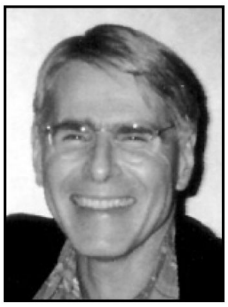
Understanding Switching in the Body and the Brain
What Does It Mean?

by Dr. Charles T. Krebs



Abstract
The concept of *switching* has been around in kinesiology since its early days, but few kinesiologists have an in-depth understanding of either the nature of switching or the different types of *switching*. The original concept of switching came from Applied Kinesiology or AK. In the AK model, *switching* was perceived as neurological confusion, usually related to cranial imbalance. In later Kinesiologies, *switching* was perceived as a polarity problem so that when switching was "on-line," there was a reversal of the body's polarity, and this reversal of polarity led to a reversal of signals sent out to the body, and a reversal of mental orientation. So if a person was switched, they would often point to the Right as they said turn Left. Likewise, when a muscle on the top part of the body was sedated, it would switch off the homologous muscle (muscle that does the same function) in the lower part of the body.

From a neurological perspective there are two distinct types of switching: 1) A cortically based Projection Switching, and 2) A brainstem-limbic based *Survival Switching*. *Cortical Projection Switching* is more superficial and results from "stress," either physical, emotional or mental stress, causing a reversal of the output of cortical processing such that sensory input correctly processed in a specific cortical area is then "projected" to the wrong, and usually opposite part of the body; or the brain reverses its orientation relative to the body, e.g. confusing right and left. This *switching* is normally transitory, and only exists for the duration of the stress, e.g. you're very tired one day and *switched*, but well rested and not *switched* the next; or the emotional situation stressing you one day has been resolved the next day so you are no longer *switched*.

In contrast, *Survival Switching* is a much deeper level of *switching* caused by psycho-emotional factors that exceed your personality's ability to cope. You cannot live long in a non-coping state, so the subconscious must do something to survive psycho-emotionally. It must somehow reduce stress levels to allow your personality to cope with your life's circumstances once more. This *Survival Switching* occurs deep in the brainstem and limbic areas involved with survival, and since these areas are totally subconscious, we are unaware of their existence. However, once a survival program has become *switched*, it totally controls our overt behaviour, particularly in stress situations, because the survival system neurologically fires first before conscious cortical areas are activated.

How these types of switching can be accessed using Kinesiology, what they are neurologically and what they mean behaviourally is fully discussed below.

Introduction
The concept of *switching* or neurological confusion in body and brain processing was originally developed by Dr. George Goodheart in Applied Kinesiology (AK). Even though the *switched* behaviours have been observed for a long time, there had been no coherent explanation for these "confused" behaviours. For instance, all kinesiologists are familiar with the phenomenon of someone saying – "Turn right!" while pointing vigorously to the left, or when you ask the client to lie down on their back and they lie down on their stomach instead, thinking they are doing exactly what you asked them to do. These are clearly confused *switched* behaviours.

From the perspective of AK, this neurological confusion was the result of cranial faults that then perturbed the neurological flow to or from the brain. When the cranial fault was corrected, the associated *switching* was observed to disappear in most cases. In later Energetic Kinesiologies, switching was considered an energetic polarity reversal that then resulted in neurological confusion. When this energetic reversal was corrected by stimulating specific acupoints, such as Kidney 27s, the associated *switching* disappeared, and the person would now say, "Turn right!" and point to the right.

It was not until the late 1980s that a new concept of *switching* appeared. Hap Barhydt proposed that there was a deeper level of switching associated with the phenomenon of "transposed hemispheres." With "transposed hemispheres" people demonstrated Logic functions in the right hemisphere and Gestalt functions in the left hemisphere. This is the opposite of the majority of people whose Logic linear, sequential and analytical functions are located in the left cerebral hemisphere, and Gestalt visuo-spatial, simultaneous and global functions are located in the right cerebral hemisphere. However, in the 1980s many Edu-K practitioners, including myself, observed that up to 30 % of people with learning problems demonstrated a transposition of the location of Logic and Gestalt functions as determined from muscle monitoring.

This was puzzling to me, as based upon my research, only non-right handed people, that is ambidextrous and left handed people, have truly transposed Logic and Gestalt functions. Non-right handed people actually do have their Logic functions predominately located in their right hemisphere, and their Gestalt functions predominately located in their left hemisphere, and thus do test as having "transposed hemispheres" from the perspective of the majority, the right handed people. All right handed people, 90% of the population, have Logic left, and Gestalt right. From neurology we know that only 10% of the population is non-right handed and only 2% to 3% of the population have their language centres located in their right cerebral hemisphere. So how could kinesiology show 20% to 30% of children with learning problems to have transposed hemispheric function?

What Hap had discovered is that when he corrected switching in a novel way – by holding the AK Law of Five Elements Navel Mode, that is holding all five fingers around the navel, and then simultaneously rubbing the traditional electromagnetic switching points, Kidney 27s for Right-Left Switching, Governing Vessel 26 and Central Vessel 24 for Top-Bottom Switching and Governing Vessel 1 and Central Vessel 8 for Front-Back Switching, the apparent "transposed hemispheres" suddenly reversed and were now "normal" with the Logic left and Gestalt right. He termed this new type of *switching*, Deep Level Switching, as it was clearly a different type of switching from the more superficial confusion of orientation. Also, normal Superficial Switching was usually transitory, being present during states of stress, but absent other times, and for most of the people being absent most of the time. In contrast, this Deep Level Switching was very persistent, and would be present constantly over time until it was corrected.

When I applied Hap's new Five-Finger Quick Fix to my clients demonstrating Deep Level Switching, indeed all except a small percent suddenly showed reversal of the location of their Logic and Gestalt functions. With few exceptions, children demonstrating this Deep Level Switching usually showed the most severe Specific Learning Disabilities (SLDs), and a common pattern of developmental delay. Most of these children were delayed in the development of language to some degree, took longer than average to understand the concepts of time and colours, and usually had difficulty with concentration, staying on task, and problems with maths. Furthermore, when I made kinesiological corrections, these corrections very often did not "hold" and had to be repeated a number of times, and then were often still not stable. In contrast, other children with similar SLDs, when treated with exactly the same corrections, consistently held these corrections and progressed normally through my LEAP program for correcting SLDs.

I then discovered another way of activating this Deep Level Switching using Applied Physiology formatting, and found when this was entered into circuit and corrected by identifying the underlying psycho-emotional issue and causal age, which was usually between one and a half and five years of age, this Deep Level Switching disappeared in the "clear" and did not return except in a small percentage of cases. Once this Deep Level Switching was corrected, these children then progressed normally through the LEAP program; so clearly correcting this Deep Level Switching was important for long-term results with these children. I also observed the same phenomenon with adults who had difficult issues that just did not resolve with my usual treatment procedures – with few exceptions, these people demonstrated Deep Level Switching, which once resolved, permitted on-going resolution of their original problems.

But what is this Deep Level Switching and why did the person's subconscious create this "problem" in the first place? The answer to these two questions and a full understanding of the phenomenon of switching has taken the last twenty years of my life.

The Neurology of Switching

As pointed out above, switching comes in two distinct forms: Superficial Switching and Deep Switching. However, the neurological substrates of these two types of switching are totally different, as are their effects upon your function and behaviour.

Superficial Switching:

Superficial Switching results from how the brain processes sensory information. All sensory input starts as a nerve impulse at a sensory receptor, and then goes via the peripheral nerves to the dorsal root ganglia of the spinal nerve just outside the spinal segment receiving that spinal nerve. From there the axons of the dorsal root ganglia go up the spinal cord to the thalamus. Relay neurons from the thalamus send the nerve impulse to the area of the cortex, which then processes these impulses and turns them into a conscious perception of that sensory experience. However, this conscious perception is not perceived as being located in the head, but rather is "projected" mentally back to the receptor that originally fired.

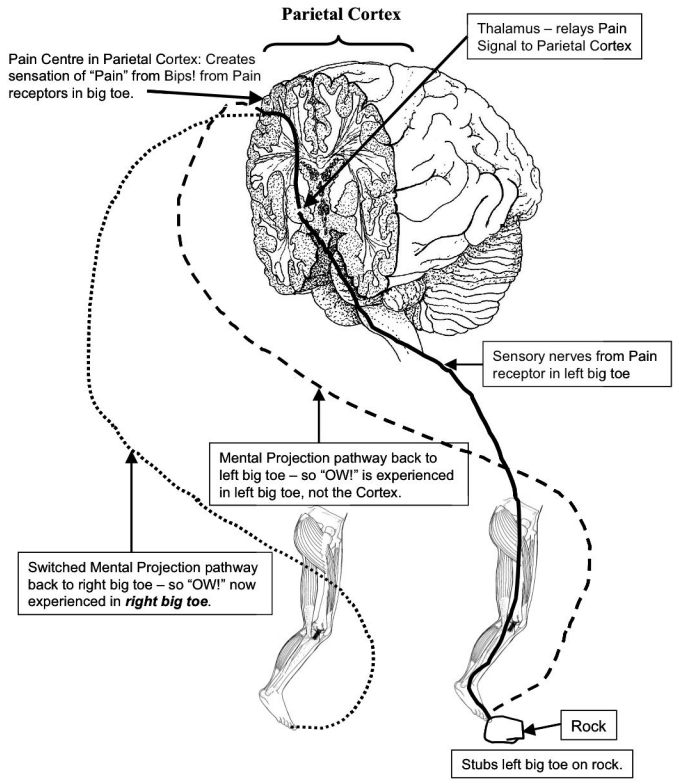
To understand sensory processing, you first have to understand that all nerve impulses are identical no matter what receptor creates them. Thus, the Bip! (sound of a nerve impulse) of the photophore in the retina, the Bip! of the hair cell in your inner ear, or the Bip! of a pain receptor in your toe are the same until they reach the primary sensory cortex where each Bip! is then interpreted as the type of sensory experience processed by that part of the cortex. Thus when a Bip! arrives at the part of the parietal cortex processing pain, the conscious experience is "pain." So pain Bips! go to the pain association cortex of the parietal lobe and elicit the conscious sensation of pain.

