pass much more quickly than it had the night before. I was still exhausted at the end and felt like only a good night’s sleep would restore my energy.

The third bath can only be described as remarkable. As soon as I was settled in the bath, I had an impression so powerful that it was visual: Weldon and his wife were ready with their “bags packed” to go on. They were sad, a little scared, but reconciled with the new reality. Immediately, my field of consciousness was filled with many benevolent spirits who had arrived to help Weldon and his wife on their way. The responsibility for their well-being was no longer solely in my hands. There was a crescendo of joyful noise and some confusion and then silence—everyone was gone. For the first time, the bath was aromatic

and comforting. The half-hour had passed very quickly and I was relaxed and refreshed when I left the water.

After a few days, I returned to regular activities, aware of a lightness that had not been there before—as though something had been healed or lifted that I had not previously known needed healing or lifting. Over the next six weeks, I lost a significant amount of body weight, gave notice at a job that had become increasingly oppressive, and met the man I would eventually marry and have children with (a lifetime desire). The shift was both subtle and powerful. Now, whenever I feel heavy or ill, I always seek assistance to make sure no one is “hanging around” that shouldn’t be!

She realized her “lifetime desire” of giving birth at the age of 42, an age when women are often concerned about the biological clock. So what do you do when time is short? You double your efforts. She gave birth to fraternal twin boys. Since they were non-identical twins, it means that she produced two viable eggs that were fertilized in one cycle. The boys are robust and healthy and the family is extremely happy. Now that her energy systems no longer had this albatross dragging down and distorting her plans and visions, the universe was quite willing to let her dreams unfold.

FINANCIAL AND SUCCESS ISSUES

Dysfunctional assumptions not only affect our physical and emotional health, they can block our achievement of business success or relationship harmony. A woman in her 40s with an objectively successful business worked with me toward a goal of increasing her income. She had been bringing in approximately \$5,000 per month for a few years and had difficulty getting it above that plateau. Her husband also brought in a good salary and their children were all grown so they lived well. This was several years ago on the mainland so the money had even greater spending power than would be true in Hawaii at the present. However, she stated that her goal was to make \$10,000 per month. This woman already took excellent care of her health, her diet, her exercise regimen, and her relationships. And she followed my instructions specifically to change the assumptions that she had been carrying that were blocking her manifestation of wealth. Forty-five days later she showed me a commission check for \$8,000 that brought that complete month’s income up to \$15,000. She has been consistently above \$10,000 per month ever since.

A profession that involves commission has much room for upside development toward increased prosperity. How about a person in a salaried position that is fixed by government standards? A Marine in his late 30s has been a diligent pursuer of self improvement. He focused his efforts on prosperity with the techniques of Psychological Kinesiology. About a week later he was hit by a pickup truck. On the surface this would seem to be one of those incidents in which apologists might attempt to rationalize that he was going through an adjustment reaction or getting rid of toxicity. However, no one in either vehicle was injured in the slightest. The insurance company totaled his car and bought him another which he described as “This is the nicest car I have ever owned!” A short time later, his landlord called from Florida and told him he no longer wanted the house that the Marine was renting. Did he want to buy it? Though our Marine was interested in becoming a property owner, especially in Hawaii, he replied that he didn’t believe he could afford it. The Florida landlord said he really didn’t want this property anymore, didn’t want to hassle with real estate brokers in another state, and was willing to work something out. How about letting all the rent that had been paid in be the down payment and just pick up the mortgage payments now which are equal to the rent payments? So now the Marine is a homeowner with increased tax advantages and because the Marine Corps has a different pay schedule for homeowners, he is drawing more take home pay. When one’s energies and assumptions become aligned toward a particular goal the universe is quite willing to accommodate.

One can have an income and financial holdings than are enumerated by seven or more figures and still feel the wolf is at the door. Or one can have an income that is quite modest but feel that all the needs are abundantly supplied. Further, a ten percent increase can feel quite different to those who start at different strata. Alternatively, a person may move from having no income to a salary of \$1000 a month that pays all the bills and feel quite prosperous. A percentage increase cannot be meaningfully calculated in this case.

At another level of success experience was a man whose company was bringing in about three and a half million dollars a year. He was working long hours, and not being very happy with his lot. He did not have assumptions that he could not achieve wealth. And he actually enjoyed the success of the business. But he had a dysfunctional assump-

tion that, "One must struggle to succeed." In his own words, "My biggest thing was thinking I had to be the first one there and the last one to leave, or my employees wouldn't respect me and work for me. I didn't think that success would come to me unless I was beating my head against the wall, so to speak."