A simple example will clarify what may seem a very complicated system. When you are walking along and suddenly stub your left big toe on a rock, the nocioceptors (pain receptors) in your big toe fire a stream of nerve impulses up the peripheral nerves to the spinal nerve where the Bip! Bip! Bip! is relayed into the spinal cord and up the spinal cord to the thalamus of the brain, from which the Bip! Bips! are once again relayed to the association area processing pain in the right parietal cortex. It is only in the parietal cortex that the OWWW!!! – the pain of stubbing your toe – actually exists. However, people do not say, "OWW!, OWW!, my right parietal cortex hurts," but rather, "OWW!, OWW!, my left big toe hurts!"

Why? Because the OWW! is "projected" mentally back to the pain receptor in the big toe that created the Bips! in the first place. The same is true of all other senses. So when I look at you, the "you" I see out there is merely a "projection" of the "you" created in my occipital cortex from Bips! from my retinal photophores (light-sensitive cells).

This is the basis of Projection Switching. Information enters the brain from a receptor, is delivered to the correct cortical association area to be processed, is processed correctly to create the conscious perception, but is then incorrectly projected to the wrong place in the body, or the wrong place with respect to the body orientation. For example, I mean to tell you turn right, and when I mentally referenced my body orientation, my right was correctly referenced as my right side, but due to a polarity reversal in my orientation, I find my mouth saying, "Turn left!". I may immediately recognise my error, or be totally unaware I said the wrong direction. (See Figure 1 below)

Figure 1. Schematic Diagram of Projection Switching. Note solid line is nerve pathway to cortex, and dashed lines are Mental Projection pathways back to receptor: — Normal; ……*Switched.*



An excellent real life example is the following: I was once sharing a house with several people, and one morning one of my housemates came out of her room and said, "Charles, this is really strange. I've just woken up. I can see from the welts on my left arm that I have been sleeping on my left arm, but it feels normal. It's my right arm that is asleep. How the hell could that happen?" I told her to massage her Kidney 27s, which she said were indeed tender, until the sensitivity disappeared. This took only 30 to 40 seconds. She then said, "This is weird! As the tenderness of the points disappeared, suddenly my right arm felt normal and now my left arm has needles and pins."

What this demonstrates is the true nature of brain function, which is to project back to the source of stimulation the nature of the experience the brain is having. In this case the sensory receptors in her left arm were sending a stream of impulses to areas in her right parietal cortex that then interpreted this as a feeling of needles and pins. In the normal course of events, it would have correctly projected this sensation back to her left arm. But due to confusion on the part of the brain, a polarity reversal, the signals of the feeling were switched and projected to the wrong side of the body; so she was consciously feeling the sensation in the wrong arm.

This illustrates how the brain references itself and may become confused with respect to itself. Right becomes left, top becomes bottom, and front becomes back and vise versa. A sensation coming from here is perceived as coming from another place. In fact the brain creates its own reality from the sensory information it receives. Its creation may be true to the world of the sensory input, or it can just as easily be an illusion based on its confusion.

A well-known phenomenon that exemplifies this propensity for illusion is the case of the "phantom pain" in amputated limbs. People who have lost an arm or leg will often still feel sensory events in that missing limb. One of my clients, who had lost his left leg above the knee, was still feeling pain in his left foot. The nerves that had gone to his left foot were clearly still firing sensory information into his brain after the amputation, perhaps due to the physical trauma and the scar tissue formed in the stump of his leg. His brain then correctly projected the "pain" back to where the pain receptors of his missing foot used to be, the original source of nerve impulses in that nerve; but because the foot was no longer there, this pain appeared to be only an illusion of pain – hence the name "phantom pain." When I used kinesiology to locate the active acupoints on his stump, and balanced them, his phantom limb "disappeared," probably because the "stress" of the trauma or scar creating the stream of nerve impulses to his parietal cortex ceased.

While it is important to recognise and rectify Superficial Switching because it perturbs the responses, or "answers," the body gives a kinesiologist through muscle monitoring, it is usually a transitory state of confusion that will correct itself over time. Clearly if I want to muscle monitor you right now, and you are switched, I must clear this switching to get clear and correct responses from your body. However, there is an even deeper and more profound type of switching that went unrecognised until discovered by Hap Barhydt in the late 1980s, and which has been extended and developed further by myself since that time – it is known as Deep Switching.

Types of Deep Switching

In the introduction I described one type of Deep Switching, Deep Level Switching discovered by Hap Barhydt. From further investigation and research I discovered where this Deep Level Switching occurred in the brain, and that this was but one type of Deep Switching. A discovery by Ian Stubbings, the developer of the Stress Indicator Point System, allowed me to understand that Deep Level Switching represented only a specialized case of Deep Switching that occurs as a survival response from deep within the brainstem and limbic system.

Ian discovered that a Circuit-localisation of Central Vessel 10 (CV 10) when active, that is gave an Indicator Change when Circuit-located, was always associated with one or more of the dimensions of Superficial Switching. Thus, when CV 10 gave an Indicator Change, and this was entered into Pause Lock or Circuit Retaining Mode, then one or more of the traditional switching points would give another Indicator Change, indicating that this type of switching was present. For example, if CV 10 was active, and Pause Locked, and then Kidney 27s were Circuit-located, and there was a reciprocal Indicator Change, this indicated confusion about the Right-Left dimensions of the body, which is normally associated with reversal of directions or reversal of letters when writing. Likewise, when CV 8 and GV 1 gave an IndicatorCchange, there was confusion about the Front-Back dimension with people lying down on their stomach when asked to lie down on their back. And when a Circuit-localisation of GV 26 and CV 24 gave an Indicator Change, there was confusion about the Top-Bottom dimension, with people often lifting their arm when asked to lift their leg, and some letters often written upside down.

While I had an effective way of checking for Deep Level Switching using AP formatting, it was a bit complex to explain to people who did not have an AP background. So in my first ever LEAP workshop in Melbourne in 1994, I was having difficulty explaining to the students how to test for Deep Level Switching. A strange phenomenon is that when you mention switching in a class, many people immediately switch, and then trying to explain switching to a switched person is very difficult as they are mentally confused! Fortunately Ian Stubbings had attended this workshop, and he suggested that since CV 10 when touched normally indicated that one or more of the 3-dimensions of switching was active, then perhaps deep touch on CV 10 would show when Deep Switching was present. Indeed it did, so now instead of the lengthy AP formatting procedure to check for Deep Level Switching, you could simply apply Deep Touch to CV 10, and an Indicator Change indicated this type of switching was present.

The use of Deep Touch on CV 10 to check for Deep Switching did two things. First, it now made checking for Deep Level Switching far easier; and second, it showed me that Deep Level Switching, this transposition of the location of Logic and Gestalt functions, was not the only type of Deep Switching in the body. Now I suddenly realised that there could be four types of Deep Switching. Not only was there the Deep Level Switching discovered by Hap, but there could also be Deep Switching in the 3-dimensions observed in Superficial Switching as well! Thus, there is Deep Top-Bottom, Deep Front-Back and Deep Right-Left Switching as well as Deep Level Switching.

But what did these different types of Deep Switching mean? And where in the brain did these different types of Deep Switching occur? Little did I know that an understanding, and probably only a partial understanding, of these two simple questions would take me over a decade to grasp.

Deep Level Switching: What It Is

As discussed above, Deep Level Switching is the confusion of the location of Gestalt and Logic functions in the brain. Incoming sensory data and information can be of two basic types: linear, se-

quential data, or simultaneous, global data. Depending upon the type of data-stream, the information is directed to either the areas of the brain performing the Logic functions that process linear, sequential data, or to the areas performing Gestalt functions that process global, simultaneous data. So when Deep Level Switching (DLS) is present, incoming data is routed to the wrong areas of the brain for efficient processing – the linear, sequential data stream is sent to the Gestalt functions and the global, simultaneous data stream is sent to the Logic functions.

As an analogy, it is as if there are huge cables, one carrying all the Gestalt information to the Gestalt processing centres and one carrying all the Logic information to the Logic processing centres. With DLS it is as if these two cables have been switched and all the Gestalt information is routed to the Logic processing centres and vice versa, resulting in massive confusion in all mental processing.

Using this analogy, in normal processing Logic information goes to the thalamus, and then is relayed straight into the appropriate Logic processing centres, where it is processed, and the decision or answer is sent out to be acted upon. If DLS is present, the Logic information is sent to the Gestalt processing centres instead, which then gives the brain two choices: 1) to send it across the Corpus Callosum (CC) to be processed in the appropriate Logic centre in the other hemisphere, and then sent back to the Gestalt centre before being sent out to be acted upon; or 2) to attempt to process the Logic information in the Gestalt processing centres, which is very inefficient and highly stressful. If the CC is fully accessible, the subconscious will make choice 1) and only incur a time-delay in processing. On the other hand, if the CC is "blocked," then the brain has only choice 2) available, creating inefficient and stressful processing in the wrong hemisphere. Many people with serious learning and performance problems do indeed display both DLS and a "blocked" CC.

A major consequence of this profound confusion in subconscious processing is poor development of both Gestalt and Logic functions, often resulting in language delay and severe deficits in many areas of functions. Another equally important consequence of this deep-seated confusion is that all kinesiological corrections performed to rectify these performance problems will often "not hold." DLS appears to "undermine" all this good work and little change is observed in the original problem, even after many hours of treatment by perfectly competent practitioners.

Deep Level Switching: Where It Occurs in the Brain

For a number of years I did not know where DLS occurred in the brain, but it most likely had to be at the level of the Thalamus, because for the in-coming data stream to be analysed as either linear or simultaneous, it could take place only at this level. For it is the Thalamus that relays all incoming sensory data to the cortex, and thus it would seem it must be here that DLS created the confusion in processing. But where in the Thalamus? This remained unclear until very recently.

Reading a paper on the Thalamic Nuclei, I came across the probable location of DLS. I say probable, because until I can show via brain scanning that this is true, the following discussion remains only a hypothesis, albeit a logical hypothesis. The Reticular Nucleus of the Thalamus is not part of the well-known Reticular Formation of the brainstem, but rather an integral part of thalamic processing. The Thalamic Reticular Nucleus surrounds the Thalamus proper, and is richly and reciprocally connected to the various Thalamic Nuclei. Of the many connections to the Thalamus, one type caught my attention. All sensory data, except smell, comes from the brainstem directly to the specific Thalamic Nuclei that then relay this specific sensory data to the cortex for sensory processing. For instance, all visual information goes from the retina to the Lateral Geniculate Nucleus, and then is relayed to the Primary Visual Cortex in the occipital lobes; likewise all somatosensory data relating to touch goes to the Postero-lateral Nucleus and is then relayed to the Primary Somatosensory Cortex in the parietal lobes.

However, the data is not just passively relayed to these cortical areas, but rather undergoes various types of thalamic processing before relay. One type of thalamic processing of sensory data is to send it out to the associated area of the Thalamic Reticular Nucleus where it appears the data stream is analysed not for content, but rather to identify the nature of the data stream – linear or simultaneous – and then the result of this analysis returns to the sameThalamic Nucleus that sent the data.

I propose that it is upon the basis of this data stream analysis that the receiving Thalamic Nucleus then relays the data to the cortical areas performing either Logic processing or to the cortical areas performing Gestalt processing. In other words, the Thalamic Reticular Nucleus determines to which hemisphere the data will go to be processed!

Clearly Right-Left Switching in the Thalamic Reticular Nuclei would result in DLS, as all linear, sequential data would now be sent to the Gestalt cortical areas for processing, and all global, simultaneous data would now be sent to the Logic cortical areas for processing – hence DLS. Now knowing the probable neural substrate for DLS, I chose to rename DLS, a fairly meaningless name, to Thalamic Reticular Switching or TRS to emphasise its neurological location.

The data stream entering the Thalamic Reticular Nucleus from its associated Thalamic Nucleus is sent directly back to the Thalamic Nucleus it came from, which then sends it directly out to the cortical area processing this type of data. When the linear sequential data stream enters the right Thalamic Reticular Nucleus, and is then returned to the associated Thalamic Nucleus, it is relayed to the cortical area linked to this nucleus. However, if the data stream does not match the type of processing in that cortical area, it is immediately sent across the Corpus Callosum to the homologous cortical area in the opposite hemisphere that does specialize in this type of data processing. This is the major data stream pathway from the Thalamic Reticular Nuclei to the cortical areas. However, there also exists a much smaller minor pathway from the Reticular Nucleus on one side directly to the same Reticular Nucleus on the opposite side by which data may also be transferred, providing some degree of compensatory processing.

Normally when working with specific types of information (e.g. a math problem), the information is either primarily Logic or Gestalt in nature, and hence the data stream entering both right and left Reticular Nuclei is linear, sequential or visuo-spatial, simultaneously. In these cases the Reticular Nucleus on the same side as the relevant cortical processing (e.g. Logic processing areas for maths) relays its incoming data stream directly to the cortical area processing this data. In contrast, the Reticular Nucleus on the opposite side assesses the nature of the data stream, and then relays this incoming data stream to the homologous cortical area in the hemisphere on the same side as the Reticular Nucleus. From here it is immediately transferred via the Corpus Callosum to the correct cortical areas in the opposite hemisphere, along with the data from the same side Reticular Nucleus, for processing (See Fig. 2B).

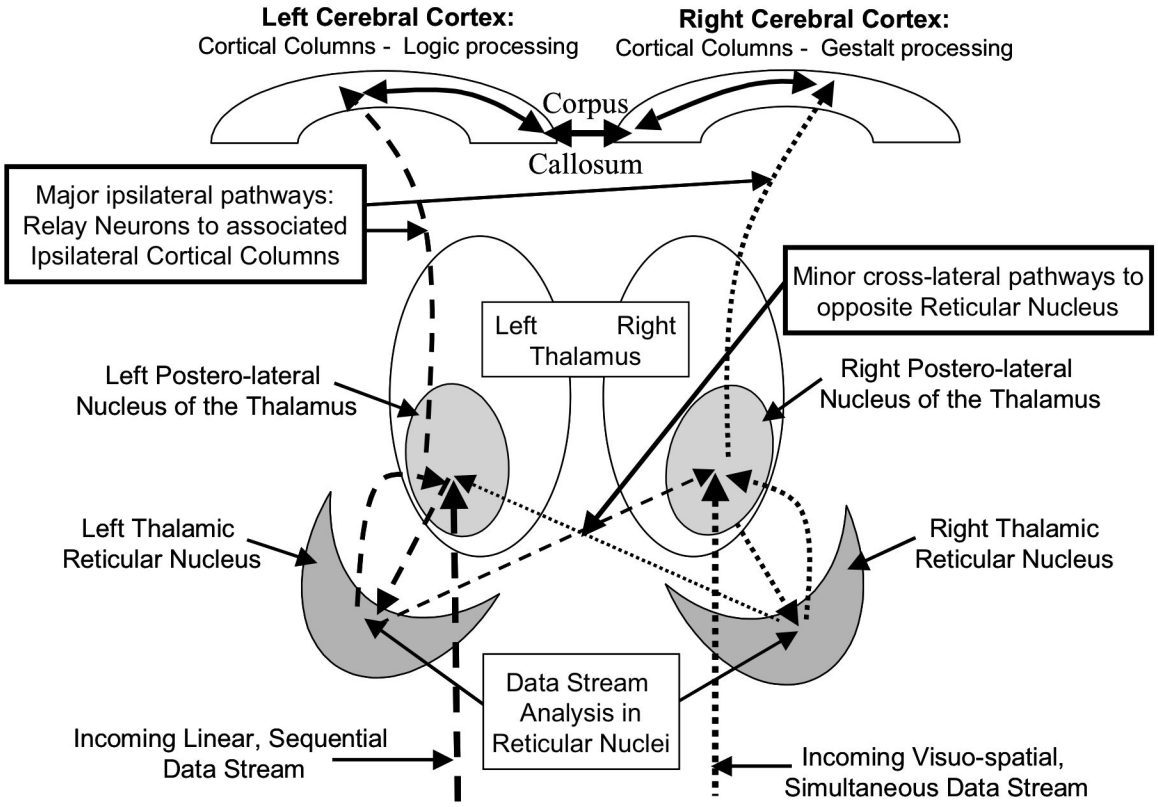


Figure 2A. Schematic Diagrams of Thalamic Reticular Processing of Incoming Linear-Logic and Visuo-spatial-Gestalt Data. Note the critical role of the Corpus Callosum in transferring data to the correct Cortical Area for processing.

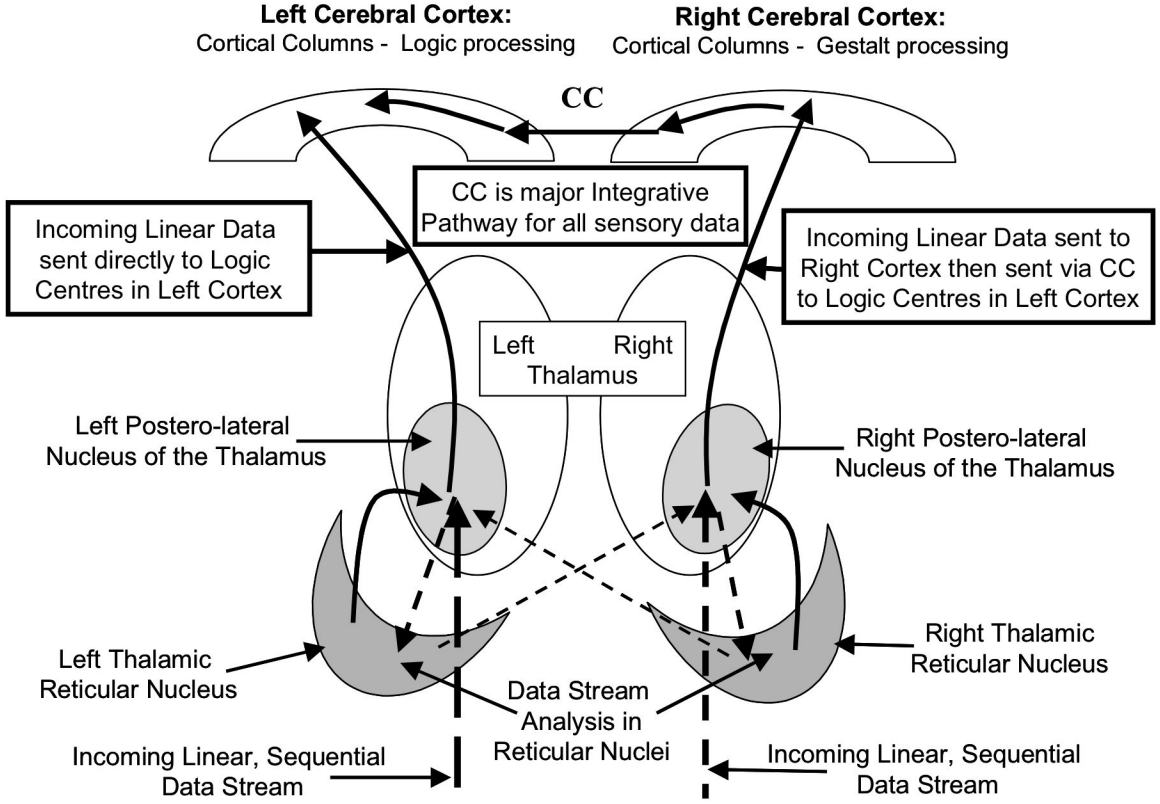


Figure 2B. Processing of Linear, Sequential Data by both Reticular Nuclei. Note that the linear data stream sent to the right cortical areas was immediately transferred via the Corpus Callosum to the Logic processing centres in the left hemisphere.