We worked together for a little over a year and in that time his business expanded to an excess of 4.4 million annually. Initially, getting to our sessions was a real challenge to his basic dysfunctional assumptions because he had to take a whole day off work and drive 400 miles round trip to work with me. The results soon convinced him of the value of the work. But most importantly, he retired at the ripe old age of 41 and with his wife and daughter, they bought a ranch in another state and have been enjoying the success of the company from afar. Plus, the past three years have been the best ever for the company with revenues in excess of 5 million each year. Another feature of this man's story involves his interest in body building. Prior to our working together he had the assumption that he didn't have enough time to work out. Now he spends as much time as he wants in the gym or on any other self improve regime.

The experience of wealth and success is not keyed to absolute numbers so much as to the individual's perception of that situation.

HEALING FROM TEXAS TO CANADA

In his recent book, *Healing Words*, Dr. Larry Dossey has documented the long range effect of prayer, visualization, or intentionally directed healing. Dossey builds on his earlier work where he surveyed the abundance of data that supports the action of non-local causes in healing. The existence of these dimensions is inescapable. My work has been aimed at developing the technology for working within these realms. What follows is one of the more extreme examples that I have experienced first hand.

I had worked with each of four members of a family that had moved to Texas from Canada. The adult daughter still lived in Canada but I had seen her a few times to help her stop a smoking habit. This was successful. However, she worked with a boss who still chain smoked and this was quite an irritation, especially for someone who had recently quit. The young woman liked the job and the boss but was hesitant to broach the subject for fear that she might alienate her boss or even lose her job. At the

request of her mother we coordinated a healing session where I worked on the mother in Texas while she was visualizing the daughter with the aid of a large portrait photograph. At the same time the daughter was alone and assuming a stance of quiet receptive meditation in Canada. I worked on the mother's energy patterns until we cleared the dysfunctional assumptions about the smoking issue and lack of support from relationships. The following week after completing this session the mother reported to me after having phoned the daughter that the boss had been away on a business trip so the problem was temporarily gone. The next week the mother reported that the boss had returned from the business meeting and had quit smoking! Both of us were rather amazed.

I have had previous cases where we worked to correct dysfunctional assumptions and problems were resolved in an expected manner. However, this case represents one of the more unusual outcomes. I, the therapist, worked on the energies of a second person in Texas aimed at a third person in Canada. Subsequently, the behavior of a fourth person changed in Canada resolving the problem. Go figure!

TO BOLDLY GO WHERE NONE HAVE DARED

Applied Kinesiology with its offshoot Psychological Kinesiology is an extremely flexible system. Remarkable assessments and healings have been effected by the techniques already developed, and other refinements will continue to unfold. There are currently no prevailing, acknowledged theories of psychology, psychotherapy, or personality development that can account for these results. I know. I teach psychology courses at the university level and maintain a continual review of the literature in this area. I had no way of knowing from other sources about the age of my client's deceased father or of the existence of the father's cousin in the other case. The women themselves didn't have this information consciously available. Plus, what is the means by which the boss of the daughter of the woman I was working with in a different country quit smoking? The generally accepted psychological theories cannot explain these phenomena. The data are too overwhelming and too numerous to ignore. We are clearly seeing the type of data that herald the revolution of a new paradigm.

The explanatory theories must go beyond Newtonian physics that conceptualizes the world as an elaborate machine. Instead we are faced with a world that is an elabo-

rate thought in which we each play a role in the shaping of the vision. Certain ideas from quantum mechanics may offer us some assistance. Rupert Sheldrake's morphogenetic field theory offers fertile models. An unbiased evaluator cannot consume the last ten years of the *Journal of Parapsychology* and continue to deny the powerful effect of these subtle information and energy transfers. It is a little ridiculous to live one's life as if these phenomena do not exist. Just when we became accustomed to thinking in mechanical terms, we were forced to deal with the unique behavior of energy. And then just as we were coming to grips with working with energy exchanges, we are confronted with informational transfer that defies the principles of energetic movements. We don't have the final map of the territory. Perhaps we shall never have one. But we have some guidelines and general directions. And we are assured that the journey will be unprecedented and thrilling.

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