Therefore, when there is switching in the Thalamic Reticular Nuclei or TRS, the incoming data from one Reticular Nucleus or both Reticular Nuclei may not be sent to the correct cortical area for processing this type of data by the major pathway. Instead, because the major relay pathway is blocked this data may be sent directly to the opposite Reticular Nucleus by the minor pathway, and then relayed to the "wrong" cortical area for processing. This often results in major confusion and poor processing of the switched data.

Because there are both a right and a left Thalamic Reticular Nucleus, TRS may occur in two ways. The TRS may occur in both Thalamic Reticular Nuclei or only in one. If the TRS is in both Thalamic Reticular Nuclei, then there is a complete transposition of data such that both Logic and Gestalt data streams are sent to the "wrong" cortical areas to be processed (Fig. 3A.); and if the Corpus Callosum is "blocked" the brain just has to do the best it can to process the data in the wrong processing centre. This results in profound confusion of virtually all types of data processing, and usually results in delayed development of colour recognition and understanding basic Logic concepts such as relationship of numbers to each other (e.g. Which is bigger – 15 or 50?), or the sequence of the days of the week and months of the year, and often even delay in language development.

If, on the other hand, the switching occurs only in only one Thalamic Reticular Nucleus and the Corpus callosum is "blocked," then only the data from the switched side will be sent to the wrong side for processing. In these cases, the people appear to have one type of processing – either Logic or Gestalt – that is relatively "intact," but the other type of processing is very difficult or confused. Thus while the person may be very good with spatial relationships, they may be "hopeless" at math or vice versa, depending on which side is switched. (See Fig. 3B. & C. on the following page)

If the Corpus Callosum is fully open, either type of TRS may show little effect in overall processing, because the person can effectively compensate for the disturbed data flow by shunting the data from the wrong cortical processing area to the correct area across the Corpus Callosum. However, because there will now be more neural steps in this compensated processing, and each neural step takes real time, the person will be slightly slower than another person without switching processing the same data. In these cases because of the time delay, the person processes the information correctly, but just gets the correct answer slightly after other people with no switching have already gotten it.

Survival Switching and Deep Survival Switching

But what about the other three types of Deep Switching? What do they mean and where do they occur in the brain? Again, at first I had little idea where these might be located in the brain or exactly what they meant, so I called these new types of Deep Switching, "Deep Hidden Switching While these

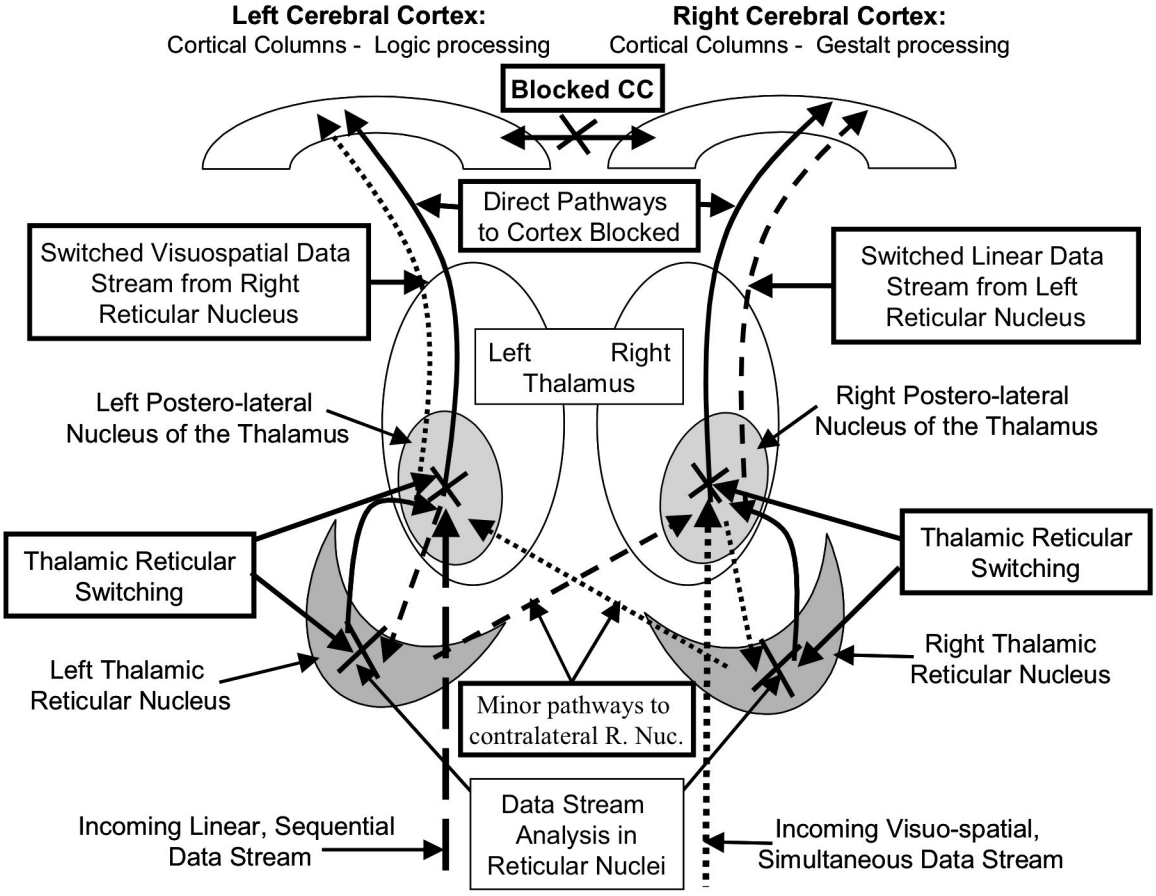


Figure 3A. Thalamic Reticular Switching or TRS in both Reticular Nuclei. Note how the linear data stream is sent to the Gestalt cortical areas and the Visuo-spatial data stream is sent to the Logic cortical areas for processing. If the Corpus Callosum is blocked, then the wrong type of data has to be processed in both cortical areas resulting in profound confusion in mental processing.

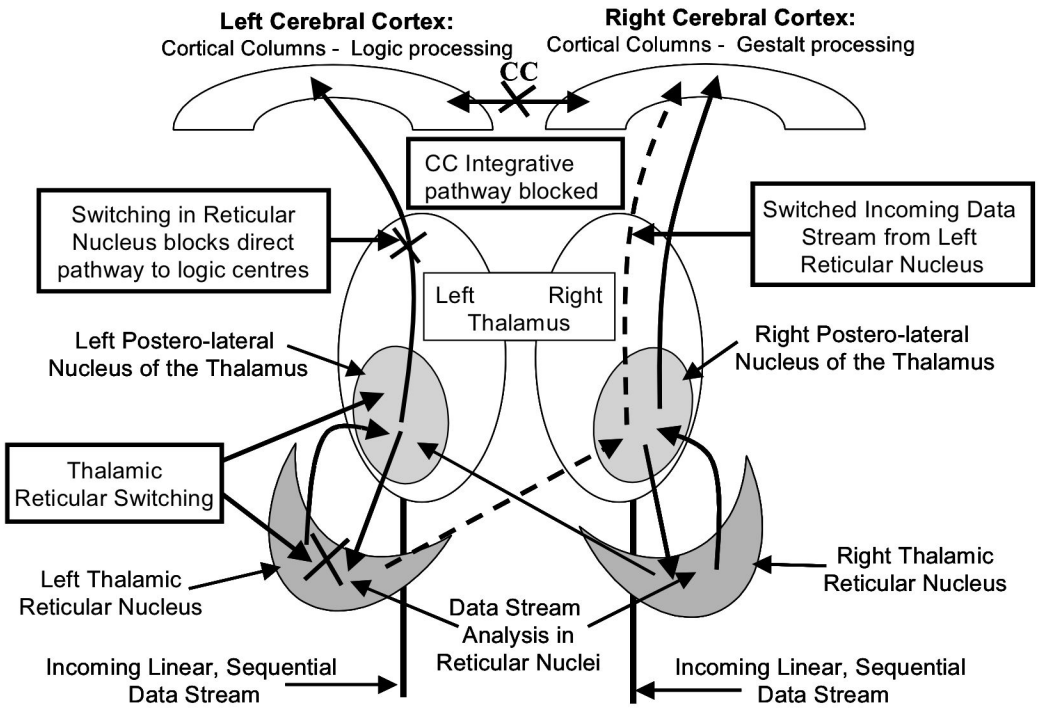


Figure 3B. Thalamic Reticular Switching or TRS in the Left Reticular Nuclei. Note how the linear data stream is switched to the Gestalt cortical areas for processing, but because of the "blocked" Corpus Callosum, it cannot be sent back to the Logic cortical areas.

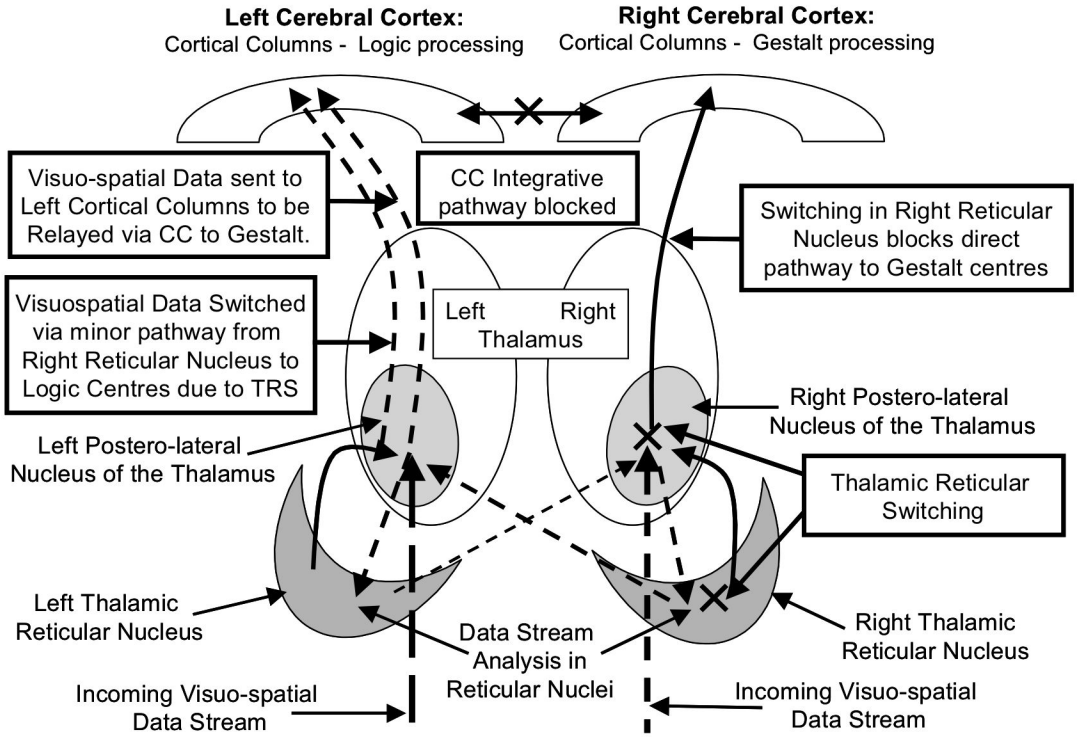


Figure 3C. Thalamic Reticular Switching or TRS in the Right Reticular Nuclei. Note how the visuo-spatial data stream is switched to the Logic cortical areas for processing, but because of the "blocked" Corpus Callosum, it cannot be sent back to the Gestalt cortical areas.

Other types of Deep Switching apparently related to Right-Left, Top-Bottom and Front-Back dimensions of function, these were no longer simple directional confusion resulting from a cortical projection problem located by normal switching procedures. Rather, these switchings are something far more profound, relating to deeper subconscious psycho-emotional processing.

Because these types of switching were not detected by the typical Switching Tests, but remained present yet "hidden" from testing, I had called this type of switching Deep Hidden Switching. However, when deep touch was applied to CV 10, and this caused an Indicator Change, this indicated the presence of Deep Hidden Switching. Once the CV 10 Indicater Change was entered into Pause Lock, then the typical switching points for the three dimensions of switching would now indicate which type of Deep Hidden Switching was present.

But where do they occur in the brain and what did they mean? Once Hugo Tobar had developed brainstem formatting in the late 1990s, I finally had the keys I needed to unlock this mystery. What I discovered was that these three types of Deep Hidden Switching occurred in the deep Survival Systems of the brain. The Survival System has two primary components: 1) A Brainstem Survival System activated largely by the Amygdala in the medial temporal lobes that orchestrates the Fight or Flight reactions related to Physical Survival; and 2) A Limbic Psycho-Emotional Survival System controlled largely by the Anterior Cingulate Gyrus that orchestrates Ego survival, that is defends our sense of "I" and how I see myself to be. However, once the Limbic Survival System has been activated, its output operates through the same Fight or Flight Survival Systems located in the Brainstem, as do threats to physical survival.

The Physical Survival System has four primary circuits or systems that are "hard-wired" into the brainstem for physical survival. The existence of these survival systems and their related neurology have been scientifically demonstrated and compiled into a paradigm changing model by the imminent neuroscientist, Dr. Jaak Panksepp, in his recent book Affective Neuroscience, to which you are directed for a much more in-depth discussion of this topic. This survival system had to be "hard-wired" because higher level processing like "thinking" is just too slow to ensure survival. The animals, including our early ancestors that "thought" first and reacted to dangerous stimuli second did not leave many offspring. So all vertebrates including humans inherited brains that react first to survive, then "think" about how to survive better the next time, that is if they had enough cortex to "think" at all, as this survival system is located in the totally unthinking, unconscious associative processing of the brainstem.

The Survival Systems of the Brainstem

There are four primary Physical Survival Systems. The first is the Fear System, designed to detect Threat or Danger, and then orchestrate a rapid reaction within the organism to survive. These reactions are of two basic types: Fight or Flight. The Flight mechanism is a sub-system of the Fear System that orchestrates "Escape" from dangerous or threatening stimuli, like a lion running after you. There are however, three types of Escape responses: 1) the Freeze reaction, as by freezing and not moving the predator may not "see" you and you escape detection, because most predators' vision is acutely sensitive to movement, but far less so to the detail of static objects. 2) If freeze doesn't work and the predator attacks, you switch to Escape reactions such as the Fear-Withdrawal reaction, and you turn and run for the nearest shelter for safety. 3) If the attack is from a member of your species, then there is a third option, and that is to submit to the more dominant animal – show them your throat so to speak. The Submission reaction then deflects the attack and you survive.

The second brainstem survival system is the Rage System, the Fight of the Fight or Flight, that co-ordinates the physiology and behaviour to Fight to stay alive. This system is also activated by the Amygdala, but largely controlled by the Periaqueductal Gray matter (PAG) in the Midbrain and the Periventricular Gray (PVG) and Perihypothalamic Gray (PHG) matter of the Diencephalon. The PHG largely controls the physiology of Fight or Flight, releasing adrenalin that increases the power of muscle contraction, and restricting blood flow to the digestive system and frontal lobes while at the same time increasing blood flow to the heart, lungs and muscles, and releasing sugar into the blood to provide the energy to fight with. The PVG and particularly PAG provide the behavioural reactions guiding our survival, such as attacking in a rage with nails and teeth if need be.

The third survival system is called the Seeking-Motivation System, and its primary job is to provide the motivation to seek the necessities of life such as food, water and shelter. It used to be called the Reward System, but this is now recognised to be yet another system in the brain related to enhancing motivation. The Seeking System gives you the motivation to "seek" what you need for physical survival, and once you are alive, to seek a mate to help the species survive. However, once you have actually found what you seek, the Seeking System turns off, and the Reward System turns on to ensure that you will be motivated to seek again the next time the Seeking System turns on.

The fourth survival system is called the Panic System because it was described from animal models where the behaviour appeared to be dominated by what we would call Panic. The more accurate, if more awkward, name is the Separation Distress System. This system serves survival in two ways, one primarily when you are a small child, and the other as you mature. Initially, it is the Panic System that reunites a young child or animal with its mother should they become separated – hence the name Separation Distress System. So if a small child becomes separated from his/her mother, or if a chick becomes separated from the hen, or a kitten from its mother, they at first run around in a "panic" emitting what scientists call Distress Vocalisations; or as normal people would say, crying out for mother – "Mummy? Mummy?", "Peep? Peep?", "Meow!, Meow!".

If these Distress Vocalisations (DVs) are successful, the mother and young are reunited, and the Panic System turns off. The stroking and holding of the young when the parent is reunited with the "lost" infant releases oxytocin, the bonding neurotransmitter, which turns off the Panic System. At the same time, opioids are also released into the brain by the caring touch, soothing the infant and making them "feel good."

However, if the DVs do not immediately bring the parent, then the young animal stops moving, crouches down and becomes silent, as it's not a good idea for an unprotected, defenseless young animal to make noise and run around. Later in life, it is activation of the Panic System that generates the feelings of Grief, Sadness and Loneliness when we lose someone close to us. It is also these feelings that drive us to seek companionship and act as social glue to help us maintain relationships with other people. In its extreme form, it can become depression in which you feel totally separate from others – listless, and hopeless.

The Amygdala activated survival emotions of each system are: Fear System – Fear, Terror; Rage System – Anger, Rage; Seeking System – Motivation, Curiosity, Frustration, which fires the Rage System; and Panic System – Anxiety, Panic, Grief, Sadness, Loneliness, Depression.

The Nature of Survival: Survival First, Think Second

Why would the "body," our "innate intelligence," do something as apparently so "stupid" as creating Deep Switching in our mental-emotional processing that actually "blocks" our ability to resolve the issues creating this switching on an on-going basis, particularly as the presence of this switching largely sabotages our best conscious attempts to resolve these issues once we become aware of them? Have you ever become aware of a behaviour you want to change, even understand where it may have come from, and yet not be able to change it? Likewise, why would the "body" block the Corpus Callosum, creating loss of brain integration and creating life-long learning problems that take an enormous toll on our self esteem and self-confidence, and severely restrict our ability to express our true potential?

These questions niggled at my consciousness for years, as my scientific background stated that evolution did not create behaviour or actions in an animal to create problems for them, only to block the animal's ability to solve these problems. Yet from a functional point of view, Deep Switching appeared to only create distress for the person, and impede their ability to demonstrate their best – Why? Why would you continue to repeat behaviours that you had become consciously aware were not in your best interests and you did not want to repeat?

To understand why Deep Switching should exist you have to understand the nature of the Survival Systems, first at the level of Physical Survival, and then at the level of Psycho-emotional (Ego) Survival. The Physical Survival System has two basic parts: 1) the Amygdala that acts as the "Sentinel" of this system, ever-vigilant for potential Danger or Threat; 2) the Periventricular Survival System of the Brainstem, the system that responds with survival physiology and behaviours to the danger and threats detected by the Amygdala. All senses go first to the Thalamus, and then directly to the Amygdala before being relayed to the Cortex to be processed into conscious perceptions, except for smell which is sent directly to the Amygdala before being relayed to cortical areas.

The Amygdala then, in a few neural links, rapidly processes the sensory experience, producing only a coarse-grained image or perception to decide if the stimuli or object "might" be dangerous. It errs on the side of caution, and if it "might" be dangerous, then it treats the stimulus or object as "dangerous" and fires the "Fight or Flight" system for survival. Activation of the Fight or Flight system then actively inhibits the frontal lobe "Thinking System" because thinking is too slow! During evolution, the people who "thought" first and reacted second didn't leave a lot of offspring, so we inherited the brains of people who "reacted" first and then thought second. People who survived used the rapid processing of the Amygdala to activate survival reactions first; then once they had survived physically, thought about how to survive better the next time they were in this situation – the true value of thinking.

However, while the Amygdala is busy activating the Fight or Flight System, the sensory information is being relayed to the cortex for fine-grained processing and comparison with your previous experience. If on the basis of this fine-grained cortical processing you decide the stimulus or object that fired the Fight or Flight system is not really dangerous, you then "turn off" the Survival System, as continuing to activate this energy consuming system when it isn't necessary for survival uses precious resources better used for other survival purposes.

For example, you are walking through the woods, and as you step forward, there is a sudden rustling sound and movement not far from your right foot. The Amygdala processes the sound and makes a rapid coarse-grained image from which it perceives the object "might" be a snake. So while you are still turning your head to look more closely at what the object is, and performing more fine-grained detailed cortical processing, the Amygdala has fired the Fight or Flight system initiating a Fear-Withdrawal Reflex, and you jump back – or flee from the object. While this survival reaction was happening, your eyes focused more clearly on the object and you made a detailed image of the object, as well as having compared the detail of the object with similar objects in your memory based upon your past experiences. Three outcomes are possible: 1) Your cortical processing says, "It's a rattlesnake – Watch out!"; and you continue your flight reaction; 2) Your cortical processing says, "It is a snake, but only a harmless garter snake," in which case you turn off your flight reaction; or 3) Your cortical processing says, "It's only a twisted piece of vine, and I just stepped on the other end," in which case you usually laugh (releasing pent up energy), and proceed to walk by the vine as your consciousness inhibits your Survival System (See Fig. 4 below).

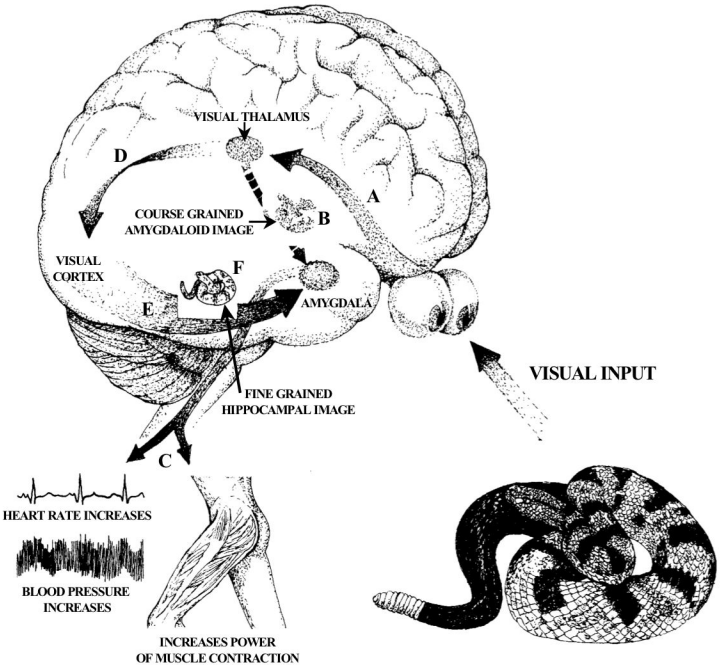


Figure 4. Dual Visual and Memory Systems in the Brain. Visual information goes straight to the Amygdala via branches of the Optic Nerve (A), which forms only a coarse-grained image based on rapid processing involving only a few neural links, and then immediately references subcortical memory of similar objects with special emphasis on potentially dangerous objects of similar shape. The Amygdala "sees" a twisted object on the ground (B), references "snake" – danger – and sends signals to the Periventricular Survival System initiating the "Fight or Flight" response. Signals are then sent to the adrenals (C) to release adrenalin – increasing heart rate, blood pressure, and the power of muscle contraction -- and you may jump back to avoid the object. At the same time, visual information also travels via the Optic tracts (A) and Optic Radiations (D) from the Visual Thalamus back to the Primary Visual Cortex, and undergoes multi-step and multi-level processing involv-

ing many neural links, to form a fine-grained image of the object (E). Cortical memory areas are then accessed for final conscious identification at the level of the Hippocampus, your short-term memory centre (F). If your consciousness says the object is dangerous, you continue Survival reactions; if not, they are turned off.

Psycho-Emotional Survival: The Origins of Deep Switching
Clearly the human Survival System works very well for Physical Survival, witness the almost nine billion people in the world today. However, humans are different from animals in that we have two Survival Systems, the Physical Survival System based in the Amygdala and Periventricular System of the brainstem, the same system possessed by all animals; and a uniquely human Psycho-Emotional Survival System that "protects" our image of ourselves, our Ego. This Psycho-Emotional Survival System is located in the newer limbic system that arose in mammals to handle the complexities of social interaction involved with rearing young that are born helpless and rely on mother's milk for their survival.

While other mammals have a limbic system, it is only once an animal becomes "self-aware" that it sees itself as a separate ego-structure, that the Psycho-Emotional Survival System becomes fully developed. Probably only humans, the higher apes and cetaceans (porpoises and killer whales) have a well-developed sense of Self that we could call an Ego. Once the Ego exists, it then controls the actions of the animal to maintain its existence. So powerful is the human Ego control on our behaviour, that we will risk our physical lives to maintain the Ego intact. Witness the slap in the face with the glove, and pistols at ten paces in which one person risks certain death just to protect his (it's usually a him) Ego against humiliation or embarrassment. How absurd from the Physical survival point of view, because whatever the other person said or did, he was not truly threatening your "physical" life!

When we are born, we have little sense of self as a separate being, but usually between one and one and a half years old, we "suddenly" realise we are indeed separate from other people with separate needs and wants that must be fulfilled to survive. As a separate "me" develops, I recognise that I must modulate my overt survival behaviour to be "accepted" and supported first by my parents and then by my social group. I can't just take another child's food because I'm hungry and want what they have. I have to ask first and share what I have with others – difficult and stressful lessons for two- to three-year-olds to learn. I also live only in the eternal "Now," and thus cannot understand concepts such as "You can have the cookie later!", because "later" does not exist for me! And not getting what "I" want "Now" is very stressful for me – witness the tantrums thrown by children this age.

Tantrums result from activation of the Rage System either from the Fear System, or from Frustration. They're either afraid they will not get what they need (or feel they need), or cannot get what they want. When the Seeking System is activated, you want something, but when you are "blocked" from getting what you seek, it creates the psycho-emotional state of Frustration. Frustration then neurologically fires the Rage/Anger System and initiates rage/anger behaviours. Children throwing a tantrum are not just trying to manipulate adults, but are truly "stressed out" to the point of no longer being able to "cope" with the psycho-emotional stress of the situation!

Once your ego has reached a point of not being able to "cope," you have to do something to survive, because you cannot live for very long in a state of not coping psycho-emotionally. Your Ego must make some type of usually psycho-emotional compensation to allow you to cope with the situation once more!

This is the origin of Deep Switching. Deep Switching is a perturbation of the balance of our survival system to permit us to cope with an untenable situation – the Ego must do this to survive "now," even if it creates a problem in the future!

Deep Switching does not occur in our cortex, but rather in our subcortical, subconscious limbic and brainstem survival systems, and thus we are unaware of its existence, or reason for happening in the first place. It is because of this location in the subconscious survival systems of the brain that I now call Deep Switching, Survival Switching. Survival Switching is created as a compensation for our Ego to survive a situation that it feels challenges its existence.

These same Ego challenges appear to underlie the brain "shutting down" free flow across the Corpus Callosum, often creating a double whammy – Survival Switching and loss of integrated brain function. While these are coping strategies on the part of the Ego, they often "backfire" in the long term by creating more "stressful" situations in your life, for which your Ego has to make further compensations.

Types of Survival Switching: What Each Type Means
Survival Switching comes in four types, depending upon what part of brain function was perturbed as a compensation to cope. I have discussed the first type of Survival Switching, Deep Level or Thalamic Reticular Switching (TRS), above from a functional point of view. TRS is always Right-Left Switching in which Logic data is incorrectly sent to the Gestalt processing centres of the cortex, and Gestalt data is incorrectly sent to the Logic processing centres of the opposite hemisphere. While this results in considerable confusion in mental processing and usually results in learning difficulties, it was created as a mechanism for the Ego to survive an unresolved deep-seated issue.

The other three types of Survival Switching relate to the three types of integration between the different brain regions, and are based on the three types of integrative neurons in the brain: the Commissural fibres (running Right Left), the Association fibres (running from Front Back) and the Projection fibres (running from Top Bottom). Commissural fibres connect the two hemispheres of the brain, the Corpus Callosum being by far the largest, making up 10% of the weight of the cerebral cortex.

Right-Left Survival Switching: Laterality Confusion
Commissural fibres permit the integration of sensory information received by the right and left ears, eyes, nostrils, hands etc. so we are conscious of our total surroundings, and integrate our Gestalt and Logic processing, allowing us to think effectively. When commissural information flow is blocked we have difficulty with visual and auditory integration and have difficulty performing many academic functions like spelling, reading and math.

However, when there is Right-Left Survival Switching, there is an ongoing confusion about laterality – which side of the body is "right" and which is "left." People with Right-Left Survival Switching commonly do not know their right hand from their left hand, and really have to "think" about it to move the correct hand when instructed to do so. Children with this type of switching have great difficulty following directions that involve laterality, e.g. if you say touch your right ear with your left hand, they get confused and often touch their left ear instead, or don't know which hand to move.

I had a girl friend with this type of switching, and although a highly intelligent PhD student, she never knew which was her right hand. She said she did know until she was 11 because her left hand had a wart on it. But the wart fell off when she was 11, and

since then she never knew which hand was which without having to think about it. So while Right-Left Survival Switching can be annoying and create problems, people usually compensate for it quite successfully, and it does not usually impact negatively upon their social or personal relationships. For example I had another friend with this type of switching who would just tell you when you got in the car with him, "Do not tell me to turn Right or Left as I'll get it wrong every time; just point this way or that way."

The other two types of Psycho-Emotional Survival Switching have far more profound effects upon our thinking and our relationships.

Top-Bottom Survival Switching: All Mental or All Emotional, Never the Twain Shall Meet

Top-Bottom Survival Switching is switching between the top and bottom of the brain. More specifically, switching between the Frontal Cortex where we "think" (rationalize and understand), and the deeper Limbic and Brainstem Survival Systems where we "feel" and "react." The Brainstem Survival System is totally associative, it does not think or reason. It only associates an event or stimulus with previous activation of one of the basic Survival Systems: Fear, Rage, Seeking or Panic.

It is indeed this associative nature of the Brainstem Survival System that leads to "Conditioned Learning" like Pavlov's dog. The presentation of a steak just after Pavlov rang a bell rapidly "conditioned" the dog, so when the bell was rung and no steak followed, the dog still salivated because the brainstem system had "associated" the bell to the delivery of food. Likewise, a child before they can reason and understand the concepts of heat flow and hot, soon learns to "associate" a hot stove with pain, often by one-trial learning.

While these are positive examples of the Amygdala-brainstem associative conditioning, phobias are examples of when it goes wrong. In some way "fear" becomes associated with a neutral, harmless stimulus in this brainstem survival system. Because this system does not reason or think, this harmless object creates extreme "fear" every time it is presented and treated by the person as if it is extremely dangerous. This mis-association may then persist, often for a lifetime.

Normally when in balance, the neural flows between the "thinking centres" of our frontal cortex and the "feeling centres" of our Limbic areas, sometimes called the Emotional Brain, allow us to "feel" our emotions and be consciously aware of our emotional states, but yet modulate them by our thinking for social circumstances. So while you may say something that makes me "feel" angry, I can use my conscious thinking to still respond in an appropriate way and not just yell at you. Furthermore, after our altercation, I can use my mental powers of rationalization to "understand" why you responded the way you did, or why what you said made me so angry, and even perhaps why I felt anger because of what you said. From this rational understanding I am able to defuse my anger so I can then behave differently with you the next time we meet.

For mental balance and personal growth it is essential that I be able to not only "feel" and "express" my emotions, but then be able to consciously evaluate them in the light of my experience to understand them with my "thinking." This Top-Bottom integration requires maintenance and synchronisation of neural flows along the Projection fibres between my cortex and my limbic brainstem systems. When a situation exceeds our ability to cope, the psycho-emotional self creates a compensation to survive, which in the case of Top-Bottom Switching is to go either all up and only "think and rationalize," or go all down into your emotions and only "emote"! Neither of these choices allows you to integrate this stress experience into your life's experience, and thus the original situation maintains its emotional charge. More importantly, whenever a related situation activates this Top-Bottom Survival Switching, you once again can only "think" or "feel," either acting cool and mental with no ability to "feel" the emotions involved, or go all emotional with no ability to think and understand. In either case, this Top-Bottom Switching prevents you from truly resolving the issue.

So you may have had a traumatic situation in your life as a young child, that because of your limited emotional and mental resources at the time, you could not cope with. To survive you shut down or suppressed your emotions and went all mental. When you were older, and now did have the resources to both feel the emotions and understand why you felt them, the on-going Top-Bottom Switching "blocked" your ability to do so. As an example, you are a young child who unfortunately has a violent, alcoholic father. You soon learn it is dangerous to express your emotions because you will be abused either physically or psycho-emotionally, a stress situation your Ego cannot cope with, so it creates a Top-Bottom Switch to cope. You now stuff or suppress your rage/anger and only relate at a mental level, to "protect" yourself and survive. However, this survival mechanism that permitted your Ego to survive your abusive childhood then causes endless stress in relationships, because other people expect you to relate to them both emotionally as well as mentally, but this switching blocks access to your emotions.

Front-Back Survival Switching: It Just Keeps on Happening Again and Again

Perhaps the most profound type of Survival Switching is Front-Back Switching because it keeps you psycho-emotionally "stuck" in the past. When we are confronted with trauma that our Ego cannot cope with, another survival response is to create Front-Back Survival Switching. For the brain, the Frontal lobes are our "Now Time" awareness, where we can appreciate the "now moment," but understand it by accessing similar experiences in our past. The event happening now is experienced by both the conscious and subconscious as happening now.

When in balance, the association fibres carrying our memories stored largely in the back of our brain, and projection fibres carrying our emotional reactions to these memories, are well integrated with processing in our "thinking" frontal lobes. So what happened in our past can be used by the frontal lobe thinking and reasoning centres as a "reference" to understand what is happening "now." So even if a past experience was unpleasant, it only provides a point of reference for what is happening now; the brain clearly understands that this referent "happened" in the past.

However, when Front-Back Survival Switching comes "on-line," we do not move permanently into our Frontal lobes and live in the eternal "Now," but rather our memories of our past trauma switch us into the past. So from the switched brain's perspective, what happened (that is in the past) is now happening again. We enter once more into whatever survival response we adopted at that time, and just suffer through the experience, or if Flight was on-line, run away from this new experience as if it is the same as our past experience. We are totally "stuck" in our past behaviours, sometimes even decades after the original trauma.

When Front-Back Survival Switching is on-line, all new experience is in effect "filtered" through the lens of the past traumatic experience. From this perspective, the same thing appears to be happening again. This is why a 38 year-old women who was raped by her fa-

ther when she was eight years old, still reacts to situations with men as if it is happening again, even though it has not happened in reality for three decades. Until this switching is resolved, the person will continue to demonstrate the same "stuck" behaviour, even after considerable effort to change this behaviour and often many hours of therapy from skilled practitioners. Every Kinesiologist has had clients who, no matter how well you worked and no matter how hard they tried, the same problem persisted over time, often with these clients going from practitioner to practitioner for years.

I consistently found that these "recalcitrant clients" had Front-Back Survival Switching, which once resolved now allowed them to progress in their therapy like other people. I treated a German woman who had been sexually abused as a small child, and had done years of psychotherapy, as well as many other therapies to resolve this issue. She said, "I've cried buckets over this, but nothing has really changed." I first cleared her Top-Bottom Survival Switching, and then the next week cleared her Front-Back Survival Switching. The next day she called me to say that this was the first time in all her therapy that she truly felt something deep inside her had changed and her issue was resolved. I am sure that all of the previous therapy had set her up for this rapid change, but it was not until her Front-Back Survival Switching was cleared that she could step out of the past into the present.

Psychological Reversal Deep Survival Switching: Why I Need to Keep This Problem

Even though the discovery of Survival Switching allowed me and many other LEAP Practitioners around the world to resolve deep-seated problems for many people, there was still a small percent that I and other very competent practitioners and therapists could not appear to help. Or there were people who I would clear Survival Switching one week, and it would be back again the next week. With its return, all the good work we seemed to have accomplished the week before seemed to be to no avail, as the same problem resurfaced yet again. Why couldn't these people "hold" a balance, and why did the Survival Switching constantly reappear, even after what seemed like powerful, deep balances?

This question went unanswered for years until I went to the United States and attended a Thought Field Therapy or TFT course with its founder, Roger Callahan. One of Roger's seminal discoveries was the concept of Psychological Reversal. You have the person state, "I want to get over this problem!" and test an indicator muscle; the muscle indicates "No"! You now test "I want to keep this problem!" and the muscle indicates, "Yes!". This reversal between the outcome the consciousness wanted – to get over the problem, and the outcome the subconscious wanted – to keep the problem, Roger called Psychological Reversal or PR.

Indeed this is a good name for this apparent contradiction in body response, as clearly the person's consciousness does not want the problem, but why is the subconscious stating it needs the problem? I discovered that immediately before the person stated the PR statement, I could not find any Survival Switching, but as soon as I entered the responses to the two PR statements into Pause Lock or Circuit Retaining Mode, and tested again, bingo! – now the Survival Switching showed! Somehow the "challenge" of making the statements brought this highly compensated Survival Switching to the surface where it was now overtly "on-line." In TFT, the person just taps their Small Intestine 4 acupoints together, and the PR is gone with the person now testing, "I want to get over this problem – "Yes!", and I want to keep this problem – "No!".

When I checked people who had made this tapping correction, and for whom the issue now seemed to be clear, I consistently found the survival emotions in the Amygdala to be active, but just suppressed for the time being. Indeed, one of the biggest problems for TFT is that the same problem often returns after a short time, and needs to be treated again. However, I found that I could now resolve this Deep Survival Switching once I challenged with the PR statements to activate this switching, and then directly accessed the associated Amygdala survival emotions. This correction usually required age-recession to early childhood or beyond. Following this correction, the Deep Survival Switching then appeared to be totally resolved and the PR and Survival Switching did not return again in the clear. By in the clear, I mean with no particular issue on-line.

Interestingly, a former neurobiologist and LEAP Practitioner in the UK, Dr. Richard Beale, made a similar discovery at the same time, and for the same reason. Richard just could not understand why some clients could not hold their balances and their deepest problems kept returning. He discovered that when this was the situation, and Survival Switching as accessed via CV 10 Deep Touch did not show, Governing Vessel 5 Deep Touch would often be active. When GV 5 Deep Touch was entered into circuit, then suddenly the traditional switching points would now be active! When these points were entered into circuit along with the Amygdala survival emotions, normal kinesiology balancing then produced long-lasting corrections, and further balancing appeared to truly resolve the previously "stuck" problem.

I now call this Psychological Reversal Switching, Deep Survival Switching, to denote that it is deeper than normal Survival Switching, yet it may have the same three dimensions as normal Survival Switching: Right-Left, Top-Bottom and Front-Back. I now also access this PR Switching directly through GV 5 Deep Touch as both Richard's research and my own confirmed that GV 5 provides consistent access to this Deep Survival Switching, such that whenever GV 5 is active, Deep Survival Switching is always present, and if the PR Statements are tested, they always show PR. In contrast, when normal Survival Switching is on-line as indicated by CV 10 Deep Touch giving an Indicator Change, there is never Psychological Reversal.

These different types of Survival Switching are summarised in the Figure 5 on the following page.

Survival Switching in the Clear and in Context: What This Means

There are two quite distinct forms or ways you may have these different types of Survival Switching. One is in the "clear," that is it is present as an on-going condition – the context is your life. The other form is in a particular context, e.g. only when you are addressing a specific difficult issue in your life; at other times this switching is absent. Survival Switching in the clear obviously has more direct impact on your life because it is present every moment of every day, and provides the subcontext of all of your interactions and experiences.

Deep Survival Switching or Survival Switching that exists in the clear normally has an early childhood origin or may even be karmic, a pattern in your energetic structure created before your birth and transmitted from life to life either in your genes or energetic body, depending upon your belief system. Most commonly the origin of this type of Survival Switching is a childhood trauma with which you just could not cope, and to cope you developed this particular Survival Switching or Deep Survival Switching to survive psycho-emotionally. Since this switching was developed at a point in time when

SURVIVAL SWITCHING = DEEP SWITCHING:
Comprises several different types of highly compensated Survival Switching created in to cope with traumatic situations that exceeded the person's ability to Cope. This is always associated with an Amygdala Circuit.

Thalamic Reticular Switching: (TRS) Always Right – Left Switching
Switching within the Reticular Nuclei of the Thalamus that analyze the type of data stream presented to the Thalamic Nuclei – e.g. if the data stream linear, sequential, then send to the Cortical Columns processing this type of data in the Logic Hemisphere, or if the data stream is simultaneous or visuospatial, then send to Cortical Columns processing this type of data in the Gestalt Hemisphere.This Switching results in profound mental confusion and is often associated with delayed development and severe Specific Learning Difficulties.

GV5 - Deep Survival Switching (DSS) & CV10 - Survival Switching (SS)
Switching within the processing centers of the Periventricular Survival System (PVSS), e.g. PHG, PVG, PAG, or in Limbic survival processing areas. This switching may be of three types Right-Left, Top–Bottom or Front–Back, and each has a different expression in the person's behaviour.

Right – Left Survival Switching:
Confusion in mental processing usually expressed as Laterality confusion, not knowing Right from Left, or confusion with respect to directions (e.g. a person may not know which is their Left hand or what direction to go when someone says turn "Right" when given directions.

Top – Bottom Survival Switching:
Mental - Emotional Switching resulting in the inability to integrate our Emotional experiences with our Rational Thinking to understand them, and thus Learn from them so we may behave differently in the future. Thus, you either go all mental, all into your head, and only "think" about the emotional situation, or you become totally emotional and can only "emote". Thus, you express the same emotions every time the situation presents itself, even though you do not want do this behaviour again.

Front – Back Survival Switching:
Our "Now Time" consciousness is located in the frontal lobes, while the back of the brain houses our Associational Cortices storing our long-term memories that may be paired or associated with specific stimuli linked to strong survival emotions. If a traumatic event has become "locked" into the PVSS, the associated survival emotion will be "triggered" every time this stimulus is present activating the feelings and emotions experienced in the original trauma, and thus the present experience is "filtered" through the "past" experience. In a sense, the Past experience is *happening* again from the brain's perspective, as the same neurons fire that fired when the original trauma was experienced. This totally blocks learning Life's Lessons.

Figure 5. Types of Deep Switching and Their Meaning in Behaviour.

introspection and rational reasoning were not available, it persists over time until it is located and balanced. Once balanced, this switching has now been integrated into your life's experience like other traumas you have survived, and provides a valuable reference to help you cope with and understand future situations.

In contrast, contextual Deep Survival Switching or Survival Switching is dependent upon a specific situation or context to be activated. When that context or situation is not present, you do not express this switching. For example, I check you for Survival Switching and find it is totally clear. Then I ask you to access a difficult issue in your life, one that you have not been able to resolve to this time, and check for Survival Switching again. A very high percentage of the time you will now demonstrate Survival Switching. However, if I now have you think of a pleasant day and check once more for Survival Switching, it does not show. This is the nature of contextual Deep Survival Switching and Survival Switching: it is only expressed when that specific issue is on-line.

The human subconscious is very much like a biocomputer in that all of the information about your life is stored in many different files in a number of directories and subdirectories. Like its physical counterpart, the biocomputer can only access the information in the "files" that have been "opened," not the thousands of other files on your hard-drive. As you are aware if you use a computer, it is only the open files that you can revise or change. So, entering an issue into Pause Lock is very much like "opening" a file, which now brings that data or information – the memory of this experience in all of its sensory dimensions – on-line to be worked with.

Files on the biocomputer do not open to file names, but rather to "trigger stimuli" that activate retrieval of the memory of the previously stressful event or issue into now time consciousness. The most powerful "triggers" are those activating the survival emotions in the Amygdala and Limbic-Brainstem Survival Systems, because these emotions are most related to our physical and psycho-emotional survival.

Like a real computer, the biocomputer also has two types of memory access: Read Only Memory (ROM) and Random Access Memory (RAM). ROM files are protected, that is they cannot be opened by just any user of the computer to which they are "off-limits," so to speak. These are like the primary default settings of your computer that are ROM to prevent untrained people from messing up their basic computer functions and operating programs. In contrast, RAM files are accessible to anyone who knows how to turn on the computer, and to which you have total access to revise and save the updated files at will.

The body's ROM circuits are those circuits involving survival programming that need to be conserved over time for the survival of the individual, both physically and psycho-emotionally. You must remember that the part of the brain that created these files is non-rational and does not think, but rather, it only associates a stimulus with a survival emotion. So if this "association" was made spuriously as in the case of a phobia, incorrect and often debilitating survival responses are now linked to neutral stimuli. But to "disassociate" this false linkage of survival emotion to neutral stimulus, you first have to open the ROM processing of the survival centres like the Amygdala.

Defusing Survival Switching: Set-up Provides the Key to Successful Resolution

Access to the Amygdala survival programming and survival emotions is much more like ROM than RAM. That is, it is much more difficult to "open" these files to revise and update them, but if activated by a trigger stimulus, your biocomputer "reads" them easily, and activates the associated Fight or Flight reactions and related survival emotions. While just being able to turn your computer on does not give you access to your ROM files of the operating of your computer, it does allow these files to be read to operate your computer. However, a competent computer technician can make changes to your default programming because he knows how to "open" these ROM files, and once opened they can now be revised or reset. Likewise, once you can format for the Amygdala survival emotions directly, you "open" these files, and these emotions then become part of the circuit you are balancing.

Release or revision of these survival emotions then permits the person to effectively resolve the Deep Survival Switching or Survival Switching that had blocked the person's ability to make changes in their life that they had consciously desired to make, often for some time. So to make long-term changes in many issues that you have found difficult to resolve, you often have to first access the specific "context" that acts as the "trigger" to activate these highly compensated "defense" or "survival" mechanisms, the Deep Survival Switching or Survival Switching. This Set-up allows these switches to "show" and thus be Pause Locked or held in Circuit.

Then you need to be able to "open" the ROM circuits holding the protected Amygdala survival emotions that drive the Fight or Flight reactions. The Set-up for the Amygdala survival emotions then "opens" these ROM files so they may be entered into circuit. Very often, accessing these powerful survival emotions will over-facilitate the Indicator Muscle, that is, the muscle "Jams" which blocks further indicator muscle response. There are a number of techniques, from spindle cell sedation to SIPS (Stress Indicator Points), to Modes of Processing, to Stomach 3 (right and left) that can then download all of the associated stress, returning the indicator muscle to homeostasis.

Once the type of Survival Switching has been identified and entered into circuit and the Amygdala survival emotions behind this Survival Switching have been "opened" and also entered into circuit, then you may proceed to identify the causal issue or issues that originally generated the Survival Switch in the first place. Often this requires Age-Recession, as these basal survival programs were often created to cope with childhood traumas the developing Ego could not cope with at the time. Dr. Bruce Dewe so correctly said long ago – "The brain is a marvelous biocomputer, but it suffers from one major drawback – emotionally it was largely programmed by a 3-year old!"

To understand why this might be true, consider the following facts: 1) By about the age of two years old, your psycho-emotional self is now guided by a new found sense of "I," the developing Ego. So now "I" want something!; 2) However, this newly developed "I" suffers from a major problem or deficit in awareness – that there are other Egos in the World who also have desires, often in conflict with their own egocentric "I"; and 3) Their "I" lives in the eternal "now" as there is as yet no sense of Time, so if "I" want something, "I" want it NOW! And when "I" cannot have it now, I feel that my needs are not met, or that I am not approved of, or simply that my "will" is over-ridden by another "I," that from this infantile perspective may seem like an annihilation of my "I"!

This normally activates my survival emotions of "Fight or Flight" to survive, and "I" may lash out at the one "blocking" my Ego's desires – How often have you seen a young child hit his mother in this situation? Or the child may attempt to run away from

the situation! Social survival emotions of "Shame and Blame" may also be activated that affect my sense of "self-worth," because if "I" am "guilty," how can "I" be worthy of love and support?

However, once formatting has opened all of the Survival Systems of the Brainstem and Limbic System, and the survival emotions have been "down-loaded" into the circuit, then application of any type of effective balancing technique can resolve the original issue. In so doing, the associated Amygdala survival emotions are defused, and thus eliminate the associated Survival Switching.

While the updated and revised "survival files" are now "stored" back into your memory hard-drive, they no longer contain the Survival Switching or original Amygdala survival emotions. So the next time you encounter a similar context or situation, there is nothing to "trigger" you into your switched state or activate your Fight or Flight programming. You now stay in your frontal lobes with access to your creative problem-solving abilities, permitting new choices rather than your previous knee-jerk Fight or Flight reactions.

NOTE:
For more information on how to work with the Amygdala Circuit and the Brainstem Survival Systems you are referred to the AP and the Brain workshop, the LEAP Brain Integration 1 and 2 workshops, and Hugo Tobar's Neuro-Emotional Pathways workshops. Taking these workshops in this order is highly recommended, as each of these workshops delves deeper into these systems than the one before.

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Notes: