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REMEMBERING WELLNESS

IN TOUCH FOR HEALTH/KINESIOLOGY

A History, Context And Vision For Touch For Health, the First 25 Years And The Next Millennium

By JOHN F THIE D.C.

We are celebrating the 25th anniversary of the publication of the ***Touch For Health*** manual and over 30 years of growth, transition, branching out, and reintegration. We have seen immense benefits in our own lives and in the lives of the people we have touched. And we are now poised for and exponential increase in the growth and untold influence and benefit in health care and human development. Touch for Health Kinesiology is now a global phenomenon and part of the "global village". As we look at our history, our current phase of transition, and our vision of Wellness for the future, we must literally contemplate our most sacred heritage, our most profound beliefs and our highest hopes for the future of all humanity and life on earth.

As we look forward to the next 25 years for Touch for Health Kinesiology, and the next millennium for all mankind, we see an unprecedented need for change in the way that we live and care for ourselves, and an unprecedented opportunity for those of us in TFH/K to take a leadership role in fulfilling human needs and effecting change in our lives. Now that people from all walks of life --business, arts, science, religion, etc.-- and among all the healing disciplines-- medicine, chiropractic, faith healing, massage, psychology, etc.-- we are uniquely positioned to contribute in all of these areas. With the current zeitgeist, or spirit of the time, we are uniquely prepared to fulfill the desperately needed role of interface between the health-care practitioner (whether reductionist, disease centered, or holistic, wellness oriented), and personal responsibility, self awareness, and self-care.

TFH draws not only on 30 years of development and integration of techniques in Kinesiology, but thousands of years of philosophies and sciences of living well, proven by what we feel is the truest and best means: direct and personal, subjective experience of a better life. Our concepts of Wellness integrate the holistic world view of the East, as well as the vitalistic tradition in the West as espoused in the original concepts of naturopathy, chiropractic, and even Western scientific medicine. Our beliefs are influenced by many religions tenets of faith, including the Judeo-Christian world-view and the example of Jesus' healing.

Currently we find ourselves at a crossroads. Much of the change and growth, branching out and diverging of paths has come full circle to where all of the Kinesiologies, with their varied areas of emphasis, multiple techniques, concepts, and models, recognize a commonality of core values, beliefs, and shared purpose that allow us to call this vast array of people, ideas, programs, schools associations and institutions all part of one body, the Touch for Health Synthesis. And it is through this element of unity that we can take a cooperative approach to our efforts, with mutual regard and respect, health and forthright discussion and exchange of ideas and common purpose and vision for the future.

HISTORY OF TFH PHILOSOPHY AND TECHNIQUES

Long before I ever learned anything about Kinesiology and acupressure, even before our marriage in December of 1952, Carrie and I had a vision of helping families to be healthier through natural methods. Carrie comes from a profound religious and spiritual family tradition, While I grew up with a strong natural approach to health that I learned from my father **John C Thie**. Our philosophies combined to form a strong resolve to find ways to empower people to care for themselves in natural ways that were in keeping with their God-given birthright to health. My study of Chiropractic and it's vitalistic roots, Carrie's study of Effective Communication and Interpersonal Relationships, and our involvement together in the early days of the development of Kinesiology with Dr. George Goodheart and

other pioneering chiropractors created the foundation of the information and techniques of what was called first called "Health from Within" and is now known as Touch for Health. Since that time many energetic and enthusiastic people have helped to develop TFH and have branched out into numerous Specialized Kinesiologies. As TFH reaches it's 25th anniversary and we look toward the future of Kinesiology in the next 25 years, (in the next millennium!) it's very important and useful to consider the history of it's development, the original visions of those who have been involved, and to build on that legacy in ALL of the ways that TFH/K can be developed and promoted to bring the maximum benefit to humanity and the earth.

EARLY DAYS OF APPLIED KINESIOLOGY

In **Dr. George Goodheart's** own words, "**Applied Kinesiology had a simple beginning in 1964, based on the concept that antagonist muscle weakness is involved in most muscle spasms and, indeed, is primary.**" (ref: Walther, 1988).

Basically, Dr. Goodheart's discovery of Applied Kinesiology arose out of his observation that basic chiropractic adjustments often were not providing complete relief for physical disabilities and that the problem seemed to be related to muscle spasms that were not being released. A study of the original methods of testing muscles described by Kendall and Kendall (ref: Kendall, 1949) led to the primary diagnostic tool of muscle testing used in Applied Kinesiology. Also instrumental in the early development of muscle testing techniques was Dr. Goodheart's colleague Dr. Alan Beardall, D.C. The timing of the muscle testing procedure was changed to provide an evaluation of the *control* of the muscle by the nervous system rather than an evaluation of the *power* the muscle could produce.

Once the pattern of strong and weak muscles is determined, a variety of non-intrusive therapeutic techniques are available. The initial basic correction was to facilitate inhibited muscles, which would in turn release continuously contracting or spasmed muscles. Dr. Goodheart observed that inhibited muscles often exhibited none of the observable atrophy that he expected to find in a physically malfunctioning muscle. He also observed, through palpation, discrete painful nodules at the muscle insertion. Wondering if these nodules might be trigger points for the muscle, he deeply massaged these nodules and found that the muscle immediately regained a high percentage of its strength and that the nodules became less painful. (ref: Goodheart, 1964)

Additional techniques were soon found for facilitating inhibited muscles. The **neurolymphatic reflexes (NL)** had been discovered in the 1930s by **Dr. Frank Chapman, D.O.**,. (ref: Owens, no date) These reflexes are found in anterior and posterior intercostal spaces and other locations throughout the body, although not necessarily associated with lymphatic nodes. He related these reflexes to particular organs in the body. Stimulation of the reflexes, especially when they were enlarged or painful, would bring about a reduction in painfulness and a stimulation of the function of the associated organ. *(However, in the TFH approach, It is not recommended to massage swollen lymphatic nodes unless a health professional has made a diagnostic determination that there is no pathology present that contraindicates massage.)*

A major element of Applied Kinesiology, discovered by Dr. Goodheart through the use of NL reflexes, is the specific relationships between the body organs and the muscles. This led to the inclusion of **Oriental Meridian Therapy** (also known as acupuncture) into the practice of Applied Kinesiology. This yielded an objective technique to determine the need for NL (neurolymphatic) stimulation through muscle testing. In the Oriental model, every organ function is related to a particular energy meridian. Combining the organ/muscle relationships of AK with the organ/meridian relationships of acupuncture gives us a specific relationship between the muscles and the meridians. With this knowledge, muscle inhibitions (and related organ *function* inhibition) found through muscle testing can be corrected through meridian therapy. Following the eastern energetic traditional belief that **function precedes structure**, organ *function* is emphasized. TFH theorizes that each cell in the whole person has all of the functions associated with each of the organs. Balancing of the power/energy of the whole person by the TFH methods brings about balance in these functions in the *whole person*. The organs themselves may or may not have discrete physical malfunctions when the organ function in the whole person is imbalanced as indicated by muscle inhibition. Stimulation of the corresponding NL reflex would

bring an immediate facilitation of the inhibited muscle and presumably a corresponding improvement in the function of the corresponding organ and meridian functions. If there was no further stress on the organ, the muscle would remain strong; however if there was continuing stress on the organ, due to poor nutrition, lifestyle, or other factor, then the muscle would become inhibited again over a period of time, indicating a need for treatment of these other factors.

Also in the 1930s, **Dr. Terence Bennett, D.C.**, discovered another set of reflexes which affected the vascularity of various structures and organs. (ref: Martin, 1983) Dr. Goodheart discovered that by very light stimulation of these **neurovascular (NV) reflexes** he could facilitate muscles that tested inhibited. He found that a particular muscle responded to just one reflex, but that most reflexes would facilitate a number of different muscles.

Another major milestone was Dr. Goodheart's discovery of **therapy localization**. He found that a muscle initially testing weak became strong when the patient touched that part of their body where the dysfunction causing the muscle inhibition was located. A later discovery found that therapy localizing various parts of the body, using a muscle that initially tested strong, indicated the location of a dysfunctional reflex or organ function if the muscle tested weak. (ref: Walther, 1988)

From these basic discoveries, Applied Kinesiology has grown and expanded into a broad and comprehensive field of alternative healing. Dr. Goodheart made delivered the first public presentation of Applied Kinesiology to the charter meeting of the American Chiropractic Association held in Denver, CO, in 1964. I first encountered Dr. Goodheart's presentation the following year at an American Chiropractic Association meeting held at the Biltmore Hotel in Los Angeles. I volunteered for Goodheart's demonstration and was so impressed that I encouraged the California Chiropractic Association to invite Dr. Goodheart to California. I attended the Seminar in Los Angeles and volunteered to help with the program. I was assigned to operate the slide projector. In the insueing years I accompanied Dr. Goodheart at many presentations, and eventually becoming a co-teacher. In those days, we often shared the same hotel room, talking long into the night about the ways which these ideas and methods could be shared more effectively.

After working with Goodheart for a number of years, Carrie and I felt that a book for lay people should be written, and encouraged George to write it on numerous occasions. Eventually he said, "If you want a book for lay people, you will have to write it yourself." I realized that a book on Applied Kinesiology for non-professionals needed to be organized quite differently than one for professionals, and it took a while before a workable approach gelled.

A key milestone in this process occurred in 1971 at a Family Therapist Seminar in Tahiti featuring **Virginia Satir** which I attended with Carrie who was then continuing her professional development as a family therapist. **Dr. Edwin Krauser, Ph.D.** in psychology and a founder of the California School of Professional Psychology, had a sore neck which I was able to quickly alleviate using AK techniques. Dr. Krauser and others were much impressed with the power of these simple techniques. **Virginia Satir** was also fascinated and encouraged me to follow through on the idea of a book for lay people.

Many of the participants were already published authors, such as **Jane Gerber, Ph.D**. Who worked **with Fritz Perls**, developer of the Gestalt training programs, **Yetta Bernhardt**, who was the co-author, with **George Bach, Ph.D.,** of "Fair Fight Training" and **Roger Sperry Ph.D**.., the famed Cal tech researcher in the "split brain" and consciousness. They were all very encouraging and told me that the way to start was to put on seminars and record them to provide a background of material as a basis for the book. The first seminar was held in Pasadena and sponsored by **Joseph Heller**, then a JPL engineer, who later studied with **Ida Rolf** (developer of deep tissue massage) and eventually evolved his own body work methodology called **Hellerwork**. KAIROS sponsored another one of these early seminars. Carrie and I taught the seminars together as a team.

Virginia also invited Carrie and I to join her exclusive group of family therapists who met with her privately for special training and sharing among themselves. Over the years I gave many therapy/demonstrations at the Satir Sharing programs that Virginia held, and continually absorbed valuable insights into communication, psychology, and family therapy which informed and influenced the ongoing development of TFH.

Carrie and I originally called our program Health from Within, which was a combination of verbal communication skills, from Carrie's counseling expertise, and body work skills, from My chiropractic and Applied Kinesiology knowledge. While teaching these seminars, people began to come to us and say that they wanted to teach these same skills to others. This was the beginning of the TFH Instructor's Training Workshop. Carrie and I gathered 9 people who said that they wanted to teach the program. While the book was being completed, these 9 people would come to my chiropractic office once a week for personal training. The trainees would accompany Carrie and I to seminars that we were teaching to learn the teaching skills and training methods. Among these first 9 trainers was Mary Marks.

I originally met **Mary Marks** as a patient at my chiropractic clinic in Pasadena California. I met her again at an early "Health from Within" class, along with her mother and father, and asked for their help in writing the book. In exchange for chiropractic treatment Mary Marks (a writer), Mary's mother, **Pat Gill** (an anatomical artist) and her husband , (a nationally recognized graphic artist) worked to get a book together.

Another of the original 9 trainers was **Grace Baldridge**. Grace was right there in the beginning and served the foundation and worked in the bookstore for many many years, helping with the annual meetings and a 1001 tasks and projects. She has been exposed to all the new and different approaches to Kinesiology that have sprung up over the years and she still relies on the basics of TFH for remembering wellness in her daily life.

As the book neared completion it was decided, at the suggestion of **Pat Gill**, that it be called Touch for Health. It was exactly the right title. Mary Marks' father supplied the picture of the Buddha's hand that has become the hallmark of TFH. At last the first edition of the TFH book with the mustard yellow cover featuring the Buddha's hand was printed and published in 1973. (ref: Thie, 1973)

After the first printing of 2000 copies the Touch for Health book it was such a success that within three months a second printing of 5000 copies was ordered. The classes of the first TFH Instructors trained by Carrie and I continued. Mary Marks became the first executive director of the TFH Foundation. More Instructor Trainer Workshops were set up and the students of these classes were teaching TFH all over the U.S.

At the same time that I was developing the TFH manual, I foresaw the need for a professional group for chiropractors and other professionals who wished to use Applied Kinesiology in their practice. I started organization activities at a Goodheart Workshop Leaders Group meeting in 1972 and eventually became the founding chairman of the **International College of Applied Kinesiology (ICAK).** The bylaws were completed in 1975, and the new ICAK gave out the charter Diplomate Certificates in 1976. Since that time the ICAK has continued to grow with the formation of International chapters and the establishment of a research journal published biannually.

I originally believed, as I helped to organize the ICAK and wrote the Touch for Health book for lay and paraprofessional use, that there would be one Kinesiology organization whose membership would include professionals from all medical specialties, paraprofessionals in the healing arts and lay teachers of the Touch for Health classes.

I put together three seminars with a format of addressing all three levels of understanding of Applied Kinesiology (professional, paraprofessional, and lay). These Applied Kinesiology seminars were the first National meetings of Touch for Health/Applied Kinesiology. The speakers were **Dr. George Goodheart, Dr. Sheldon Deal, Dr. Alan Beardall** and myself. I also served as chief Moderator. The major Goodheart workshop leaders from around the United States all gave presentations. Joel Shain, a chiropractic student who became an early TFH instructor, took a year off from his chiropractic training to head the development of these TFH/AK seminars. After Joel received his chiropractic license, he developed the Monterey Wellness Center, using the TFH/AK methods and wrote many publications, including *Life Without Arthritis*, which describes the Monterey Wellness Center's protocols, including the use of Touch for Health. This combination of lay/professional format soon proved unsuitable for the professionals and they stopped coming. After this experience, the Charter members of the ICAK formed the consensus that the ICAK was to be exclusively for licensed to diagnose professionals.

I was disappointed that there existed this chasm between self-care and "professional" care. My original plan of having these methods available to every household was similar to the original goal of **D.D.Palmer** in the inception of chiropractic. He initially believed that every family should learn to use chiropractic in the home. The chiropractic pioneer H. Hurley, D.C. later wrote *Aquarian Age Healing*, a book for lay people to learn chiropractic methods. **John Barton**, developer of the BioKinesiology program, wrote *Be Your Own Chiropractor,* again attempting to promote the idea that chiropractic is something for every household, not just academically schooled, state licensed, professionals. As this "professionalization principle" repeats itself in massage therapy and Kinesiology, as a legitimizing function, it's important to note the grassroots elements of the history.

THE TOUCH FOR HEALTH FOUNDATION & EARLY INNOVATORS

In the meantime, the organization of the Touch for Health Foundation commenced. It was set up as a not-for-profit educational foundation accredited in the state of California as a vocational training school. A book store was set up as a separate business, since the Internal Revenue Service prohibited non-profit organizations from having the same name as a published book, even though the royalties of the book all went to support the ongoing activities of the non-profit Touch for Health Foundation. The required legal work was completed in 1975.

From this time on the teaching program expanded rapidly. **Gordon Stokes** joined the TFHF staff as a communication trainer. Carrie recruited Gordon after working with him in Parent Effectiveness Training, where they both were certified trainers. Gordon eventually became proficient in the TFH body work skills and when Mark Marks left the program to enter Chiropractic college he became the trainer of both the communication and body work skills while I filled in on the more technical aspects. I continued in my chiropractic practice and promoted the TFH program ***as a lay program primarily be taught by lay people.***

Gordon Stokes became international training director and served in this capacity until 1986, when he left to start Three-In-One Concepts. Gordon assisted in the first major revision of the TFH book in 1979, at which time the familiar green cover, still featuring the hand of Buddha, was adopted. Gordon also pioneered the integration of the Chinese theory of the Five Elements into the TFH course of study. (ref: Stokes and Whiteside, 1981)

Annual get-togethers open to all who were interested were started. The first was held at Asilomar, near Monterey, California, in 1976. Later, annual meetings were held for many years at the University of San Diego, and soon featured an extensive international attendance.

My sister, **Alice Thie Vieira, Ph.D.,** a clinical psychologist, and her husband **Kim Vieira** took Touch for Health to Australia under the sponsorship of Donald MacDowell, a member of the ICAK, a Chiropractor and later Touch for Health Instructor who pioneered the development of Applied Kinesiology and Touch for Health in Australia. Alice and Kim at different times also served as executive director of the Touch for Health Foundation when they were drafted for their leadership. Alice also served on the Board of trustees for a number of years.

Another early innovator was **Dr. Paul Dennison, Ed.D.** Dr. Dennison joined the TFH faculty as a special faculty member after he was trained as a TFH instructor and presented his concepts of how some of the TFH methods and ideas could be utilized in helping people with learning difficulties. A dyslexic himself, Paul pioneered the application of TFH techniques to correct dyslexia and discovered the concept of laterality repatterning which enabled people whose muscles tested inhibited after cross motor activities to remain facilitated after such activities. This exercise, supplemented by additional coordination and integration exercises derived from TFH and AK, offered a tool for rapid improvement of reading and other learning problems. (ref: Dennison, 1981) Dennison joined the TFH instructor staff in 1983, but left several years later to form an independent organization, the Educational Kinesiology Foundation. Joy Lindsay helped to establish the tremendous effectiveness of Dr. Dennison's work in the Los Angeles Unified School district by actively teaching teachers, students, and parents over a period of several years starting in 1984 and keeping a set of statistics on the effectiveness of the project.

Phillip Crockford took over as program director upon Gordon Stokes' departure. His main contribution was to re-emphasize the personal responsibility aspect of Touch for

Health, as in Carrie and my original vision, in contrast to the increasing tendency towards a therapist-client model on the part of many advanced students. To this end he introduced the idea of the testee being "in charge" of the muscle testing, i.e. making the decision on whether a muscle tested inhibited or facilitated. To get away from the massage table approach, which subtly set up a therapist-client venue, he promoted the idea of the stand up balance. He made both these changes a part of the regular TFH curriculum. Suggested standup balance techniques were first published as part of the TFH Folio and TFH wall chart revisions of 1991.

John Varun Maguire succeeded Phillip Crockford as program director in 1986. Maguire's principal interest was working with athletes to improve their competitive performance. To this end he developed the Maximum Athletic Performance (MAPS) course for TFH. It combined a mix of muscle performance improvement and goal balancing dealing with emotional issues, and was used initially with world class triathlon athletes with remarkable results. The MAPS book was first published in 1988. (ref: Maguire, 1988) John Maguire was also instrumental in the development of the video program *Touch For Health for Massage Therapists*. John continues to teach Touch For Health in his year long training program for massage therapists. John and his faculty teach their program in both Northern and Southern California.

The last director of the Touch for Health Foundation was **Rob Aboulache, M.S.,** who served many years at the TFHF and helped Carrie and I transition the Foundation to the International Kinesiology College by giving the right to the faculty of the Foundation for TFH Instructor Certification. He was also a major player in the development of the TFH/K Association, serving on its board as its president for 4 years after Robert Waldon and Mary Louise Muller each served one year. His efforts have been Herculean and the association would probably not exist today if it weren't for his leadership in it's first few years.

Richard and Norma Harnak, long time Touch for Health Instructor Trainers , took over the administration of the newly formed TFH Association and moved it to Saint Louis, where the second annual meeting of the association took place at the University of Washington. The TFH Association then decided it was better to have the office in California and moved it to Malibu where Rob Aboulache and John Maguire put on the next conference in Las Vegas Nevada. Norma Harnak went on to open a Massage school with Touch for Health as a backbone course.

Judy Levin served as President of the Touch for Health Association following Rob Aboulache. In addition, Judy has developed what is possibly the most popular video teaching tape for people wanting to learn TFH. Judy has been highly involved in the development of TFH over the years, and has worked with her friend Helen Zweigbaum in decorating the Conference meeting room for many years. Helen used her artistic skills in creating backdrops for the speakers platform which were often passed on to be used in other countries. Such is the community feeling of the TFH Annual conferences.

The faculty numbers have grown as the demand for the Instructor Training program increased to being taught in over 50 countries. Interest in TFH has expanded rapidly worldwide, and is found today in many countries, including Argentina, Australia, Belgium, Brazil, Canada, Central Africa, Chile, Colombia, Great Britain, France, Germany, Holland, Ireland, Israel, Italy, Japan, Java, Mexico, New Zealand, Norway, Poland, Russia, South Africa, Spain, Sweden, Switzerland, Venezuela and the Ukraine. The TFH book has been translated into many different languages, including Japanese (limited edition, and a new edition is now in development), Dutch, Swedish, Danish, French, German, Italian, Portuguese, Polish, Slovok, Russian, Spanish, and Braille. With this growth and over 25 TFH Associations worldwide, along with over 20 years of pioneering work, Carrie and I decided that it was time to turn over the responsibilities of the continued growth to those who really were carrying the burden.

In 1990, Carrie and I and the board of Trustees closed the TFHF school for the certifying of TFH Instructors and gave the rights for continuing the certification of instructors to the then existing faculty of the TFHF who then formed the International Kinesiology College, which now exists as a college without walls with headquarters in Zurich Switzerland. Outside the United States, TFH associations were formed as independent organizations. In the U.S., the foundation had acted as a membership organization as well as a research and training facility. With the closing of the TFHF training program, the association activities were turned

over to the membership and the North American TFH/Kinesiology Association was formed at the 15th Touch for Health Foundation annual meeting in July of 1990. The TFH/KA is now headquartered in Culver City, California where the growing ranks of TFH/K instructors and practitioners have a valuable resource for networking and promotion.

Touch for Health Education continues the function of a research oriented endeavor through which I continue to gather anecdotal reports on the benefits and outcomes of utilizing the Touch for Health Syntheses. It is also the organization through which I continue to offer seminars and develop new TFH materials such as the forthcoming ***TFH CD-ROM which*** **William Mariboe**, of Denmark, has developed as a one man army and the new book, ***Remembering Wellness with Touch For Health*** which I am writing with my son, **Matthew Thie**.

The latest edition of the TFH book, published in 1992, describes **bilateral muscle inhibition corrections**. For the previous four years I had been using a new, simpler method of correction that I had discovered. The method is very simple and can be used safely by the patient/student/client. In chiropractic AK practice, the generally accepted method for correcting bilateral muscle inhibition, such as might be found in a 14 or 42 muscle test, has been to correct a *fixation subluxation*. The reason for the bilateral inhibition has been generally thought to be a fixation in a group of three vertebrae. Chiropractic adjustment of the spine has been demonstrated to restore muscle facilitation. In TFH circles the correction was made by use of the neurolymphatic, neurovascular, meridian tracing, origin/ insertion, golgi cell, or spindle cell techniques. My **Spinal Reflex technique**, while *not* involving chiropractic spinal manipulation, is based on the same correlation of muscle inhibition and subluxation in specific vertebrae. A simple up and down massage of the skin over the spinal process achieves the same energy balancing effect.

THE SPREAD OF TFH/KINESIOLOGY WORLDWIDE

As Touch for Health began to spread, it became apparent that a decision had to be made concerning the best way to facilitate/control it's optimal dissemination. There were two major positions. The first position was that it should be made available as widely as possible without any financial return to me. The other position was to make it a franchise arrangement so that every person teaching TFH would give me a royalty. Carrie and I felt that the growth of TFH might be hindered by a franchise model and favored the grassroots, "each one teach one" approach. It was only when the State of California Board of Education came into the picture that we were forced to decide how to finance a school. When we first set up the TFH Foundation as a school the tuition was to pay for the costs of running the school, but the people trained to be certified TFH Instructors were only required to agree to teach only Touch for Health in their classes. They agreed that if they added or deleted significant material to their teaching of the TFH material, they would call their class something other than Touch for Health. Hence the rapid development of so many varied approaches to Kinesiology, which share as their foundation the basic concepts and techniques of TFH. *In the years following the publication of the Touch for Health book and the start of regular classes in 1973, many additional "Kinesiologies" have appeared, most of which acknowledge their origin as part of the "Touch for Health Synthesis", which reflects one of the fastest growing alternative healing modalities in the world. The International Association of Specialized Kinesiology has honored Carrie and I with an award recognizing that TFH is the basis of all the other Specialized Kinesiologies (other than Applied Kinesiology and its derivations for licensed to diagnosis health professionals.)*

Since a person could be trained to be a certified TFH Instructor by taking the basic TFH training and then the 8 day Instructor Training Workshop (ITW), many people took the training and never actually taught TFH classes. Many of these people took the teacher training because it was the only additional training available at the time in Touch for Health/Applied Kinesiology for lay people and paraprofessionals.

There were, however, a large number of people that took the ITW and taught classes from then on. One example is **Peggy Maddocks** of California who began teaching TFH in Adult Education and has continued for over 15 years with regular classes, teaching over 5000 people an introduction to TFH.

Others such as **Cliff Garner, Ph.D.**, a retired chemistry professor from the University of California at Los Angeles, took the program into

the community colleges, until he ran into opposition from the head of the Quackery Committee of the California Medical Association, who was successful in having the course banned in that community college district along with other alternative medical courses.

Frank Mahoney, the founder of **Hypertonics**, another spin off of TFH, worked with Athletes and people with learning disabilities with Paul Dennison and taught many TFH courses at Santa Monica City College.

Many other TFH Instructors went out on their own and taught courses wherever they found interest. One chiropractor and TFH instructor, **Dr. Dan Golden**, was on a trip to a Vacation resort when his plane was delayed for hours. He began teaching his fellow vacationers TFH to help make the time go more quickly in the Airport waiting area. Based on that short introduction to TFH, his fellow vacationers requested that he teach a class at the resort. Helga Brandt, a tennis professional, taught Touch for Health for years in a Swiss vacation resort as part of her return home each year from Northern California.

Victor Frank D.C. was the first professional to teach TFH in Asia. He was an associate of mine in the Thie Chiropractic Clinic, and as a result was invited to Japan to teach a large group of Osteopaths. The first foreign translation of TFH was to Japanese for his seminar in Japan. (***This translation was a limited edition, but I've recently negotiated a new Japanese translation which I anticipate will result in a huge TFH movement in Japan.***)

Dr. Herb Anderson, a prominent Applied Kinesiologist chiropractor from Boston, donated some Kinesiology work to the traveling pre-Olympic U.S. women's track team. Tracy Sunlund, the assistant coach of the La Jolla women's track club, was subsequently referred by Dr. Anderson to the Thie Chiropractic Clinic(TCC) in Pasadena, CA. DR. **Leroy Perry** , then a partner at TCC, volunteered as team Touch for Health/Applied Kinesiologist chiropractor. Perry later developed his own methods based partially on his training with me, but largely on his observations and training with others in the athletic field, especially the Russians and East Germans, and became one of the most sought after rehabilitation, performance enhancement chiropractors, going to the Olympics and pre Olympic track and field and other sports events at the requests of the athletes themselves. A group of athletes even petitioned the President of the United states to have Perry be an official member of the US Olympic medical staff. Although George Goodheart subsequently became the first chiropractor officially appointed to the US Olympic medical team, Perry continued to work with athletics and has attended all of the Olympic Games since 1976 as an official medical team member of one team or country, but so far has not been a member of the official U.S. medical staff. He now heads one of the largest and most respected sports medicine clinics in the U.S.

Perry eventually split from TFH/AK and TCC to develop his own sports medicine program. Although Perry served on the Board of Trustees of the TFHF for several years, he felt that some of the methods of AK were unproven. I argued that the outcomes and results that chiropractors were getting with the AK methods were more significant than the unorthodoxy of some of the mechanisms . This controversy continued until we went our separate ways.

The concept of having only lay trainers changed as more and more professional health providers became interested and enthusiastic about the program. **Bruce Dewe M.D.** of New Zealand gave up his medical practice to be the primary faculty member for Australasia with **Joan Dewe**, his wife. Bruce and Joan developed the Professional Kinesiology Practitioner(PKP) series as an advanced Touch for Health training for professional healthcare providers.

Hap Barhydt retired early from his career as an aerospace engineer to join his wife **Elizabeth Barhydt** and tour the United States teaching Touch for health. Hap and Elizabeth were later instrumental in developing the Enhanced learning program when TFH was being developed for integration in the public schools. They have since developed their own TFH/Kinesiology-based program, Loving Life. (Check out their website at www.lovinglife.org)

Sandy Danaher was one of the first TFH Instructors to take TFH across Europe in the late 1970s, beginning in the UK at the Holistic Health center, Findhorn, where many people from different countries would gather to study alternative and ecological health enhancement. As a result of sharing TFH at this center she was invited to other countries in Europe to teach TFH. Others instructors went to India and other parts of Asia and taught TFH at ashrams, centers and

retreats. **Sister Mary Em McGlone**, of the Medical Missionary Sisters, and a TFH Instructor has shared the TFH methods with these missionary sisters in Germany and India as well as founding the Center for Human Integration in Philadelphia Pennsylvania where TFH is a backbone course.

Brian Butler was the first TFHF Faculty member appointed for an area outside the United States. He very successfully spread the TFH message in **England**. He later formed his own organization teaching Balanced Health as the background course, which he says is almost the same as the Touch for Health basic courses he taught for many years. The balance health course materials have included more developments from Applied Kinesiology as taught by **Sheldon Deal D.C.**. Sheldon has been sponsored by Brian to teach in England for over 10 years.

Natalie Davenport, one of Brian Butler's first trained Touch for Health Instructors assisted Brian for many years and traveled to many places in the world to teach TFH/K. She has been consistently invited back to a particular place in Germany to share the latest uses of TFH/K for over 10 years. Natalie is now the TFH Instructor Trainer for England for the International Kinesiology College

Pat Harrington has been central to the development of the Touch for Health Center in England, a national charity organization, where neighbors and friends gather to help each other with the TFH/K methods. I am so proud and happy to see that these kinds of community based, grass roots institutions are developing. This was the model that Carrie and I envisioned for TFH so many years ago.

In **Holland**, **Yoka Brauer** was the pioneer Touch for Health'er, followed by **Coby Schaatfoorth RN**, her student. TFH in the Netherlands is now headed by **Aria den Hartog, RN** a student of Coby's. As an IKC faculty member and TFH Instructor Trainer, Aria also teaches in several African countries. She has recently been instrumental in helping with the reorganization of the Touch for Health Association into the Kinesiology Association of the Nederlands to be able to meet the changing new times. Aria also introduced Touch for Health Instructor Training programs into Hungary and helped them gain recognition as professionals by the Government of that country. The Hungarian Touch for Health edition came out in 1998.

In **Australia** the Touch for Health program is headed by **Toni Lilley Gralton** who is the dean of the Touch for Health School of the International Kinesiology College, with **Karryn Franks** who is co-founder of the Kinesiology School of Melbourne, which has Touch for Health as a backbone course. Toni has written and taught a program she developed for people with pets to be able to utilize TFH/K methods to help their pets more effectively. Kerryn's School is the first Kinesiology School in Australia to receive Government recognition. The other cofounders of the school, also TFH Instructors, were **Christopher Rowe** and **Charles Krebs, Ph.D.**, author of *A Revolutionary Way of Thinking*, and leader in the Applied Physiology approach in Specialized Kinesiology.

In **Canada** Touch for Health has many Touch for Health Instructors. **Mary Jane Bulbrook, RN, Ph.D.** introduced TFH at the University of Utah nursing school, then also at the University of Nova Scotia Nursing School when she took a position at that school and introduced Holistic Nursing which included TFH. Today the International Kinesiology College TFH school Instructor Trainer is **Michael De Lory**, who for the first time will be teaching Instructor Training programs in the French Speaking Quebec province as well as in other area of Canada in English. **Sharon Promislow** has been a pioneer in British Columbia, Canada for Touch for Health and other Kinesiologies and wrote the new book *Making the Brain Body Connection* (1998) to help people in business utilize the TFH/K methods to, as she says "have a playful guide to releasing mental, physical and emotional blocks to success."

Today, in the **United States**, many massage schools and some other training programs use TFH as a text book. Other programs have integrated the materials and ideas from TFH into their curriculum. **Irene Gaulthier** has a massage school in Northern Michigan and has had TFH as part of her curriculum for over 15 years. Irene also has regularly taught TFH in Bermuda and Barbados, which she does as part of her vacations, getting out of the cold Michigan Winters. Irene was honored by being profiled in the September/October 1997 issue of *Massage Magazine* the largest circulation massage publication with over 60,000 copies published each issue for worldwide distribution.

Jim and Kathy Schmidt, Touch for Health Instructors since the late 1970s and owners of the Bellevue School of Massage in **Bellevue, Washington**, have Touch for Health as one of their backbone courses. Washington is one of thestates that requires insurance payments for massage therapy which now includes Touch for Health.

The IKC faculty members in the United States are affiliated with the Touch for Health Kinesiology Association, which is the successor of the Touch for Health Foundation's membership organization. This group took over the membership responsibilities when the foundation closed its doors in 1990. They continue to be the mutual support and referral organization and have put on annual Conferences since the 15th Annual Conference of the TFHF, this makes the 1998 conference makes their 8th annual conference and the 23rd annual conference in the US for TFH Instructors to come together and share ways to help people more effectively through touch and muscle/postural evaluation.

In **Scotland** the TFH program is headed by **Gail McKerrow**, who is a faculty member of the International Kinesiology College, Touch for Health School. She recently opened the Scottish Kinesiology School, 1997 and is training Professional Kinesiology Practitioners after the Bruce Dewe model with Touch for Health as a basic course.

In **Norway** the TFH/K program is headed by TFH Instructor Trainer **Tom Pedersen**, who founded the Norwegian Kinesiology School, which is a two year training program for Practitioners with TFH as a basic course. Tom also is very active in the Government's Alternative Medicine Committee of Norway. He is working to develop an Alternative University with Touch for Health Kinesiology as part of the curriculum.

Alfred Schatz of Kirchzarten, **Germany,** near Frieberg, investigated TFH after witnessing TFH balances at a Health Fair in London. He and his then partner, **Susanne Degendorfer** and his friend and fellow licensed natural health practitioner **Matthias Lesch** and his partner **Helge Petres** all became certified TFH instructors and trained thousands of people in TFH in Germany ,developing the largest Touch for Health Kinesiology training program in the world, the **Applied Kinesiology Institute (IAK)** of Germany. This program has over 25,000 student days of training in TFH/K programs each year. The TFH basic programs are a major part of this institute. Susanne Degendorfer and Helga Petres now run the TFH programs for the IAK and were part of the original team of 4 TFH instructors that spread TFH through Germany together with all the other TFH Instructors that they have trained.

Jean Francois Jaccard, Holistic Trained Practitioner and massage Therapist became a TFH Instructor, translated the TFH book and charts to French, then became Touch for Health Foundation Faculty member. He has a holistic health center in Geneva, **Switzerland** and, with his group of Touch for Health Instructors trained by him, sponsored the first International Touch for Health International Conference in Switzerland. He continues to train TFH Instructors in his Institute in Geneva. He has introduced TFH in a number of hospitals and in medical groups. When I toured Europe in 1980 Jean Francois arranged for me to speak and demonstrate TFH methods to a large medical psychiatric group and to the entire staff of one of the major hospitals in Paris, France.

In **Belgium, Dominique Monnet M.D.** originally appointed as Touch for Health Foundation Faculty for Belgium has developed the Belgium Kinesiology School which trains Kinesiology professionals and Touch for Health Instructors. She has been an important leader in introducing the TFH/K model throughout the French speaking parts of the world. Many TFH Instructors in France have come through her school.

Touch for Health Kinesiology development in France has recently been exploding as a result of the pioneering work of **Jean Francois Jaccard and Dominique Monnet**. New books on Kinesiology Touch for Health are appearing such as *La Kinesiologie, art du test musculaire, equilibrez vos energies* (1997) by **Dominique & Virginie Bernascon** of Paris, published by Editions Jouvence of Geneve, Switzerland, which presents Touch for Health and other Kinesiologies for the public. In 1998, *Manuel Practique de Kinesiologie* by **Jean-Claude Guyard,** was published by Chrysalide Le Souffle d'Or. This book also presents the Touch for health approach with additional muscle tests that Guyard, a physical therapist, has developed. Both of these authors have training centers in France, along with a number of other training centers which

have developed in recent years which regularly have training programs in TFH/K.

RoseMarie Sonderreger, a psychologist in Zurich, Switzerland became the second TFH Instructor in Switzerland for the German speaking portion of Switzerland. With her husband, **Bernard Studer**, she developed Integrated Kinesiology, with Touch for Health and Educational Kinesiology as the backbone courses. Their Institute **the Zurich Kinesiology Institute** was the first to develop a two and then three year diploma program recognized by the government for payment of balances based solely on the Kinesiology training that their institute required. Their programs are so successful that they have between a two and three year waiting list for admission to the Integrated Kinesiology three-year program. In 1997, this group also sponsored the largest conference ever held in TFH/Educational Kinesiology at the University of Zurich, co-sponsored by the Alternative Medicine Department of the University of Zurich, with 749 attendees from all over the world. The presenters on the program from countries all over the world varied in qualification from lay TFH/Kinesiology instructors to College Professors to health professionals licensed in every field from Psychology to Medicine . RoseMarie served for four years as President of the international Kinesiology College and has been active in the development of the professional Kinesiology school of the college.

In **Denmark , Grethe Fremming** was the first TFH Instructor Trainer and has a school for training people in specialized Kinesiology with TFH as the basic course of study. She and her husband **Rolf Hasselbaun** have developed the school of **Transformational Kinesiology**, turning over the Touch for Health Instructor programs in Denmark **Lena Jorgensen**. Grethe succeeded Rosmarie to the Presidency of the International Kinesiology College. The legal requirements in Denmark prohibit a medical doctor from training anyone but medical doctors, so **Henrik Langgaard, MD** has taken over the responsibility of spreading the word of Touch for Health to the medical community in Denmark. He also has been the head of "Research Centre for Unconventional Cancer Therapies" in Denmark since 1996. In 1995, Henrik arranged for me to speak to the Denmark Manual Medical Association and at two medical schools and the largest hospital in Copenhagen.

In **Brazil,** TFH was pioneered by **Jose' and Arogoa**, an attorney, and his wife, **Henny**, translating the TFH material to Portuguese and becoming the first TFH Instructor Trainers in South America. This program is now headed by **Gerardo Vale** and his wife **Ivanette Silva** of Brazilia, Brazil. He was a former member of the Government as National Assessor. In the Rio De Janeiro area **Clovis Horta Correa**, was the Touch for Health Faculty member and until recently on the Faculty of the IKC. He developed a program to teach Touch for Health called **Balanceamento Muscular**. He is president of **Instituto Brasileiro do Balanceamento Muscular** and travels to Argentina to teach these programs as well as heading several centers in Brazil which teach the program and see clients.

In Spain, the first courses were taught by **Brian Butler. Fernando Muñoz Caravaca** is the International Kinesiology College's Touch For Health Instructor Trainer today and regularly teaches not only in Spain, but also in a number of South American Countries. Fernando is the head of the **Instituto Karuna**, which has Touch for Health as its basic course and includes professional training in Kinesiology including the programs of Three in One Concepts and Professional Kinesiology Practitioner.

The first Spanish translation was done by **Lilly Visaraga** of Venezuela, and was never published. Only photo copies were made for a few classes. **Marge Murray** of Wisconsin, an IKC faculty member, translated another Spanish version (*which is now out of print*), **with Elsa Jacobowitz RN**, and TFH Instructor to use in her training programs in Mexico,. Ilsa teaches Touch for Health in her native Chile and Nicaragua as well as Utah where she now lives. In 1998 a new updated version of TFH was translated by **Juan Carlos Monge**, a physical therapist from Barcelona Spain. He has also translated and printed all the TFH charts and folios and he with his **wife Francesca Simeon** head **Vida Kinesiologia School** and clinic. In Spain, many physical therapists utilize TFH as part of their professional physical therapy practices. Juan Carlos and Francesca also sponsored the International Specialized Kinesiology Conference in Barcelona, Spain in 1998. They also have developed in 1996 a program for training professionals in a deeper understanding of the Techniques used in Touch for Health I, called, ***Working Deeper From the Beginning.***

In **Austria,** the IKC Touch for Health Trainer is one of the most widely read Alternative Kinesiology Trainers, **Do-Ri Rydl** of Vienna. Her books are in all the bookshops in Austria. Her courses are filled and she has written a weekly newspaper column in Vienna. Touch for Health forms the backbone of her Institute courses.

In **Italy, Maurizio Piva** heads the program of training Touch for Health Instructors and the **Italian Kinesiology Institute**. The Italian Kinesiology Association which is composed of people trained in Touch for Health and other Kinesiologies by the Institute is working for recognition by the Italian Government as a separate Profession of Kinesiology. This training program is anticipated to be of between three and four years in length and cover not only specialized Kinesiology courses but other more standard health curriculum courses.

The present IKC Touch for Health Instructor training faculty for the U.S. are **Paula Oleska**, of New York and a native of Warsaw Poland, where she also gives Instructor Training programs; **Marge Murray** of Wisconsin, previously mentioned related to her teaching in Mexico, and a leader in developing goal setting prior to balances; **Arlene Brown Green** of North Carolina, who has taught thousands of people the basic TFH courses and received the annual award for the most people taught in a single year several times. She is now is teaching others to be TFH Instructors along with other Kinesiology courses.

Carrie and I have never changed our minds about the need for a meeting of lay, paraprofessionals, and professionals who utilize the TFH/K approach in their work and lives, so each year we try to lend support to these gatherings where lay and professional speakers present papers and give demonstrations of their latest ideas. I have presented at every one of these meetings.

Sheldon Deal D.C., has presented at all but the first two of the meetings of TFH/K. Sheldon has been a tremendous personal friend and invaluable friend to TFH/K, devoting untold time and economic resources to the support and enrichment of TFH/K over the years. Sheldon has served as chairman of the **ICAK** and is currently chairman of the international examining board of **Applied Kinesiology**. Sheldon's presentations have always been eagerly anticipated for their succinct delivery of the latest developments in the field of Applied Kinesiology that are of value and applicable in our personal lives and/or in our work as instructors, consultants, therapists, etc..

When I was President of the Touch for Health Foundation and head of the faculty, one of the requirements to remain a Touch for Health Instructor Trainer was to present a paper at the Annual Conference. If a person desired to become a TFH Instructor Trainer, they would present a paper so that all the international faculty, who must approve of them joining their ranks, could see them in action. It's my feeling that all idea are valuable and deserved respect, even if I don't agree with them. When calls for papers for these conferences went out , no paper was rejected outright. Some papers were commented upon and sent back for revision so that they could meet the standards of the conference. This allowed many people who later developed their own Kinesiology programs to introduce their ideas to a worldwide audience which attended the TFH conferences at the University of San Diego each summer.

Among those were **Jimmy Scott, Ph.D.**, who began his career at the National Institutes of Health and later was on the faculty of the University of California Medical School in San Francisco. His interest was in the use of muscle testing to help people overcome allergies, environmental pollution and geopathology. He developed what is now a worldwide group of health workers using his method which he calls **Health Kinesiology**.

Richard Utt was given up as a goner by the Veterans Hospital, told to go home to die, and to have his wife call the hospital to arrange for his funeral. This so angered this young man that he sought out a naturopathic physician, **Dr. Sheldon Deal,** on the advice of a friend. Richard improved under Dr. Deal's care and became very curious about the muscle testing procedures and their basis in meridian therapy. Dr. Deal recommended that Richard become a Touch for Health Instructor , which he did. He then continued to study and presented his ideas at the TFH Annual Conferences. These ideas developed into another Specialized Kinesiology protocol called **Applied Physiology**. Many health professional utilize his methods exclusively or in conjunction with the biomedical treatments they had previously been trained to use. Touch for Health is a prerequisite to the Applied Physiology training programs.

Wayne Topping Ph.D. became a Touch for Health Instructor in the late 1970s and presented and continues to present his work at the TFH/K meeting. Wayne developed ***Wellness Kinesiology***. Wayne has written 8 books on TFH/K and presents his materials all over the world and trains others to present his Wellness Kinesiology. Wayne also continues the training of people in Touch for Health and **BioKinesiology** which was developed by John Barton to help lay people help themselves.

A special note needs to be made about **Rev. Jim Reid**, the Baptist Chaplin of the Las Vegas Strip, who took up Touch for Health after leaving that position. Jim studied all the various Kinesiologies and developed what he called **Christian Kinesiology**. Jim was the founding President of the **International Association of Specialized Kinesiologists** as well as a member of the **TFHF board of trustees** and taught classes in Touch for Health at the extension division of the University of Las Vegas.

Many different religious beliefs are held by the users of the TFH methods. The biggest criticism of TFH in the religious communities has come from those that seem to be least informed. A couple of books on the "New Age" by Christians have warned that TFH is "new age" and therefore dangerous or even "of the Devil". As Christians, Carrie and I were concerned about these criticisms because the authors of the books made no attempt to talk to us before making these comments in print. We went see the Reverend Peter Wagner Ph.D., a member of our church and head of the WorldMissions Department of Fuller Seminary in Pasadena. When he and his wife Doris heard the story they laughed and Peter pulled out a book which said similar things about him. He said, "The Lord knows the truth and these people need prayer for their salvation." A number of years ago one of our Christian friends, **William Borrman, D.C.** of Wisconsin, wrote an apology for Applied Kinesiology. He argued that **AK is of God,** using bible references in both the Old an New Testaments which indicate the need for healing with touch. Although this did not change the minds of many who had already made up their minds without any real investigation, Carrie and I have presented Touch for Health at many Charismatic Christian programs with very positive reception. I currently head the **Touch Healing Ministry** of the Malibu United Methods Church, where I use the TFH methods in the context of healing ritual.

There have been a number of books written attempting to explain what is "Kinesiology/Touch for Health". One of the earliest **was *What is "Kinesiology"-An Introduction to the History, Development and Current Use of Muscle Testing*** by **Gordon J Dickson,**(1990) privately published in Australia. This book was sold primarily in Australia through the Australian Touch for Health Association. This book was written "to fill the gap ... in presenting this information in a readily approachable form to the general public." A second book, published by Thorsons, an imprint of HarperCollins, **called *Thorsons Introductory Guide to Kinesiology Touch for Health*** by **Maggie La Tourelle**, with **Anthea Courtenay** in 1992. "This is an information book covering the wide scope of Kinesiology; it is not intended to be an instructional manual..." A Third book for the public trying to explain the TFH Kinesiology approach is by **Ann Holdway** called *Health Essentials' **KINESIOLOGY Muscle Testing and Energy Balancing for Health and Well-Being*** published by ELEMENT with offices in UK, US and Australia in 1995. This book is one of a group of books " ...to help the newcomer by presenting high quality introductions to all the main complementary health subjects..." In 1997, Leila Parker published her *Touch For Health Kinesiology, a Conceptual Overview* , the objective of which is to, "introduce you to TFH, it's background, concepts, philosophy, and some of the basic procedures involved". There have been many other books written since the introduction of Touch for Health which have helped to let the general public know about the value of TFH Kinesiology and give information on where to find help and more information on its use in the home and professionally.

Dr. Philip Maffetone, an Applied Kinesiologist who studied TFH with me while attending chiropractic college has supported the TFH programs and written a number of books utilizing the same principle as advocated in Touch for Health Kinesiology among which are in ***Everyone is an Athlete***,(1990) and, ***Training for Endurance-Guide for Triathletes, Runners & Cyclist***, (1996). Phil has contributed to the TFH Conference programs by giving excellent presentations on how world class athletes are benefited by the principles advocated in the TFH protocols.

Yogi Bajian, of the "3HO", the healthy happy holy organization of Sikhs was an early patient of the Thie clinic and advocate of his students becoming TFH instructors and utilizing applied Kinesiology. They later integrated it into their entire program. **Jas Wan Singh MD**, a young American medical doctor from the 3HO group, learned TFH and then was among the first medical doctors to be part of the ICAK and along with **John Diamond MD.** Both of these doctors were part of the ICAK committee to develop ideas on how to integrate Applied Kinesiology with other medical practices.

There's really no end to the list of people, institutions, concepts and programs that have had their start, or important inspiration in the basic foundations of TFH. And the subsequent development and dissemination that the TFHS has enjoyed through the participation of so many people is without measure. Please forgive me for not mentioning everyone who has helped in this endeavor. I plan to have a comprehensive update of the TFHS tree diagram to include in my forthcoming book, Remembering Wellness, so be sure to share with me all of the latest information! Thanks to all of you and those of you to come who will join in the Touch For Health Synthesis vision of making the world a better place through touching for health.

I would like to mention some of the former members of the **Board of Trustees of the Touch for Health Foundation** who served as volunteers over the years and gave invaluable advice, spoke at our meetings and personally advised Carrie and I. Special thanks for that sage advice and devotion go to **George Goodheart, D.C., Fred Stoner, D.C., General Dwaine Fawe**, retired, United States Marine Corp and professor of Law at Pepperdine University, **Leonard Duhl MD**, psychiatrist and professor Public Health and Urban Planning of the University of California at Berkeley, **Sheldon Deal, D.C.,N.D**. past chairman of the ICAK and President of the International Examining Board of Applied Kinesiology, **Lindy DeWit, Ph.D**., executive of the Girls Club of the San Gabriel Valley for many years, **Richard Beryn Ph.D**. Communication Professor of the University of Southern California and Keynote speaker for IBM, who presented some of the most inspirational programs at the Touch for health Annual meetings, **Coby Schaatfoorth of Holland**, a pioneer in the holistic nursing profession who helped bring Touch for Health to Israel as well as her native Holland, **Gordon Stokes, Warren Jacobs, M.D.** and **Bruce Dewe, M.D.** who has pioneered the professional practice development of TFH Kinesiology Approach world wide with his Professional Kinesiology Practitioner training.

THE CURRENT PERIOD OF TRANSITION FOR TFH/K

Issues Of Politics, Economics & Efficacy in Kinesiology

Political issues in the field of Kinesiology need to be understood in terms of the most judicious use of power. Who has the right to use, teach, write about, publish, develop, change, and practice the methods of Kinesiology? Who has the power to certify or license instructors or practitioners of Kinesiology? Who can regulate, limit, enforce, censure or punish those who are working in the field of Kinesiology?

Will we work together for international recognition of Kinesiology as a distinct profession, or let the practice be individually licensed in some countries and considered part of the domain of an existing professions (such as medicine, massage, or chiropractic) in other countries? Will we all remain vigilant to ensure that at least the basic level of Touch For Health Instructor may be attained by any layperson without prior academic training, or will there be an ever higher academic requirement for people to touch each other for health? These are questions which are playing themselves out every day. Will they be answered through agreement and consensus, or by the chance results of our disparate efforts?

We need to be realistic about the powers that be, government institutions and international, national, and local law, as well as organized professional institutions and business associations. We have seen that in the U.S., the American Medical Association has managed to establish their dogma of Medicine/Science as almost a state religion with the AMA as the high priesthood. We have experienced decades of witch hunts, where "Quack busters" have used their self-referential standards to judge alternative healing models and essentially persecute many healing practices *nearly* out of existence. However, it is the very magnitude of that success, and the subsequent failing of modern medicine to adequately address the health needs of the people that has resulted in our current resurgence of alternative world views and healing practices,

which are now being honestly examined and integrated with the best of allopathic medicine.

We need to be aware of varied laws, and cultural customs by country and by location that constitute real limits in the way that we may teach or practice Kinesiology . We must identify the instances where it is appropriate to work within existing systems (such as combining TFH with other healing methods under another professional license, massage, DC, MD, etc.). We must also explore our options for working outside the limits of regulatory systems, such as the TFH Instructor model which bypasses the professional licensing issue with a lay, grassroots teaching approach. We need to determine to what extent we can regulate ourselves, and promote open discussion of techniques, ideas, and objectives with a maximum degree of inclusivity, and a minimum of recrimination.

We need to be a united politically in the area of regulation. Our internal politics must be kept internal. Our joining together for external political cooperation is essential to ensure the greatest public benefit from our safe, economical , health enhancing programs. The chiropractic profession did not make any major governmental gains until they could put make a united appeal to the government. They had to decide among themselves first what they wanted from the political bodies and come to them unified. This is what TFH/K must do if we seek recognition from any government institution.

The original model for the TFH program was as a lay, self-care, grassroots approach. The system is so safe and so simple that no training and certification need be required before anyone can safely use it in their daily lives. With the development of professional TFH instructors, consultants, and Professional Kinesiology Practitioners, another set of regulations and standards needs to be established. Can we all agree on general standards of care, reasonable and necessary fees for services, professional ethics and rules of conduct? How will we regulate ourselves, deal with complaints against individual practitioners, and how will we respond to the efforts of outside agencies to define the limits and procedures of Kinesiology practice, whether they be insurance companies, governmental legislators, third party vendors or agents, or consumers/ consumer groups?

I believe that right now, and moreso in the future, we have more in common ideas and goals than we do differences. Will we always have complete agreement? No. Will there be times when we have diametrically opposing views, or feel that other members of the TFH/Kinesiology community are, in fact, doing the wrong thing or behaving unethically? Sure. None of us are perfect and we will all make mistakes. And we are all unique and cannot agree on everything. But we need to maintain our sense of common purpose , or professional regard, in an effort to promote a MAXIMUM of possibly correct variations of TFH/K that will benefit people and a minimum of controlling, narrowing, fossilizing rules and dogma. Of course, we want professional standard, but we need to focus most of our energy on what we agree with and support and want to promote, and a minimum of time attempting to control, censure or punish. That which is truly not of any benefit will die out on its own. A house divide d against itself cannot stand. Let us nurture what is good in each other, an let what's not good expire through lack of attention.

Is goal to nurture or punish? The goals are conflicting. Within the Judeo Christian tradition, the answer is easy, "Vengeance is mine sayeth the lord", "Judge not lest ye be judged." And "Do unto others as you would have them do unto you". Yes, there are times when we must unequivocally state to others that we believe what they are doing is wrong, but we must always do so with their ultimate benefit in mind, knowing also that we are not God, and we may not know what is the best path for another person.

We need to be able to distinguish between people who we respect and ideas or practices which we criticize. Whenever we can have discussion about competing ideas, to enrich and increase our understanding of each other, rather than argument to decide who is right or wrong, we are remembering wellness. We really can't control the behavior of others, so let's agree where we can, agree to disagree where we can, and where we cannot merely disagree, to focus our condemnation on harmful behavior, not on human beings, letting each approach the common goal in his or her own way, so long as we are helping people and not harming them.

Like members of a family, we will undoubtedly have conflicts, and we needn't shrink from some collision of ideas and purposes, so long as we recognize our common bond and

common purpose like siblings who grow up together and tussle like young tigers, but still maintain their love and value of each other, and fiercely protect members of the family from any outside attack. We must recognize that we will find that there are times when we have competing or contradictory ideas and practices, or we have competing economic issues. We need to maintain

mutual regard, multiplicity of possibly valuable views and techniques, EVEN SEEMINGLY DIAMETRICALLY OPPOSITE OR CONTRADICTORY concepts and approaches to helping people. This is a testimony to the multiple ways in which the whole Soul may function, and not a question of the right way and the wrong way. We need to realize that whenever we perceive our fellow Kinesiologists as market competitors, and seek to degrade their validity either on the basis of their technique or their level of competence, we shoot ourselves in the foot, as we degrade the validity of the whole field. If we instead take the approach of cooperation for a common goal, cheering each other on to ever more effective means of sharing our knowledge and facilitating healing and health, then we will find we are all better off. This is remembering wellness in the political arena.

ECONOMICS

The economic include the ability for individuals and institutions to remain solvent while they disseminate this information. One of the approaches to this issue has been the trend of professional fee-for-service practices of kinesiologists. As we develop the most viable and ethical ways to develop Professional Kinesiology Practitioners, I think we need to develop in parallel the original teaching model of TFH which allows individuals to remain solvent while teaching others to do their own self-care. Another economic issue is one of access. We want everyone to have an opportunity to learn these techniques, regardless of their economic circumstances. This will require outreach, scholarships, internships and so forth. We have almost no scholarship funds. Almost every Kinesiology teaching institution is nearly 100% tuition driven. As we grow and become more established as lasting and valuable educational institutions, we need to envision receiving endowments from both public and private sources to fund research and ever greater access to Kinesiology for all.

Now is the time to envision what we want TFH Kinseiology to look like 25 years from now at the Golden Anniversary of the publication of the TFH book. How are the people "in the field" that are earning their living and supporting families and putting children through college, and saving money for retirement going to be able to practice Kinesiology and pay the bills? Will Kinesiology be integrated into established medical systems, recognized by insurance and Managed Care organizations,and government programs. Will access to Kinesiology be eventually considered an integral aspect of universal health care?

EFFICACY

If you are more interested the Efficacy (the extent to which a given process contributes to the richness of your experience of wholeness and wellness) than in the Mechanism (the "scientifically provable" explanation of the "cause" and "cure" of "disease") then the Remembering Wellness approach to the TFH Synthesis will appeal to you. You may find a deeper understanding of yourself as a unique Soul and a richer appreciation and experience of wellness and meaning in your lived life using this simple method of tapping into the Soul's natural and mysterious recuperative powers. If these techniques must first fit into your preconceived sense of the possible from a western scientific worldview , then you may be disturbed by the mystery accepted in process of Remembering Wellness with Touch For health.

I once met a man on a plane who asked me what I did for a living. I told him that I was traveling and promoting TFH. When he asked me ," What's Touch For Health?" I demonstrated a simple muscle test of his opposing grip of the thumb and little fingers. Although he had just experienced a change in the relative strength of grip , he said, " It doesn't matter what I feel. What you do can have no effect". I believe he meant that since there was no "scientifically valid" explanation for how his muscle got stronger, he was not willing to recognize that it *had* gotten stronger. This is a classic case of orthodoxy enslaving our experience within predefined limits. If the limits of your health and wellness are already predefined, I encourage you to cast off your shackles and open your Soul to the possibility of miracles. Just as the mind has an amazing ability to affect healing, it also has an amazing ability to limit our experience. This is great when we are struggling to survive and we

need to limit our perceptions to avoid being overwhelmed. The vast potential of human experience is too great to take in all at once, but let's leave our definitions of the possible open ended enough to allow our experience of life to become deeper and richer.

One model of science states that "real" science involves testing theories by repeated and independent experiments. This model is spoken of as robust at certain statistical levels, and less robust when there is more "room for chance". This model is very good for certain concrete material objects which our modern technology allows us to build. But when it comes to human beings, there are too many significant variables that cannot be controlled in isolated experiments. We cannot and do not seek to prove that any single aspect of our intervention has any singular effect. **We seek to have a highly integrated, and individual, subjective PROCESS, *which can be shown to consistently yield positive results while simultaneously having negligible risk of harm*.**

When we remember wellness with TFH, we recognize that what the person feels (emotion) , believes (faith) or thinks (cognition) at the time of the muscle testing makes a difference in the outcome of the testing. None of these factors can be controlled in the (blind, double blind, or triple blind) Random Clinical Trial, the so-called gold standard of "scientific" evidence of efficacy . We must adopt research on the outcomes of what we do. We need to concentrate on what happens in real life situations, rather than trying to control for a single discrete mechanism that is proposed to explain the results of the Kinesiology interventions. We cannot allow ourselves to be pressured into explaining Kinesiology from a solely materialistic point of view.

Human beings are spiritual beings and their holistic changes in the whole Soul will always remain at least partly a mystery within the limits of materialist measurements. We, as humans and as Kinesiologists, can profit from a consideration of the holy nature of life, when we see each life as a sign, an icon, an image of some aspect of the divine. This spiritual approach to Kinesiology will deepen our sense of community with other Kinesiologists, reinforce our sense of mission in sharing the value of all Kinesiologies and highlight the sacred nature in each person we touch for health. We can move beyond the utilitarian and functional results of Kinesiology and integrate a theological/spiritual approach to each Soul, we work with. We need to be aware that there is a spiritual aspect, a dynamic journey, a relation to God, the ultimate reality, in everything we do. When we respect and draw upon our mystical and spiritual qualities we can have efficacy with the people whom we touch that is beyond understanding.

Remembering Wellness with Touch for Health

Excerpted from the forthcoming book Remembering Wellness

Who is your primary Care provider? *You are your primary care provider.* You are the one most qualified to assess your own experience of lived life and health. You are the one most qualified to appreciate the meaning of your experience as a unique Soul, created with your own individual purpose within the Telos of the universe. To care for your whole self, your whole Soul, you need to take some time each day to assess your own experience, whether you are living your own life, the life that you were made to live and the life that will fulfill your unique Soul. You need to Remember what Wellness is for you in the context of your own unique lived life. You can then make the shifts in your energies, the changes in your postures, attitudes, choices and actions which will allow balance among the Physical, chemical, emotional, intellectual and spiritual aspects of your whole Soul. You can come into harmony with your history, your context and your purpose. This may mean simply inhabiting your own space, being present in the moment of your own Soul, or it may mean embarking on a journey of self discovery which may include responsibly requesting assistance, council or therapy from others, whether your friends, your family or a professional health practitioner or other "expert".

Touch For Health *is the name of the manual which I wrote in 1972 introducing a System of concepts, methods and techniques integrated within a holistic world view, which lend themselves to creative participation of individual souls in a process of whole person assessment, stimulation and balancing of subtle energies to increase harmony for the fulfillment of each individual's unique purpose. Touch For Health in practice is an ongoing process of remembering to be well, remembering what it is like to be well, and imagining what wellness*

can be. Now that I have retired after 35 years of chiropractic practice, I am able to devote the time to write ***Remembering Wellness*** *the follow-up to* ***Touch For Health*** *which so many people have requested over the years.* ***Remembering Wellness*** *expands upon and contextualizes the concepts and techniques of* ***Touch For Health.***

We all have moments when we find that we do not have the energy to do the things that we want to do, or else we cannot control our energy in an appropriate or effective way. Sometimes, if we stop for a moment to remember what we already know about our own Soul, we can recognize our own mistakes or unreasonable expectations and make a change. But so often we get out of touch with our selves- our own body/mind/spirit becomes a mystery to us. We forget our own Wellness. Perhaps we are able to benefit from the attention of a professional specialist who treats some named malady, but find that relief of individual symptoms still leaves us wondering, "What is going on with me?"

Two people can work together, using a system of safe, simple techniques to assess, stimulate and balance the energy systems of one another's soul --the whole person-- with a high degree of consciousness and integration of all of its aspects. ***Touch For Health*** *offers many excellent ways to assist ourselves, our family, friends, and our clients to Remember Wellness and to reclaim our own consciousness of and role in our own health.*

Remembering Wellness with Touch For Health (TFH) has its origins in the insights of Chiropractic, Osteopathic, and Kinesiological studies. Taking the understanding of ***posture*** and the concepts **of *innate, distributed intelligence*** which functions in the whole person in a massive parallel process, we then integrate the ***subtle energy assessment*** techniques of the Eastern meridian models, incorporating ***western bio-feedback methods of manual muscle testing***, or Kinesiology. In this way we are empowered with a truly holistic concept of health coupled with simple yet highly effective methods of enhancing our experience of our individual health and wholeness. The Touch for Health system as it has developed over the past 30 years is now seen as a major modality in many of the body work systems.

Remembering Wellness through the TFH approach involves an alternative paradigm of health and wholeness. In the twenty five years since I first began to widely share the holistic world view its' understanding and influence in the West has greatly expanded. However, much of the public and scientific/medical community remains locked in a narrow, exclusive, materialistic perception of health. The shift in attitude which comes with the understanding of the TFH paradigm contributes greatly to the potential for healing change for individuals working with their friends and families and those in the healing professions ministering to their clients. **Remembering Wellness is the ongoing process of grasping this paradigm and unleashing its power within our lived lives.**

The vast explosion of scientific and medical information which has been and continues to be generated makes it impossible for any one practitioner to know everything that is known about the body's functions even within the limited parameters of biostatistical normalcy. Medical specialists have highly developed knowledge of specific aspects of the human body and often, especially in cases of extreme disease and acute trauma are able to achieve results that were never before possible. There are very few of us who, in case of some extreme medical emergency, would not want access to the full arsenal of surgical procedures and pharmaceutical therapies of modern medicine. Yet once our knife wounds are sewn shut or the symptoms of our named diseases are treated, once we are cured, many specialists find they have neither the time nor the training to help restore our experience of health in our lived lives.

The responsibility for assessing our own health or illness and seeking out the assistance that we feel we need falls back to our own self. Therefore, the authority must also remain with the person, the Soul experiencing pain or suffering. The Soul which is having interference with health and inhibition in reaching the goals of a life, with at least some happiness and sense of well-being must remember his or her own wellness, and assert his or her own definition of wellness. With this restoration of authority to the person suffering or malfunctioning comes the responsibility to know one's self as a Soul, a whole person. We must recognize that we are important to the world for just being who we are and fulfilling our reason for being here on earth.

Touch for Health was designed to be a methodology that is complementary to other methods as it does not claim to help any and every human situation all by itself. Although TFH may alleviate much discomfort, you, your family, friends or your client might also benefit from prescription drugs, surgery, herbs and other pain or discomfort relieving products , vitamins, minerals, psychological counseling, massage and body-work ***in conjunction*** with TFH.

Remembering Wellness with Touch for Health is used first as an enhancement to our wellness and as a supplementary, complementary or integrated element of other therapies. However, TFH has also been found to be of great benefit for those who are not sick by any medical definition, yet have specific symptoms, have been to a professional and have been told that there doesn't seem to be any organic cause for their suffering. The professional recognizes a genuine complaint, but is unable to pinpoint a specific cause. Those who have been told that they simply need to learn to live with the limitations, or pain of age/physical condition and reduce certain activities, may want to remember and focus on wellness. Those who take pain or tranquilizing drugs, sleeping pills, or receive methods of massage or physical therapy that provide only temporary relief of ongoing symptoms, or have been told, "You will need to take medication for the rest of your life", may find that a process of remembering wellness through practice of the TFHS will produce dramatic results in their experience of living life.

To gain a maximum benefit from Remembering Wellness it is helpful to examine the assumptions of dominant orthodox world views and compare them with our own beliefs. We may intellectually accept alternative perspectives, yet still act in our lived lives as if these truths are not really valid. **We as part of the Western Cultures and Societies are suffering from oppression by the dominant belief system which we often accept to a greater extent than we imagine.** This paradigm has already shifted, but so much of our daily experience and so much of our language remains limited by the dominant paradigm, it is difficult to "talk the talk" much less "walk the walk." Remembering Wellness involves re-inventing for ourselves our concepts of health, touch, pain, imbalance, illness, the meaning of Soul and purpose in our lives. We need to examine our idea of "therapist" and "patient".

Most everyone accepts on some level the idea that each of us is a unique Soul. But so often we find it hard to see the relevance of this fact in our lived lives. Our individuality seems to get deposited in separate compartment of our lives labeled "psychology" which has, at best, secondary importance in our experiences and activities. Our Soul is placed in yet another compartment with other abstract "religious" ideas that may have some bearing in some theoretical afterlife. In the here and now we are constantly confronted with the assumption that, for all practical purposes, we are all alike.

How often we assume that if a treatment works for one person, it will work for others without consideration of the uniqueness of the individual and the other factors of their particular life. Everyday we hear people say things like, "chicken soup is good for a cold" or, "aspirin is good for headaches." It is really a very comforting concept in our fast-food, quick-fix culture. The idea is that for each named disease, as identified by particular symptoms, there is one cause and one cure. It is very convenient to simply take a pill, be "cured", and get on with more important things. This allows the doctor to see a maximum number of people, and the patient to go through the least amount of bother describing the minutiae of their life to the busy doctor. Once the basic symptoms are described, a specific drug can be prescribed.

But why, then, do we hear so many complaints that doctors don't listen to their patients? The doctor is in a hurry. Tests and Machines and Laboratory Procedures yield the truly relevant information. Your opinion as to the significance of your illness, what it means and how it is effecting your lived life is perhaps something to take up with your therapist, who is paid to listen to how you feel, and not your doctor whose high tech machines and lab tests will tell him all he needs to know. And how many patients would be satisfied leaving a doctor's office without so much as a pill? Perhaps we are happy if we get a "clean bill of health". Our Cholesterol is normal, our fat content as a percentage of body weight is not too bad, our heart continues to beat, our CAT scan shows no ominous abnormalities. But are we any healthier? Do we have a rich sense of our own wellness, or are we simply "not sick"?

Health is not merely the absence of signs and symptoms. Wellness is not defined by the biostatistical parameters of "normalcy". Health is an experience of well-being, physically, mentally,

emotionally, spiritually, socially, as a Soul (a whole person including the physical person, the mind, the passions, the emotions, and the volition) in a lived life. When we experience health, we fulfill the role of the healthy person. We work towards the realization of goals and a sense of fulfilling our mission in life with some happiness.

Our doctor may only want to discuss the objective condition of our physical body, our psychologist addresses our psychological issues, our priest the condition of our soul. And with each subdivision of the whole Soul, we are constantly confronted by the notion that we are divisible into parts that can be treated individually. A hip specialist will treat the hips only, pain in the knee requires a knee specialist. It is left to the individual to re-integrate the council of these professionals into a vision of ourselves as whole Souls

The assumption in specialization that one part can be treated separately from the rest of the person is partially true. Western emergency medicine is truly miraculous in it's ability to preserve life in cases of catastrophic injury. But in the focus on individual parts, many medics have lost site of the whole human beings they mean to help. Conscientious doctors will do their utmost to help their patients make an informed decision which takes into consideration all the alternatives to drugs,surgery or therapy as well as the clearest possible picture of the meaning of any ailment and any possible remedy within their patients' lived lives. But in practice we find that many circumstances,philosophical, political, economic, academic and personal, combine to deprive us from really making a decision that takes into consideration the whole Soul.

Remembering Wellness from the TFH perspective involves assessing and addressing a maximum of factors and dimensions that make up the whole truth of our experience. The whole truth relates to the complete person. The mind, emotions, spirit, body, volition, intentions, etc. are all aspects of a Soul, created uniquely to have a specific purpose in a lived life. The entire Soul is effected any time anything is changed. Any event that occurs impacts our whole being--physical, emotional, cognitive, spiritual. Any event changes physical structure as well as emotions, energies and thoughts. Perhaps we are not aware or conscious of an event which has effected us, yet there may be some effect on the *way* in which we are conscious.

We believe that there is more to life than just the material world that can be measured with the five senses. This world view does not deny that the observation of things with the five senses is important. However, there is more to it than that. The TFHS incorporates safe and simple methods of assessing and addressing emotional, intellectual, and spiritual aspects of the whole person as well as the sensory, physical, structural, postural and chemical.

We can illustrate our holistic model of health by imagining a four-sided pyramid. Each side represents an aspect that is equally important to the integrity of the whole: structure, chemistry, the mind (conscious and unconscious) , and emotion. The base of this pyramid, upon which all else is founded, is spiritual TRUTH and LOVE. The pyramid is located within a context and environment that has significant past, present and future dimensions.

In the course of human history the separation of truth and love, one pursued in the scientific community and the other in the religious community, has made for both unloving aspects of our sciences and untruthful aspects of our religions. Each day we make choices that either make us more fully what we have been created to be or bend our being to some other image of what we or others want us to be. It is helpful to consider how this is so in terms of each different aspect of the pyramid of health, but it is important not to lose sight of the interconnectedness of each aspect. What effects one aspect of the whole Soul effects all of the other aspects, chemical , emotional, structural, mental and spiritual. In order to truly understand how we all function we must see that we are each created with a unique intelligent design and purpose for our lives and what our lives represent. Therefore, if there is a plan and a purpose, there must be a Planner. There must be a God.

When I say the word God, what image do you have? Stop a moment and think about what feelings you have when you hear the word God? What to do you feel about the feelings you have right now? Does contemplating God change your posture, your attitude, your stance? What do you believe in as the ultimate reality? We all believe in something, even the atheist *believes* that there is no God.

The TFHS is based on the Intelligent Design theory. W e are designed by God and the way we function can be seen as part of a grand design. We

do not invent anything in healing, we only discover how the grand design works. We believe that there are reflexes on the surface of the body that will effect the internal functioning of the person by touching these reflexes. We believe that the muscles relate to these reflexes as indicators of the functioning of the internal processes. There is a natural recuperative power designed into the whole person, culture and community. The human being and the world we live in also are intelligently designed.

Remembering Wellness with Touch For Health involves asking ourselves the big questions. Is there a power outside yourself that is greater than yourself? What is the image of the "Ultimate Reality" in your belief system? If you do believe that there is something greater than yourself, do you believe that you can draw on this power to have more abundance of wholeness in life?

In the energetic healing model, it is assumed that the human being draws on energies beyond those derived from the chemistry of ingested food. What that energy is called will depend on your belief system. In the Touch for Health(TFH) I say that we are working with that power in a ***cooperative manner*** to allow the natural healing system that is designed into us to function effectively with the TFH interventions which help to balance us as Souls, meaning everything about us. My belief is that we all have this power/energy working and it is the balancing of this energy that allows us to have it work most effectively through us as a whole Soul. We may choose to say there is a power or energy that is beyond our conscious control, and even beyond the limits of our individual being and understanding. And there is clearly a pattern and structure to the way this energy functions in our lives. But it is another step to say that there is an actual Personality and a Plan and Intention directing this energy, that there is God, and a Divine Telos of the universe.

It's my firm belief that God does have a plan, and that each of us has been created by God with a specific purpose. It's also my firm belief that whether you agree or not, it's of great personal value to contemplate that mystery. Deep down, we all have beliefs about the purposefulness of all creation(Telos) and our individual purpose within it. Most often our beliefs are implicit in our perception of reality andwe are not consciously aware of our own assumptions. Belief in or about God can be an ongoing process of discovery, or a lingering doubt, a nagging question, a denied , or neglected dimension of our lives. Neither accepting nor rejecting God frees us from the lifelong task of living in harmony with our highest values, our deepest beliefs, and putting our energy into what, in the end, really matters to us. If we hang your goals on our highest truths, life tends to have more MEANING, if not structure and endless bliss.

Whether we see the world as inherently benevolent, loving, and the Life principle as Love or we see the universe as inherently indifferent and without Personality or intention is a profound and crucial factor in our Wellness. Even if the Universe IS indifferent, we still are left with the challenge and responsibility of finding meaning and purpose and GOODNESS in our lives. It *may* be that *ultimately* nothing means anything, but to US, our lives are still potentially very meaningful.

My belief is that God is everywhere and infinite. God is always involved, the question is coming into balance with that involvement. It's always partly a dance or SEEMING contradiction because of the limits of perception. The fullness of living cannot be analyzed, dissected, and coldly understood. Analysis can be a helpful process, but by it's very reductionist nature, it is incomplete as an experience of wholeness of being. Religions are paths to a special kind of epiphany in which our consciousness transcends the limits of perception. Remembering wellness with TFH is an approach which seeks to integrate this epiphany and consecrated moment with our everyday walk. Life becomes a serious of small and large epiphanies, of mindfulness of Wellness.

There will always be a question and discussion about whether all paths lead to the top of the mountain, or if there is One True Religion. Do some religions merely meander in the foothills while others lead to true transcendence? It's very beneficial to consider the possibility that, although our own beliefs may be the best for us, they might not be the best for everyone. We cannot insist on our own dogma for everyone. There isn't only one right answer , whether religious, scientific, or professional. No answer will ever be perfect or even for ourselves. We need to remain open to the flowing, shifting, changing circumstances , while maintaining our equilibrium for our individual and group purposes.

Science, in many of its manifestations today, has become a religion. It is not science, it is Scientism. The more dogmatic, ossified and politically correct that "valid" science becomes,

the more religious science becomes. Many organized religions have similarly become codified and no longer examine their beliefs and seek the truth, but rather claim to know the ONE TRUTH. Spirituality is a scientific process in that it is a search for truth. Science is spiritual in that it seeks a full understanding of creation, life, existence. But the tools of science have been reduced to so-called "objective" measurements, and left out what most people find most real and most meaningful in their lives: their own personal, subjective, individual, emotional, mental, spiritual reality.

There is an almost overwhelming prejudice that orthodox medical procedures are highly scientific and that orthodox medicine is really the only scientific health care. Yet 85% of all medical and surgical treatment has not met the current scientific criteria for being proven effective. The FDA program to encourage doctors to report adverse effects caused by drugs and devices generated more than 4,000 serious reports in its first eight months of operation. (FDA Medical Bulletin, May 1994) They define "serious" as any one of the following: death, hospitalization, disability, a life-threatening condition, a congenital anomaly or intervention to prevent permanent damage. Sixty-five percent of the total number of reports were reactions to drugs. **(Want to encourage your doctor to report? Call 800-FDA-1088 to get reporting forms and other information. Its called MEDWATCH. It is very important to gather this data.)**

Historically, all religions began as science, the best, most thoroughly thought out and tested truths known. When religion becomes codified in narrow and literal interpretations of spiritual truths, it ceases to be scientific. In the same way, when science becomes a religion, a scientism, with a set of assumptions that are assumed to be the best and only representation of reality, it ceases to be scientific or true. Both science and religion are Processes for seeking truth. Likewise, Remembering Wellness with TFH is a process of seeking the personal truths that will allow us to experience health and wholeness. We must remain open to the many possible forms and aspects of truth in our lives to remain balanced. When we have a dogma that all must follow or be damned as unscientific, sinners, quacks, infidels, we can quickly find ourselves in ever narrowing circles of existence.

TOUCH

Touch in the context of "Touch for Health" is coming in with mutual regard in the spirit of Martin Buber's "I" and "Thou" communing. This is the idea that we simultaneously have high regard both the self and the other person. Touching for health is a specific, caring, considerate, conscious, consenting manner of coming in contact for the purpose of improving health and maintaining wellness, as contrasted with coming in contact for erotic sex or punishment.

Physical touch is the only one of the five senses that is usually thought to be a dual mechanism in the sense that in order to physically touch someone they must also touch you. New understanding in science recognizes that we may be touched by others on multiple energy levels. We have always recognized the multiplicity of the levels of touching and being touched. It can be physical, emotional, spiritual and social and usually is a combination of all of these elements. Of course it's even more powerful when we approach others with compassion and love and prayer, for the purpose of making their lives better.

REMEMBERING PAIN

In contrast to the Remembering Wellness approach which seeks a maximized personal sense of wellness and meaning, the dominant focus of medicine is on the pathological. In the allopathic, or disease-centered, tradition of health care, we find there is an almost exclusive focus on "what's wrong". Symptoms of pain and discomfort are interpreted to "mean" that there is a certain named disease present and all subsequent efforts are aimed at curing or getting rid of the condition. The eradication of symptoms such as pain is seen as an end in itself.

No one wants to be consumed by suffering, this is not wellness. We may need some immediate remedy for a particular pain even to begin to assess the status of our Soul, but if we blot out the pain entirely, what else are we blotting out? Pain-killing drugs tend to suppress more than pain. If , by virtue of a pain relieving therapy, we are reduced to a drug-induced stupor, we may not be "ill", but we are clearly not experiencing much "wellness". If we can remove pain and "go about our business" we may be tempted to call this wellness, but perhaps we have only achieved a shallower range of experience which allows us to

function in spite of whatever wounds to the Soul go unheeded .

Pain-killing medications are not "bad", nor are pain-killers the only method of treating pain that can be used out of the context of the whole Soul. The pain pill is just one form of therapy that may take away pain but also take away sensation, feeling, and meaning at the same time. We may avail ourselves of any number of therapies that will allow us a pain free and simultaneously meaningless existence.

Pain in the TFH model is seen as a disturbance in the energy of the Soul and, as such, affects the whole Soul, not just the nociocepters (pain nerves) and the pain centers in the brain. Pain-killers and other pain relief techniques may indeed facilitate our ability to address the Soul holistically, but our approach to pain, like our approach to life, begins with the consideration of the unique form and purpose of the individual, whole Soul.

However, this is not to say that Remembering Wellness is always focusing on and digging out the painful areas of our Soul. To always be dwelling on pain is not to be experiencing health and wholeness. In the life cycle of the Soul we strive to be in a role of being healthy as much of the time as possible, but it is also part of life that we experience downfall, injury, illness, impairment, and dying. It is important to recognize our current health context and operate within a role that is appropriate.

Yes, we assess and address our pain and grief, our hindrances and blockages, imbalances and weaknesses. We don't want to repress our experiences and their meanings. We don't want to deny the reality of our Soul and our situation. But we look at these issues of the Soul from the perspective of Remembering Wellness. First we focus our attention on the experience of wholeness that we know is our potential. Then we consider what blockages in the flow of energy are keeping us from our full potential. The muscle-testing biofeedback techniques of Touch For Health allow us to make an assessment of the balance of energy within the whole Soul as reflected in the state of the physical body. Remembering Wellness is an ongoing process of expanding our vocabulary to describe the full range of possibility of our own unique experience of life. This means learning, imagining and inventing not only many new words to express our goals, aspirations, dreams, desires, joy, happiness and ecstasy, but also a rich vocabulary to give voice, meaning, and fullness to our pain, suffering, defeat, failure and despair. Remembering pain is part of remembering wellness where it is part of the process of allowing our life energy to flow and take us through the full range of our emotions, our thoughts, our actions and movements, our chemistry, our spiritual journey.

LEARNING TO REMEMBER WELLNESS

The strength of the TFHs is that it is a safe and simple process, a "daily hygiene" approach to holistic health that can be done as easily and as efficiently as brushing our teeth and bathing on a daily basis. Just as it's inefficient, dangerous and costly to wait until some major pain occurs in our teeth to pay any attention to them, we don't want to wait for some major illness to remember wellness.

How do we balance our energy toward the fulfillment of our unique Soul? What is the most important aspect of an energy balancing? I have found in my years of Chiropractic service, just as thousands of healers throughout the ages have learned through experience, that ***it is probably more important to allow a person who is suffering to express their pain and it's meaning than to perform any given therapy***. If I had to choose whether to only listen to the complaint and perform no therapy or perform only my chiropractic therapy and listen to no complaint, I would almost always choose to listen. This is a safe bet because I know that the Soul heals itself and *I can only facilitate it.* It's a well known statistic that, under basically ideal conditions, 80% of patients will get better regardless of the therapy involved. By listening, I do no harm and may really help a portion of the remaining 20%, but if I perform a one-size-fits all sort of mechanical procedure, without regard for who I am touching, I may do some harm to the unique Souls who I touch. By inhibiting their expression of their own individual personality, and their own experience, I am disregarding and threatening their very existence!

So the first thing we do to facilitate remembering wellness is to listen to the Soul with whom we are working, hear what seems to be the problem at this particular moment in time, and establish a clear image of what the person wants to have happen. In the TFHS this process is called Goal Setting, and again, if this were the

only part of the process I were allowed to do, I'd feel like I was doing the best thing. Since human Souls are dynamic, and their balance of energy is always shifting, and no one is more truly qualified to know what is right for themselves in any given moment than their own selves I would probably be better off doing nothing than guessing what was right, *in that particular moment, for that particular person*, without engaging the Soul in the process. We manage the infinite aspects of the whole Soul by attempting to address the Soul's need at the moment and in the context that we come into contact. Knowing that each thing we do affects all other things, if we establish a goal that is appropriate for the Soul at this moment we will most efficiently address the whole Soul.

For each unique person and each unique balancing we choose a unique goal. This process is described in the TFH Manual, but I have found it so powerful that I devote an entire chapter to Goal Setting in the forthcoming book, Remembering Wellness, and discuss in detail the goal setting protocol that I am currently using. Once we have chosen a goal, we then use a variety of metaphors to bring "on-line" a maximum variety of aspects of our whole Soul in order to stimulate the parallel processing of the Soul's own natural and mysterious, even miraculous healing process.

With the Goal set and the Soul engaged in a meaning rich exploration of purpose, we can then begin whatever Kinesiological or other other healing modality that we prefer for balancing our energy. Yet, we have already taken powerfully therapeutic steps. Whether you substitute your own quiet contemplation for all of the Kinesiology and acupressure of TFH, or think of some other therapeutic modality in place of those letters, I believe that the process of Remembering Wellness can have a profound meaning in your lived life. In Touch For Health we follow Goal Setting with the western bio-feedback technique of manual muscle testing or Kinesiology to make energy assessments within the Eastern energy models. These assessments would otherwise take years of training in sensitivity to the flow of energy throughout the systems of the soul.

It becomes easier to see how everything in the universe effects everything else when we begin to see how we are effected on so many levels by so many aspects of our experience. Every time we touch someone, physically, emotionally, intellectually or spiritually, the effect is exponentially expanded by the subsequent contacts of the people we touch. The interconnectedness of all people is an easy mathematical fact to prove. The meaning of the phrase," If you want to save the world, start by saving yourself" becomes more clear as we remember wellness in terms of fulfilling the purpose for which God has spoken us forth to be.

You may be able to remember your own wellness and fulfillment of your Soul in private meditation or prayer, but you may very well find that the processes of Remembering Wellness with Touch For Health are highly beneficial additions to this practice, as well as alternative, supplementary, and complementary to other therapeutic modalities.

You might want to make the pilgrimage to Santa Monica and take my Six Day Remembering Wellness with TFH Training to learn how I am currently contextualizing and applying the TFH methods. Or you may be one of the people who choose to road test the book and CD and learn how to apply the Remembering Wellness concepts through your own experience, giving me feedback, and reports that in turn will teach *me* how to improve my practice of TFH. The book and CD are two of the ways I'm trying to share this information with as wide an audience as possible for the greatest benefit.

Touch For Health/ Kinesiology in the New Millennium

My original vision as a health professional was to be able to train my patients to be able to help themselves to improve their awareness and participation in their own experience of health. I developed a simple program of assessment and balancing of subtle energies through muscle testing and acupressure. My patients were able to bridge the gap between feeling "not well" or imbalanced and feeling "sick enough" to consult a professional. They improved their own preventative self-care habits and increased the benefit of professional health care. This was so successful that lay people who experienced the benefit of TFH wanted to "pass the word" as TFH instructors. This fit well with my model of TFH for personal health promotion. I envisioned a grassroots sharing of information and assistance among family and friends in the community as a support and supplement to the expertise of health care paraprofessionals and professionals.

Since that time thousands of lay people have become effective instructors of TFH and spread

these simple, safe, yet powerful techniques throughout the world. Many lay people are in fact able to have a career as a TFH instructor. Experts have developed and adapted the Touch for health system in the specific contexts of their professions, which include religious ministry, psychological counseling, education, etc. Within the health-care field, TFH has proved beneficial across the spectrum in the context of nursing, chiropractic, massage therapy, and various other modalities including traditional Western medicine.

In fact, use of TFH together with standard medical care, before during and after more invasive medical procedures, is an area of very positive results and vast potential future growth and benefit. TFH has been beneficial in reducing apprehension and stress, increasing the effectiveness of medication at lower doses, reducing the impact of side effects and reducing recovery time from surgery. So far, the use of the subtle energy model of TFH integrated with the biomedical model has been mostly informal and anecdotal. But the benefits make this a high priority for formal and **specialized training for integration with the medical model as well as formal study and documentation of outcomes**. As an adjunct to traditional biomedicine, use of Touch For Health as part of a preventative, Wellness program can contribute to decreased need for drugs or surgery, fewer and shorter hospital stays, faster and more complete recovery, and enhanced awareness and experience of health.

Touch For Health has proven to be an minimalist approach which compliments the high-powered technology of modern medicine. Both the danger and the expense associated with drugs, machines and surgery have made us all aware of the need for something like TFH that will allow safe, inexpensive, and effective interventions that start the natural healing system in a holistic, health promoting way. Where minor or mysterious, medically unexplainable symptoms can be ameliorated through lay assessment and balancing TFH proves a boon to everyone who's not really "sick" but doesn't really feel "alive and well". Where symptoms persist or are severe, TFH aids in individual self-awareness and self-responsibility in seeking professional help before a medical emergency. TFH advocates awareness and attention to symptoms rather than denial or dismissal of "minor" symptoms as insignificant. TFH also advocates a wellness centered, life-affirming approach which results in health-promoting and preventative action rather than disease-centered reaction.

This is perhaps most dramatically evident on the field of athletic endeavors where TFH is of great benefit for more frequent peak performances, enhanced personal bests, reduced injury rate and decreased recovery time. TFH promotes a whole person approach which helps balance not only an athlete's training program, but also to balance training and competition with other areas, purposes and relationships in life. TFH is easily learned by athletes who can use it to assist themselves and other athletes. TFH integrates very well with the advanced techniques of sports trainers, physical therapists, and sports doctors. World-class athletes from around the globe have reported delight at having done their very best and experienced more rapid recoveries through use of TFH.

Great benefit has also been seen in the context of the classroom. Related Kinesiologies, such as EduK, have had tremendous results and corresponding growth applying the TFH subtle energy model to the learning experience, particularly among children. The education of teachers and children in a holistic, wellness approach to life and learning is perhaps the greatest contribution we as TFH instructors can make to humanity. TFH helps increase the effectiveness of learning and teaching. TFH also aids in identifying where learning is blocked and which learning modalities are most effective for each individual. Perhaps most importantly, TFH facilitates the discovery of each person's natural gifts, and the experience of their fullest potential. TFH fosters an early and ongoing awareness of each person's unique design and innate ability to improve their sense of well-being, transform their attitudes, enhance their sense of purpose, and increase their ability to function. The Continued growth of TFH/K in the context of education could have an infinite positive impact on the lives of our children, on our communities and nations, our world and the universe.

TFH/K is one of the ways that the special ability of healing can be discovered and developed in all people. Some people are particularly gifted in healing, but our present system of training healers isn't really geared to identifying and encouraging naturally gifted healers. In the effort to protect the public, we continually increase the requirements that must be met before any healer can have contact with any "patient". Many healers are thus prevented from exercising their gift

because of financial or philosophical barriers, while others pay the high price in time and money only to find that they aren't happy in their career. There need to be more opportunities for all health professionals, surgeons, kinesiologists, nurses, chiropractors, dentists, internists, osteopaths, naturopaths etc., to be sure that they have a gift of healing, or at least some aptitude and a real desire to be healers, before they start into years of preparation for the professional schools. Learning the basics of TFH is an excellent low-risk first step for anyone considering a career in health care, and can facilitate the discovery and development of the gift of healing in many people who might never have considered the possibility that they could be healers.

TFH has also had an awe-inspiring impact among the retired and elder population. With the increased mobility and individuality in our societies, there has been an unhappy disintegration of families resulting in a large amount of neglect of older people and a huge loss of wisdom and caring that older people have traditionally provided our young people. I have been deeply moved to see my elders thriving in second or third careers as TFH instructors, full of life and energy in their old age, helping themselves and others truly enjoy their "golden years". In the U.S. we are experiencing a crisis in public education. Retired people represent a potential volunteer army that can serve in schools as teacher's aids or visiting teachers. We can provide the fundamentals of TFH and the wellness approach to life, together with grandparent-like interaction that so many children lack. Other elders, and children trained in TFH methods, could be of vast benefit in convalescent hospitals and retirement homes, supplementing traditional medical care, possibly reducing the need and cost of medicine, enriching the sometimes isolated lives of the elderly and infirm, and increasing the sense of purpose and richness in their own lives.

I hope that you will be able to Remember Wellness in your unique walk of life and that the TFH/K methods will be part of your daily hygiene, in addition to any other healing practice, and be able to have more peak performances and personal bests, more rapid recovery from injuries, more effective relief from chronic problems and **be able to fulfill the purpose(s) for which you were created and have a more exciting, enjoyable, graceful life**. Share Touch for Health gently and lovingly with those that are ready to accept the help they can receive with the methods. Not everyone will see what you see, or feel what you feel. Stay the course.

THANKS FOR SHARING THE VISION

Advanced Kinesiology Centres®
Educating Alternatives™

Presented by Jenni Beasley.
Professional Presenter for Educating Alternatives

Universal Healing Model

Educating Alternatives was created as the educational arm of Advanced Kinesiology Centres and is founded upon the vision that we have entered an era of global awareness, cooperation and unity in which Kinesiology plays an integral part. It's purpose is to help set a new standard of excellence in educational and health alternatives and the development of choice. A.K.C - E.A is dedicated to a process of continuous refinement both professionally and personally. Striving to synthesize the most effective and flexible approach in developing alternatives where they seemed not to exist.

Educating Alternatives is committed to influencing the greatest number of interested people in the most empowering way. Supporting associations and bodies of similar direction sharing information and resources with the aim of mutual fulfilment and development.

Educating Alternatives is structured to create practical alternatives to enhancing an

investment in one's own health and wellbeing.

The primary point of the whole effort in Advanced Kinesiology has become the approach of:

1. Find It.
2. Fix It &
3. Challenge It.

Points two and three are primarily technique oriented, but part of point one has developed into a new reference for finding not only where a problem is, but also in what context it exists.

This is the discovery of the Universal Healing Model (UHM). It is a practical reference for identifying change of CONTEXT when working with clients.

The UHM is a reference that is large enough and non specific enough to cover all the possibilities of how Context can become a natural part of how Kinesiology, thus addressing the whole person more effectively.

The UHM addresses the relationship of the Functional Neurology of human and

adaption. Specifically the UHM looks at how we respond to adaption the way we do, not why we adapt the way we do. Hence the term 'Functional' applies more specifically to what we do in Advanced Kinesiology. All the researched information comes primarily from the responses of real people to these techniques over an extended period of time.

This section covers the basic structure of the UHM and how it is best used.

Universal Healing Model History

The UHM was born from the beginnings of what was to be part of a curriculum for Nurses to study both traditional and alternative medicine in a Kinesiology Hospital. In an attempt to bridge the gap between Kinesiology techniques and the Medical models my thinking was triggered as to what the staff would need to know to be effective in both areas.

My first thought was that it would be simple, although I soon changed my mind. It seemed the only appropriate information to teach to them, was mostly of the references to the laws of how people function when they are going through their healing processes. These references are pri-

marily related to my training in Homeopathy, but some crucial information was derived from my experience with Applied Kinesiology. Some of the illustrations of the overview of Applied Kinesiology were only of AK, not the whole person.

With a few changes to expand its scope I developed the Universal Healing Model. This proved to be an enormous paradigm shift in how I and other practitioners were to approach the application of the laws of healing and Kinesiology. The diagram that I developed was a description of what was to become a major reference in Kinesiology testing and has become the basis of Advanced Kinesiology. This has become one of the most significant influences in the development of how to apply Kinesiology effectively.

I continued my research and found many references that eventually went into a manual that later formed the workshop **"Healing Principles"**.

I also continued to investigate the significance of the Universal Healing Model and it started to unfold its symbolic references as a contextual model. What the model was showing us was that to be able to include all the needed references when working with a client we had to know what context/s we were working in.

This led to the realization that if the correct values were associated to the corrections being done we would achieve a greater and long, lasting affect. The correct values were able to be brought up to the surface simply by identifying the context in which the problem had been created in the first place. Any corrections done in this correct context meant that the person could heal themselves more easily.

The UHM proved to be a symbolic model not only of the contexts involved in any human endeavour, but also started to prove itself via other sources. Its structure is the same as what Buckminster Fuller describes and uses as the basis for his geodesic domes. This of course is all based on his triangulation mathematics which even today describes the structure of the atomic shells and even describes the mechanism of radiation, where other theories have yet to do the same.

We are navigating through the waters in life and how we respond as a functional neurological cybernetic system is influenced by many factors. It has highlighted the defensiveness of our need to survive and at the same time the incredible potential we all have buried within us.

With further investigation the UHM has proved an invaluable reference for understanding how the basic components of Mental (patterns), Emotional (values), and Physical (structure) relate to each other to display the relationships of Fears Habits and Beliefs as major motivators in our lives.

As the research and observed responses from the application of the UHM continues, the amazing story of how we actually function becomes clearer and clearer.

Healing Principles is an introduction to the need for contextual references as a necessary part of how we function and achieve success in life. The primary elements of the UHM are;

MENTAL * EMOTIONAL * PHYSICAL * MERIDIANS

The total effect of the integration of these elements is to increase the "Quality of Spirit".

The model naturally developed through observing how the muscle testing interacted with this new reference and checking these responses with independent references to identify what the UHM wjó rídicating. For example when the priority element was identified via testing, it was investigated to find the nature of what was being represented by the person. The appropriate correction/s were found and applied. The result was an incredible improvement on an already extremely effective approach we had in Kinesiology.

When more than one of these elements showed as equal priority we were able to find Fears, Habits and Beliefs. This research lead to the development of other workshops explaining how the UHM covers every aspect of how we live and adapt.

Educating Alternatives works on the philosophy that a person is already perfect for what they are to achieve in their lives. All that is needed is to find what is stopping the person from expressing that perfection. The statement "What do I need to learn?" Is replaced with "What do I already know that has led to this situation. What do I need to unlearn?".

The UHM represents one side as the Physical influences on the person and how well the physical is standing up to challenge. The second represents the Emotional responses in a person.The third represents the Mental or psychological patterns that influence a person's reaction to life.

The relationship between these different aspects of human health is mutually dependent. If one side becomes deficient or excessive it has to have an effect on both the

other sides. Therefore anything that helps to correct one side of the triad will have an effect on the other two sides. This means that anything that has an affect may be seen to be appropriate, but may not be the priority correction for this problem. Not until the priority side is dealt with in the priority way that the correction will be effective in the long term. The communication between the three sides is done via the Meridian System. This forms a triangle within the main triad and shows the relationship the meridians have with all the other sides. When the priority area is dealt with correctly all the components will come back into balance.

The total effect of these different components is to increase or decrease the **Quality of Spirit.**

The choices a person makes in life evokes subconscious reactions that may be in opposition to what that person wants, then the quality of spirit will continue to go down. If the person is able to implement the things needed to keep these three sides working together, the quality of spirit will continue to improve and grow. So the priority area to work on with any problem or disturbance will be either the Meridian System, the Physical, Mental, or Emotional. The most destructive problems are those which attack the highest number of these components. These types of disturbances require a correction that may need elements of each of the components of the triad to be truly effective in balancing the problem.

The aim of all the Educating Alternatives programs is to increase the Quality of our existence. The technique of choice to enable us to do that is by using a means of verifying what component or correction is the priority one, and this is done with muscle testing.

The goal of Educating Alternatives is to create alternative views, and new options to teach as many people who would like to listen so they can improve the quality of their lives. Educating Alternatives has the view of integrating as many modalities, that have a proven track record, with Kinesiology, so Kinesiology may be able to expand into all areas of the healing industry.

To better understand the relationships that determine the influence of Fears, Beliefs and Habits, we only need to observe the combined function of the basic components of the Universal Healing Model.

For example, the resultant reference established by the mixture of our Emotions and Mental patterns is the reference we call "BELIEFS" From the experiences we have through life, we make certain conclusions about those experiences. We then accumulate these conclusions into an integrated reference. This reference is then combined with our existing or constructed Mental patterns to form a structure. Because the experiences we went through evoked Emotional responses, this reference is justified by the emotions we felt and so creates the evidence that the experience was real, at least to us. It is the creation of this evidence that supports the Beliefs we have and use in a number of different ways.

If we look at the combination of Emotions and the Physical abilities we have, without any Mental patterns to structure the responses, we start to understand the Fear response. Fear is Emotional reaction expressed Physically. While we are able to control the reaction we call the result FEAR. When the reaction becomes too strong for us to be able to compensate for, we call it Phobia. Phobia is an extension of the Fear process where the mitigating factor is our ability to control the effects.

The remaining combination of having a Physical activity being structured by a Mental pattern is HABITS. With no or little emotion, the resultant behaviour is the Physically reproduced action according to certain Laws (patterns). These are habits, rituals and traditions.

The combination of adjacent sides of the Health Triangle combine to form the FEARS, HABITS & BELIEFS categories. These three categories oppose the remaining side of the triangle and explain further the behaviours people engage in through life.

As a summary of these relationships we can see that FEAR opposes the Mental or Intelligence of the person. This is a very obvious fact. When a person is engaging in a Phobic reaction there is very little access to their intelligence to overcome the reaction. The more they are able to access their intelligence, the more control they have over the reaction and are able to keep it at a fear level.

The category of BELIEFS opposes the Physical side of the triangle. This is perhaps not as obvious as the Fear versus Mental, and is just as influential. When a person has a conflict in the Belief System it shows itself as a Physical symptom. This is why many symptoms will only be resolved when either an emotion or a mental pattern is corrected as a belief.

The category of HABITS opposes Emotions. Most of the reasons why a person would not be able to resolve their emotional conflicts is because of their habits of either do-

ing that emotional behaviour, or some other habit that is associated with that emotional behaviour. This is particularly relevant to the fact that until the Mental patterns and the Physical representation of these patterns are corrected, the emotions either, remain, and/or, return.

PERCENTAGE TESTING

Percentage testing is an important part of how Advanced Kinesiology can be used to keep track of the progress a client makes relative to any particular issue.

As we measure the amount of Emotional stress by testing for the Percentage of Negative Emotional Charge, and Mental stress by the percentage of Misperception, and the Physical stress by the percentage of Body Habit, there are percentages for measuring the amount of stress on any part of the UHM categories.

For FEAR related stress we test for the percentage of Fear. This is a measure of how much fear, either a combined or a single fear, is influencing the situation. Looking for its opposite in the percentage of Intelligence as a measure of the positive response.

The ideal is 0% Fear and 100% Intelligence.

For BELIEF related stress we test for the percentage of Conflict of Belief. Here we are not so concerned with what the actual belief is, but rather the relationship of, either a number or a single, belief to other beliefs. While this conflict continues to exist, a person will be defeating themselves before they even attempt to achieve anything. Beliefs are reliant on one crucial property for their existence - EVIDENCE. For a conflict to be overcome, the person must have enough Positive Evidence to support a new positive belief. So the measure of the positive is the percentage of Positive Evidence, relative to the issue at hand.

The ideal is 0% Conflict of Belief, and 100% Congruence.

The Universal Healing Model continues to show new ways of discovering the neurological patterns of how we do life. It has lead to discovering ways into the meridian system, techniques for defusing compulsive behaviours, and explanations of where Genetics has its place in Kinesiology.

This is an ever evolving and growing understanding and as it continues to show us more of how we are who we are, Educating Alternatives is committed to teaching these advancements to the Kinesiology Profession.

ENERGY - THE ESSENCE OF EXISTENCE.

This part of the presentation highlights the importance of energy as the medium in which we work. The body, mind, and emotions all need energy to operate successfully. So we need a way of being able to assess if there is enough energy to use. One very effective way of doing this is with **Percentage testing.**

As a general measure of this energy testing for the **Percentage of Available Energy,** has proven to be a good gage of energetic change from the corrections done.

This is then extended to the idea of testing for the **percentage of available energy for more specific areas such as: "Recuperation", "Healing", "Utilization".**

This can be applied to any general or specific condition. Eg, for specific muscles, digestion, adaption, relationship etc.

LAWS OF HEALING .

For the UHM to have any long term credibility it has to work according to the Laws of Nature. These laws applied to human recuperation are known as the Laws of Cure. From observation of clients the most important Law of Healing is the law of Action Reaction. Allow me to give you an example of being burnt, cut or injured in some way and reproducing the affect that created the problem again, but to a much lesser extent.

Eg, after being burnt, place the burnt area 'towards' the original or another source of heat until pain is aggravated 'slightly' then pull back. Repeat this process until the person feels a 'rush of energy' or some type of change in the effected area. The result is a healing response that is ten times faster and efficient and with no scaring. What causes the injury can be used to stimulate an exaggerated response to the injury from within the person.

This shows the importance of the person's own reaction ability and the stimulation of healing that occurs because of it. Why don't we do this automatically?

COMPENSATION. We learn too well to compensate enough to be able to avoid the symptoms but then we very rarely get back to correcting them properly. We end up with a series of compensations to events in our lives that never get resolved properly. These compensations lead to other imbalances and energy drain that can become worse than the original imbalances.

Doctor Hering researched the effects of homeopathic preparations on his clients and found definite and repro-

ducible patterns of healing and summarized them into three main directions of Cure.

1. **Cure is seen as change from the Head Down.** Attitudes change for the better and relates to the **Neocortex.**
2. **Cure is seen as change from the Inside Out.** The observed symptoms on the outside are usually the last to clear. A lot of emotional release is observed here. Relates to the **Limbic system.**
3. **Cure is seen as change in the symptoms as a reversal of the order of their original occurrence.**

The **Cerebellum** is the storage computer of all events that have happened to the person in the physical reactions and the associations to these events. It is the memory of our physical existence. When we have enough available energy to heal, the cerebellum brings up the last unresolved issue to be corrected, by recreating the symptoms. We then overcome the symptoms in the correct way, so eliminating the need for compensations.

HEALING CRISIS.

In Educating Alternatives we are very aware of the true definition of "Healing Crisis" and the fact that people create symptoms as a part of their healing processes. Muscle testing is the identification source as to whether a person is having a healing crisis or not. Also, whether they are on their "Line of Cure" or not.

The elimination of toxic or unwanted tissue or chemicals from the body creating symptoms. These symptoms are a part of the process of cure and may NOT need to be worked on. Working on a healing crisis can suppress the process and the person will be worse off. If a person is on their line of cure, they will be more likely to be having a healing crisis. Not all symptoms are showing destruction, and may be showing a cleansing process.

When a client starts the road of healing himself/herself quite often the **HEALING CRISIS** will occur, which is generally misunderstood. When understood, the client looks forward to and enjoys thoroughly the thought of having a healing crisis. The healing crisis is simply the body cleansing itself, cleansing its tissues, replacing the old tissues with new, so a cleansing crisis is something which is quite often needed by the person to eliminate toxins from the deeper recesses otherwise not touched.

It is a wonderful thing to see this in practice and how people can truly reverse the process of disease and bring themselves back to a better health state.

With the use of Advanced Kinesiology techniques we can reduce, if not completely eliminate the discomfort produced while a person is going through a healing crisis.

When a person is in fact going through a healing crisis, sometimes it is more appropriate not to do any correcting because the person is already correcting himself / herself.

It is difficult for the average person to identify the difference between the healing crisis and a disease process. Through muscle testing of course we can identify the situation straight away and allow the active healing power of the person to carry them through the healing <u>they need to go through</u>. It is sometimes difficult for a person to accept the fact that the healing crisis comes at the time when they are feeling their best. Invariably a client will say "but I was feeling really well, it was the best I had felt in my life". It is at this time you can usually expect the crisis to occur and it is at this time when the crisis can do its best work.

A person increases their available energy and when their energy gets to an excess the excess is turned in on themselves to facilitate their own recovery. At this time the body itself is doing its greatest work. **Its life preserving job.** It's literally ridding the old so the new can take its place.

Using symptoms only as a means of identifying treatment may not be the best criteria.

SUPPRESSION.

A major pre-supposition of Educating Alternatives is that all imbalances are related directly or indirectly to suppression and symptoms are an attempt to expose these suppressions.

The concept of illness.

"All the processes which we describe as illnesses are the expression of biologically advantageous defensive measures against homotoxins, or they represent the biologically appropriate attempt by the body to compensate for toxic damage sustained, in order to maintain life as long as possible." Hans-Heinrich Reckeweg MD.

The expression by the body of illness as symptoms, is the given right of the nervous system to tell the true nature of the defence mechanisms being used in the body. The elimination of this means of expression is SUPPRESSION

and suppression of the very spirit of human healing.

Before we actually look at the topic of suppression, and to better understand it, let me start with a few necessary pieces of information.

To understand suppression, we have to be aware of the process of healing that we all use when we are functioning normally. This infers that there is a "normal" state. This "normal" refers to how the body\mind successfully negotiates obstacles it encounters during the course of living. In fact let's look at the actual process of muscle testing first to explain how it is related to suppression.

The body\mind is a cybernetic system. This means it is constantly monitoring what is changing in its internal and external environments. From that feedback it is creating adaptions and\or corrections to be able to continue its best possible function. Muscle testing gives us the ability to tap into these feedback loops of the body\mind and by observing the change in state or response of a muscle we can identify where a correction or adaption cannot be made by the system as it currently exists. We can then further identify the nature of the new information needed by the body\mind to make the appropriate correction or adaption.

This is an extremely important part of the Educating Alternatives and needs to be explained as being the reason why we do what we do as Kinesiologists.

SUPPRESSION FINGER MODE.

It is so important to us at Educating Alternatives to find and correct suppressions. The finger mode for suppression is as follows:

Hold the little finger nail into the first (distal) crease of the thumb and test. When this creates and indicator change, put it in circuit and correct the response.

Whenever an imbalance seems not to respond to Kinesiology techniques there is usually a context and or suppression that has not been identified correctly.

Check this mode after every correction that is done and the suppressions can be found and corrected straight away. Have fun.

Educating Alternatives -
Advanced Kinesiology Centre
Postal Address: P.O Box 2111.
Nth. Ringwood 3134.
Melbourne. Australia.
Phone / Fax +61 (0)3 9870 7702.
Europe Office Ph/Fax +31 (0)543 524307.
or +31 (0)543 521470
Email AndrewVerity@compuserve.com

Absolute Potential
Creative Kinesiology Centre
Jenni Beasley
P.O.Box 405
Ringwood. 3134
Melbourne.
Victoria. Australia.
Phone: 61-3-9724-9018
Fax: 61-3-9724-9218

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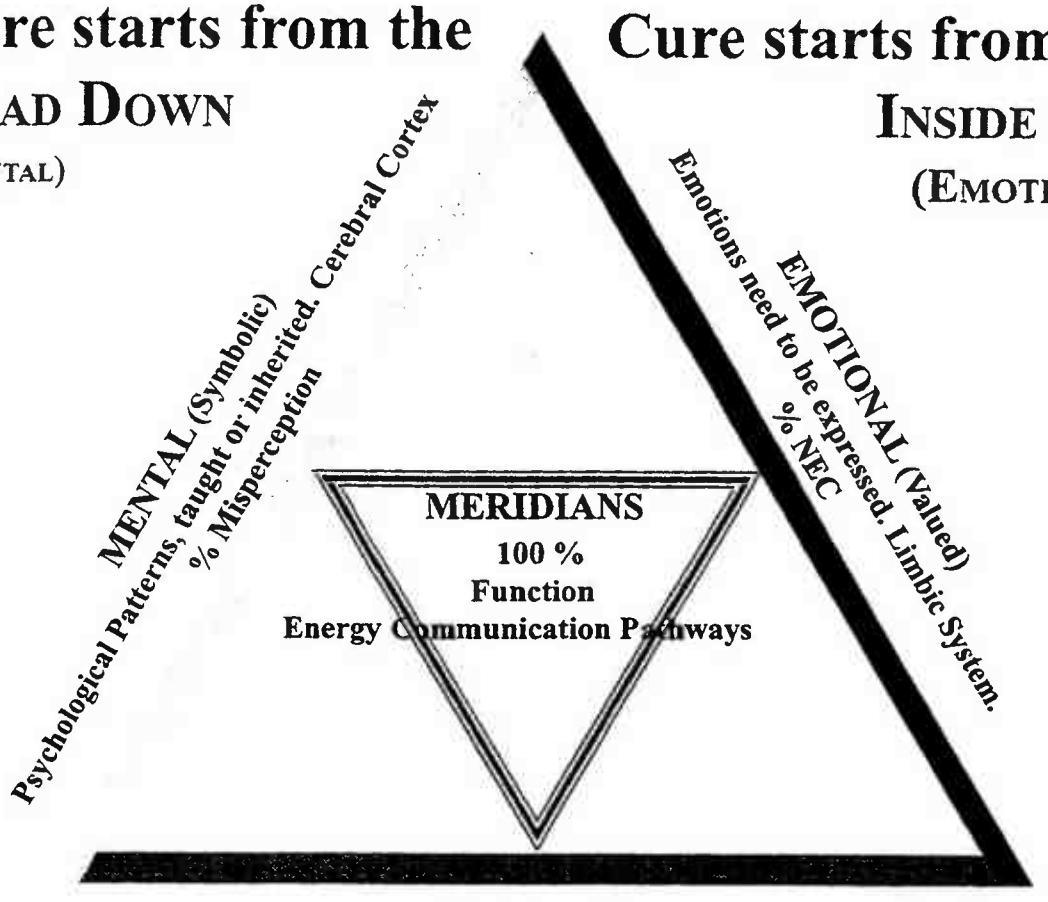
UNIVERSAL HEALING MODEL©

Increasing Quality of Spirit

Hering's Laws of Cure

Cure starts from the HEAD DOWN (MENTAL)

Cure starts from the INSIDE OUT (EMOTIONAL)



PHYSICAL (Actual)

Biochemistry, Physiology & Anatomy. Cerebellum.
% Body Habit

Symptoms appear in the REVERSE ORDER of their original occurance. (Physical)

% of Available Energy

Test for the Percentage of
Available Energy for
1. Recuperation
2. Healing
3. Utilization
4. Specific Areas or Functions

Educational Kinesiology: Ten Years of Honoring the Integrity of the Learner

Paul E. Dennison, Ph.D.

Every day the Edu-K office staff receives letters and referrals from people whose lives have been touched by Educational Kinesiology. Edu-K is loved because it is safe, easily performed, and most important, effective. People tell us that they love to do the simple yet elegant movements. They love the depth, the honoring, and the mindfulness inherent in the balance process and appreciate the way the process draws out innate human potential. Improved reading ability, memory, vision and writing are just a few of the benefits offered. Once people experience the work, they want to learn more and to share it with others.

Educational Kinesiology is loved around the world because it takes a refreshing new look at what learning, work and school, and daily life activities might be. Dr. Paul E. Dennison, the founder, and his wife, Gail, set off a revolution in education by pronouncing that "Movement is the door to learning." They maintain that educators, in their fervor to "stamp in" information, have overemphasized the mental, academic, and performance aspects of learning and, as a result, have overlooked the more physical—the visual, auditory, and kinesthetic skills needed to process that information. By addressing the physical first, the mental abilities have space to emerge and flower. And for individuals involved in any area of endeavor, the simple movements release the "trying" and bring the joy back to just "being and "doing".

Participants of the Edu-K Annual International Gathering enjoy interactive movement experiences.

The Educational Kinesiology Foundation was founded in 1987, and this year the Edu-K community celebrates a full decade of growth and expansion. The Foundation, originally only a dream of the Dennisons and a group of educators who had experienced the Edu-K process, now reaches hundreds of thousands of children and adults worldwide who are learning how to learn, bringing wholeness and ease to the classroom as well as to all facets of life.

A Brief History

Educational Kinesiology is based upon thorough clinical research with children and adults by the Dennisons and their associates. Many of the Edu-K balancing procedures were originally discovered by Dr. Dennison over a twenty-year period, as he focused on the causes and treatment of learning difficulties. Others were developed by the Dennisons out of their work with body dynamics and personal growth.

Paul Dennison received his undergraduate education at Boston University in the early 1960s, then went to California to teach elementary students in the Los Angeles public schools. He assisted in the implementation of Dr. Constance Amaden's Malabar Reading Program, well known as an innovative approach to the teaching of reading. Dr. Dennison established his first reading clinic in 1969. Two years later, after studying the seminal work of

Dr. Samuel T. Orton and of Drs. Doman and Delacato, he began introducing perceptual-motor training and checking the eye and hand dominance of students. These activities form the basis of the present Brain Gym® program and the Brain Organization course.

Over the next three years, he worked closely with Dr. Louis Jacque, O.D., a leading pioneer in vision training, and Dr. Samuel Herr, O.D., with whom Dr. Dennision shared a learning center. During this time, he further clarified his understanding of the visual midline and its relationship to the development of patterns of movement and posture that influence learning.

Dr. Dennison majored in Curriculum Development at the University of Southern California with a minor in Experimental Psychology. In 1975, he received the Phi Delta Kappa award for outstanding research. This research study for his doctoral dissertation focused on the relationship of covert speech to the acquisition of beginning reading skills. His unique approach to education, and his appreciation of the physical skills and the diverse cognitive skills basic to reading achievement, form the foundation for Edu-K's innovative contributions to the field of education.

Fruitful Collaborations

In 1976, Dr. Dennison began working closely with Richard Tyler, Doctor of Chiropractic, who introduced him to Applied Kinesiology and muscle-checking, and with sports kinesiologist Bud Gibbs, who provided a further understanding of the relationship among muscles, posture, movement, and function. Dr. Dennison began an active chiropractic and optometric student-referral program through his nine learning centers. In 1978, Drs. Dennison and Tyler created and implemented a longitudinal research study at the centers, to see how movement interventions affect learning (see *Switching On*). In 1979, Dr. Dennison took the Touch for Health course developed by Dr. John Thie, to further his study of Applied Kinesiology. His first book, *Switching On,* was published in 1980. In 1981, he taught the first Edu-K workshop, the forerunner of the Brain Gym course. He discovered his Laterality Repatterning in 1982 and soon began focusing on the adult population.

In 1982 Dr. Dennison developed the Seven Dimensions of Intelligence process through his private session work. He first offered this as a course to the public in 1983, the same year that he began his collaboration with his future wife, Gail. Gail Dennison continues to bring to Edu-K her love of music, art, dance, and natural vision. She has co-authored the Edu-K manuals and books with Dr. Dennison, and is the creator of both the Creative Vision and the Visioncircles courses.

What Makes Edu-K Unique?

Edu-K is fundamentally a study of movement, and has drawn from the thinking of such masters as Alexander, Moshe Feldenkrais, Rudolf Laban, and Milton Trager. Some of the best concepts from Applied Kinesiology have been included in Edu-K, and the Foundation acknowledges Drs. George Goodheart, Sheldon Deal, David S. Walters, John Diamond, and (especially) John Thie, the pioneers of Applied Kinesiology. Certain in-depth prechecks used in the Seven Dimensions of Intelligence are similar or identical to those used in the field of Applied Kinesiology. In Edu-K, though, we interpret these tests with respect to learning potential and the balancing processes, based on postural, attitudinal, educational, and developmental integration, not on therapeutic procedure. These methods are an integral part of our teaching process and also carry value as tools of assessment. The use of innovative educational tools, including goal-setting, the five steps to learning, and drawing out rather than "stamping in" or "fixing," together with a model for deeper understanding of the brain, the developmental processes, and the visual and auditory skills required for learning, are just a few of Edu-K's contributions to the field of kinesiology.

The Foundation, Then and Now

In 1987, the Dennisons and their associates founded the Educational Kinesiology Foundation so that others could teach Edu-K and qualify students to share this valuable work. Today, the Foundation is a not-for-profit school that offers courses in more than twenty countries, with thousands of students completing the curriculum annually. It also publishes the *Brain Gym Journal* three times each year, and holds an annual Gathering for its members. The Edu-K curriculum includes over 300 hours of course work in the areas of education, natural vision improvement, and creative arts.

The Foundation has an International Faculty of forty instructors, and the numerous Edu-K publications have been translated into more than thirty languages. The work

originated by Paul and Gail Dennison has been enriched by the contributions of many others who have added to it from their own innovative expertise. These individuals include educator, neuroscientist, and International Faculty member Carla Hannaford, Ph.D., who developed the course entitled The Physiological Basis of Edu-K and has written two books on the subject. Other International Faculty members include Pamela Curlee, the developer of Switched-On Golf; Colleen Carroll Gardner, who codeveloped with her husband, George Gardner, an Edu-K program in the Colorado Rocky Mountains through their school for teenagers, Tabor Mountain School; Sylvia Sue Greene, a Teacher Practicum Course Instructor who has taught internationally; and Don Wetsel, an expert teacher known for his work with prison inmates in North Carolina.

Paul and Gail Dennison, Founders Educational Kinesiology.

A New Home for Our Vision

The Educational Kinesiology Foundation is a 501(c) 3 corporation, a nonprofit public-benefit organization. It is funded by membership dues, workshop royalties, and donations, and it is directed by a Board of Trustees who give unstintingly of their time and expertise, attending meetings twice a year at their own expense to make our vision a reality. Its goals are to educate the public about Brain Gym, to endow the arts and to certify outstanding instructors. The Board is organized into four teams: administration, products and publications, education, and membership. They are committed to promoting and protecting the trademarks, copyrights, image, and quality of our international work. Under the Board's loving guidance the work is gaining acceptance in business, sports, geriatrics as well as in education around the world.

As the Foundation begins its second decade as an international organization, it is pleased to announce that on November 1 it will be moving to a new site in Ventura Marina, overlooking the harbor.

Not only will the Foundation have a beautiful facility in which to run its day-to-day operations, the new site will also be the teaching center for its courses. The offices include a spacious and comfortable classroom in which the rich Edu-K curriculum will be offered throughout the year. The lovely Sheraton Hotel, only a five-minute walk away, has graciously offered rooms at discounted prices to accommodate Edu-K faculty and students.

Situated on thirty-three acres of prime waterfront, Ventura Harbor Village has been designed as a center for entertainment, recreation, and shopping. Just off the 101 freeway, twenty minutes south of Santa Barbara and one hour north of Los Angeles, Ventura Harbor embodies a unique Mediterranean-style seaside village within one of the West Coast's finest harbors and beachfront areas. The Harbor Village features over forty specialty shops and restaurants, an old-fashioned carousel, narrated harbor cruises, pedal boat and kayak rentals, sportfishing, a dive shop, and boat charters. A variety of harborside restaurants serve breakfast, lunch, and dinner, offering a delicious selection of the freshest seafood, as well as Italian, Greek, Mexican, New England, and American grill cuisine.

Please join with us to make our next decade as successful as our first. *For further information, please call the Foundation at (800) 356-2109, fax to (805) 650-0524, email to EDUKFD@aol.com, or write to the Educational Kinesiology Foundation, P. O. Box 3396, Ventura, CA, 93006-3396.*

"What's Wrong With Me, Anyway?" Children Need Understanding, Not Labels

Paul E. Dennison, Ph.D.

I just met Scott today, when he came for his first Educational Kinesiology session. A nine-year-old boy with curious blue eyes, a big smile, and a sweet disposition, Scott spoke to me in quiet, indecipherable phrases that his mother quickly interpreted. When Scott first arrived, his mother handed me a stack of assessments and evaluations indicating ADHD, and listed several skills that Scott could not yet perform in the classroom. Yet, when I observed how much Scott learned in one hour and how well he responded to a movement-based instructional program—how lively and expressive he became—I was impressed and was once again reminded of my own story.

I was a late talker. I didn't reach all of the developmental milestones, such as turning over, crawling, and standing, as fast as the other kids. I finally walked at age two, when I was ready. I skipped when I figured out how, and I rode a bicycle easily at age eight, after a couple of nasty falls. However, by age nine, when I was in the fourth grade, I still wasn't reading. I failed that grade, and was held back. My mother was informed by a school counselor that I would never go to college or accomplish anything with my life. She wept beside my bed one night, wondering what would become of me. I was never that worried. My soul had its own learning pace.

Each of the roses in my garden blooms and fades at a different time, yet each has its own place, its own beauty. I have never heard of a flower with Attention Deficit Hyperactivity Disorder. If a flower isn't growing, we give it what it needs: water, nutrition, sunlight, patience, and love. Children often communicate through their behavior when they don't know how to ask for what they need with words. What missing experience does a child communicate through fearful, rebellious, or hyperactive behavior? Why can't we give children what they need to grow into their full and unique potential?

The Farsighted and Imaginative Child

I was a left-eyed, right-brain-dominant child. Consistently, in the educational literature over the last seventy years, research has shown that more than 60 percent of children labeled as having Minimal Brain Dysfunction, learning disabilities, and, more recently, Attention Deficit Disorder (ADD) and ADHD (ADD with hyperactivity) are mixed- dominant* or left-eyed and right-brain-dominant. Three-quarters of those identified as having ADD behaviors are boys. With nearly 5% of the population of learners in the United States being labeled as having ADHD, what missing experience might these children be requesting of parents, teachers...classrooms? Research on language development consistently shows that the average male at age six and a half is up to two years behind his female counterpart in linguistic sophistication. TheseADHD labeled children need specific support to become physically ready to process symbolic language in an auditory, linear presentation.

I came to school farsighted, full of imagination, and with a love of dance and music. (This is the profile of most ADD children who come to our Educational Kinesiology offices for evaluation and help.) Highly sensitive to my environment, I needed to move, touch, and explore in order to learn. I had difficulty sitting still and listening, especially for long periods, as was required in the classroom setting. It was hard for me as a farsighted child to focus both eyes together quickly, especially at near point, as is required for reading and writing. I needed to play and to feel safe—at one with my world, not separate from it. Even today, this is how I learn best. As a student, I needed to learn how to read and write about my experience after I had lived it, not before. I could make it abstract when I was kinesthetically ready, and not before I was ready, as the more auditory and analytic, left-brain, right-eye-dominant children seem to be able to do.

Is it the purpose of the school to inhibit the left eye and the right brain? Is it the task of the educational system to make everyone the same? Are we teaching children to suppress their natural creativity and aliveness in favor of memorizing information and learning not to move? In our eagerness for our children to succeed, we parents, teachers, and administrators can too easily be convinced that all children should develop and pay attention in one way only.

We can find it too easy to label those who have their own pace and learning styles as being somehow broken and in need of fixing.

When I was forced to focus on words as they lay on a flat, two-dimensional surface and when I was forced to write from left to right in a prescribed manner, I felt lost, frightened, and tense. The teacher never thought my O's were round enough or looked good enough. I vividly remember the stomachaches in school, and I remember crying all the way home. I felt alone, a stranger in a strange land.

Like most children, I could not learn easily or perform when under undue stress. Fear made me hypervigilant, unable to focus on new experiences. My senses were heightened as I reached for structure in my surroundings. In a tense environment, listening would get so acute that I could not hear myself think. My muscles would tense up, as though getting me ready to either run or freeze.

Children diagnosed with ADD are likewise not comfortable in their bodies. They need to feel safe in their musculature—they need to know that they are not threatened. Many need the kinesthetic feedback provided by movement in order to feel the size, weight, and shape of their bodies in space. Then they feel safe and can settle down. When movement is restricted or forbidden, children may comply and sit still, yet the internal tension may still be so great that they cannot think or express themselves creatively. Chemically, adrenaline has aroused the reticular formation of the brain, in order for the child to pay attention to the big picture for survival. As the senses are overstimulated and the pupils of the eyes are dilated (in order to see the periphery of the environment), no centralized attention is possible.

Fortunately, in my case, loving, accepting parents and the intervention of a wonderful teacher enabled me to relax, regain my excitement about learning, and accept academic challenges.

Movement and Play Motivates Learning

A movement program such as Brain Gym would have helped me to feel safe as I struggled with reading and writing, just as it provided safety and grounding for my young student , Scott. Scott easily learned the Brain Gym Lengthening Activities, which help release holding patterns in the tendons in the back of the body. The reflex to hold back is a survival response to events that the child perceives as life-threatening, perhaps something so seemingly simple as reading out loud in the reading circle. Once activated, this survival reflex may become a habituated response, unless it is specifically addressed. When the survival reflex is released, as it is with the use of Lengthening Activities*, children are once again able to participate, communicate, and engage more easily. My student Scott loved doing the Footflex and the Calf Pump with me, and his mother and I could hear the strength and clarity in his voice after he did them. In this relaxed state, Scott then enjoyed doing Double Doodles and Alphabet 8s, which help to integrate the left and right visual fields for reading and writing. Scott was suddenly motivated to copy his name, and now had the attention span to do it an a coordinated way, as his mother said she had never seen him do it before.

The Footflex: Grasp the tender spots in the ankle, calf, and behind the knee, one at a time, while slowly pointing and flexing the foot.

Educator Thomas Armstrong in his book *The Myth of the ADD child*, notes that "the most successful approach for kids who have been labeled ADD are in fact strategies that have been effective for *all* kids." Skilled teachers around the world know that children learn best when there are clearly defined boundaries and expectations, appropriate to their needs and stages of development. What is true for *all* kids is *especially* true for the child labeled ADD.

Acknowledging Similarities and Differences

Many stories have been told about Albert Einstein, the preeminent genius of our time, who was considered learning-disabled and out of place in school. Einstein has been quoted as once saying, "Learning is experiential. Everything else is just information." In his recent book *The Soul's Code: In Search of Character and Calling*, author, educator

and psychologist James Hillman chides us for "doing something wrong to a child to get rid of the wrong that is the symptom." He encourages us instead to discover a new perception of children. "Looking for the acorn," he says, "affects how we see each other and ourselves, letting us find some beauty in what we see and so love what we see. Thereby we may come to terms with the oddities of human character and the claims of its calling."

Hillman goes on to refer to *Cradles of Eminence*, a study of the childhoods of four hundred famous modern persons. It seems that three-fifths of the subjects studied "had serious school problems." For example, Ghandi reported that he "had no aptitude for lessons and rarely appreciated his teachers." Writer William Saroyan said, "I resented school, but I never resented learning." Winston Churchill refused to study mathematics—and was placed in what today would be termed a remedial reading class. Somehow, some of us have survived, and have succeeded in spite of our childhood educational evaluations.

I believe we are all whole as individuals and that we each hold that unique key to our own unfoldment within us. When a child comes to me for an Edu-K session, I see unlimited capability before me, waiting to blossom and flower in its own way. I don't want to be told how a child is broken. I have no desire to fix or change him or her. I believe that when we attempt to "fix" or "get rod of" behaviors that we don't like in our children, we inadvertently teach them that aspects of themselves are not worthy of love or compassion, rather than offering them a way to heal, integrate, and learn from the deeper meanings in their behaviors. Often, such split-off aspects of the personality will just emerge again later, still seeking a healthy avenue of expression. And in a broader sense, as a culture, can we learn from the behaviors of our children, or will we insist on forceful control and elimination of these behaviors, without ever benefiting from the wisdom that's there, waiting to be acknowledged?

In my own interactions with learners, what I do is to respectfully acknowledge the child right where he is, physically and emotionally, and address his physical, sensory skills as they are through reflex points and movements. Brain Gym® offers a child a new alternative to bring to the classroom; these simple movements add to his experience of the three-dimensional, sensory world, and give him permission to find his own body and feelings and be who he is. When compensations are reinforced, usually by emphasizing one-eyed reading, one-handed writing, one-eared listening, and left-brain thinking, the feeling, imagination, personality, and creativity of the individual is stifled and inhibited. By providing opportunities for the development of binocular vision, bilateral drawing, binaural hearing, whole-body movement, and whole-brain thinking, the child's true nature is awakened.

Double Doodle: Draw with both hands at the same time: "in," "out," "up," and "down," to relax your eyes and hands and to make a surprising picture at the same time!

I have seen children acquire as many as nine years of academic skills in one year, when they were ready. Let's provide joyful, movement filled, alive learning experiences for children and trust their abilities to get the information they need, when they are ready for it.

Hillman reminds us that "To see the angel in the malady requires an eye for the invisible . . . It is impossible to see the angel unless you first have a notion of it, otherwise the child is simply stupid, willful or pathological."

References

1. Hillman, James. *1996. The Soul's Code: In Search of Character and Calling*, Warner Books, N.Y., 1996.
2. Armstrong, Thomas, Ph.D. *1995. The Myth of the ADD Child*, a Dalton Book. N.Y.

Paul E. Dennison, Ph.D., is an international lecturer and educator whose discoveries in the field of applied brain research are the basis of Educational Kinesiology and of Brain Gym®. Dr. Dennison is co-founder and President of the Educational Kinesiology Foundation, and has written or co-written twelve books and manuals.

Professional Kinesiology Practitioner Certification Programme™

Bruce A J Dewe MD NZRK and Joan R Dewe MA NZRK

The new, for 1999, Professional Kinesiology Practitioner Certification Programme™ is a student centred, integrated kinesiology training programme that meets government standards in New Zealand, its country of origin. Successful completion of the programme now earns a *NZ National Diploma in Kinesiology* issued by the NZ Qualifications Authority (NZQA), a Statutory Government body responsible for the NZ Education Framework. Yes, the teaching of PKP, as it is commonly known throughout the world, has just been through an exciting update process to meet new education and government standards.

Worldwide Standards

Because PKP is now presented as competency-based units written in educational language it easily adapts to the standards of other countries. In the United Kingdom, the ICM (Institute for Complementary Medicine) a member of the BCCM (British Council for Complementary Medicine) has approved the PKP Certification Programme™ and PKP International is evaluating which University it will choose to work through in Great Britain. In Australia, PKP meets the requirements of the Australian Kinesiology Association's Course accreditation Board for full registration. PKP is the only course which at present has the approval of the International Kinesiology College for professional training.

You have three major benefits

The Professional Kinesiology Practitioner Certification Programme™ (hereafter called PKP) consists of 60 Diploma Registration Units (DRUs™). Each DRU™ (learning segment) has a Purpose Statement which clearly says what a student will be able to do upon achieving competency in the material. DRUs™ contain Elements (the details of the subject) and Performance Criteria (ways of measuring whether competency has been achieved). The DRUs™ provide students with a logical, sequential training pathway that meets the needs of both the mature student retraining for a second career and the younger person choosing their first vocation.

DRUs™ also allow PKP teaching Faculty considerable flexibility in how they arrange units in their own Kinesiology College or Institute.

A third and very important outcome concerns graduates of other kinesiology systems who would like to learn a few PKP techniques. In the past they were required to go back and take TFH and all the basic PKP material. This is no longer necessary. PKP Faculty have the ability to build mini-workshops to accommodate these postgraduate students.

Kinesiology is a Recognised Profession

Kinesiology, in New Zealand, is now recognised as a profession with its own *NZ Kinesiology Practitioners Accreditation Board Inc.* Kinesiology is part of the Manual Therapies division of the Health Industry and is now represented by eleven (11) unique Unit Standards on the NZ Education Framework. The *NZ National Diploma in Kinesiology* includes other generic Unit Standards, shared with other Manual Therapies, in subjects such as Anatomy, Physiology and office management. Another benefit is that any student will be able to include kinesiology, among their optional units, in other degree and diploma programmes.

Any tertiary teaching institution in NZ which can show they have the facilities and qualified staff can now purchase the Unit Standards for Kinesiology from the NZQA and include kinesiology in their syllabus. NZQA's provision for Private Training Enterprises (PTEs) within the industry allows spe-

cialised Kinesiology Institutes to operate as well.

Professional Standards

This new certification programme is the brainchild of Dr. Bruce and Joan Dewe, the authors of the original PKP I - IV workshops. In the late 1980s Joan and Bruce recognised the need for a kinesiology training programme and formed a team to create the *NZ Kinesiology Practitioners Accreditation Board Inc.*, a standards setting body which administers the Registration of Kinesiologists in NZ and to whom graduates with the government's Diploma in Kinesiology must apply for Registration. Bruce has been a member of the NZQA Expert Panel for the development of Unit Standards in Natural Health for some five years and he gives credit for the government recognition of Kinesiology to the whole team headed by former school headmaster Kenneth Leins Dip T. who authors some of the new DRUs™.

Why a Radical Change in PKP?

It is not acceptable, to NZQA, to use the same textbook *Touch for Health* by John Thie DC for the lay classes of 80 (4 x 20) hours and for the first professional (NZQA) Unit Standard of 28 credits (280 or more hours) which covers similar material. This requirement resulted in a rethink of the basic syllabus and offered the opportunity for Joan and Bruce to look at the whole TFH and PKP curricula to ask themselves questions like these:

- "Do students really need to learn kinesiology in the same old historical order in which it evolved and has been taught?"
- "If I was starting Kinesiology now, what would I find most useful to learn first? "
- "How can we make PKP material more available to graduates of other Kinesiology courses who may want just a portion of our material to add to their total skills?"

PKP honours TFH

The first ten of the new DRUs comprise what Dr. and Mrs. Dewe consider basic kinesiology material. The new syllabus differs considerably from the TFH course which up until now has been an absolute prerequisite for PKP. There is no animosity from PKP towards *Touch for Health*. Dr. John Thie wrote his landmark book 25 years ago for a different audience. Dr. Thie made kinesiology available to lay people and for this we continue to applaud him and offer our grateful thanks. (See Dr. Dewe's foreword to the *Touch for Health* book.) Bruce and Joan, however, have had a different opportunity and a different challenge. John wrote Touch for Health for his clients and their families. PKP was originally written for people who came through the TFH Synthesis and then wanted a career in kinesiology but who did not have either the desire or prerequisite training (DC, DO, MD) to undertake the ICAK postgraduate training for professionals. The first ten of the 60 DRUs™ cover the basic material at a professional level as required by NZQA for 28 credits (280 or more hours).

People who have taken the TFH courses will find it easy to slip into the new PKP Certification Programme™ and indeed some students will find themselves able to sit the Competency Assessments immediately and receive credit for prior learning.

PKP Certification Programme™ DRUs™ #1 - #10

The new PKP basic units are so changed that some material formerly taught in PKP III has become basic material. Even some PKP IV techniques have found their way into the basic ten (10) units. Why? Because they are simple, powerful and effective. We want everyone to leave each DRU™ empowered, inspired and enthusiastic about the next step. Practitioners from other disciplines who are 'looking' at kinesiology will go away with new things they can do with clients. Students straight from high school will feel comfortable and so will those retraining for a second or third career.

Diploma Registration Unit™ # One

There is no muscle testing in DRU™ one (unit one). Often, students went home after their first day of TFH I in total overwhelm. DRU™ #1 is designed to given the student techniques that will introduce Kinesiology, boost energy, be simple to learn and easy for the student to practice at home before the next class. We want students to have fun using

what they have learned and to see immediate results.

Diploma Registration Unit™ # Two

This introduces the concept of muscle testing, builds on the material from unit one and teaches a simple system for an eight muscle balance. It introduces the PKP concept of emotional involvement by means of a simplified PKP Emotion Chart. Students understand and apply information rather than cram abstract facts about muscles. They quickly become competent at balancing.

Units # Three though # Ten

PKP recognises that not all kinesiologists want to be muscle specialists. However, we believe a knowledge of some muscles is necessary for all kinesiologists. Only 26 muscles (not 42) are learned in the basic PKP classes. We introduce the neuro-emotional points, hidden muscle failure, sustained muscle failure and muscle stretch response at an early level. PKP believes it is more important to be able to do in-depth work on fewer muscles.

Other muscles are introduced on a regional basis. e.g. Students can choose to learn the muscles of the shoulder, hand and wrist, head and neck, lingual or pelvic diaphragms or other areas of special interest.

The concept of the PKP Database is introduced and students will have a basic knowledge of finger modes before they leave the first ten DRUs. Students will be competent with other balancing possibilities as well. A major question for kinesiology students has always been "When do I do what?" The PKP Database solves this dilemma. This is why it is now introduced at a very basic level.

Diploma Registration Units™ #11 - #60

These cover the remainder of the PKP material. There are however some major changes. Each DRU™ (unit of knowledge) is complete within itself and is restricted to material from within one major mode. For example, there are six (6) DRUs™ from the 'Emotional Mode'. PKP Faculty may choose to teach all six as a block then all five (5) DRUs™ from the 'Self Mode' in their programme or a teach DRUs™ from a mixture of modes to create a programme similar to the current PKP I - IV series.

One great advantage of this system is that teachings such as Co-Dependency or Assertiveness are part of much smaller teaching units than at present. Students (e.g. of Edu-K or Three-in-One Concepts) who have a knowledge of basic finger modes can take such a DRU™ and add these skills to those they have already acquired without having to take the whole PKP course.

A second advantage is that the material in the above DRU™ is available as a short or 'mini' course that can be taught, for example, as a one day course called "How to become an Assertive Woman" or whatever catchy title the Faculty person wants to use. As part of the DRU™ the new person receives information that explains the 'mini' is part of an integrated training programme and lists the titles of the other units. Short courses such as 'Stress release made Easy', rather than being just information in isolation, become part of the integrated training.

The Concept of Competency

All students must achieve competency in a DRU™ before it can be credited to their academic record. Once competency has been achieved, students will not have to cover that material again nor will they be examined in it for a second time. DRUs™ are not 'time-based'. Students are credited for each unit, not the number of hours it takes each individual to achieve competency.

Formative Evaluation

This refers to the documentation of self, peer and teacher review processes during the instruction and practical stages of learning. Students have teacher directed learning and self and peer directed learning. About half the 'learning time' will occur outside the formal classroom. The PKP notes in each DRU™ include this material. Schools using the PKP Certification Programme™ are provided with all the material to do this process. The completed evaluation forms for each subject (element) of a DRU™ are included in each Student Journal which

records the students progress and documents growth.

Summative Evaluation

This occurs after the completion of a DRU™ and all its practical work. Summative Evaluation involves the student demonstrating all performance criteria in each element of a DRU™. Each DRU™ has a Purpose Statement which clearly states what a student will be able to do upon achieving competence, Elements or the details of the subject, and Performance Criteria or ways of measuring whether Competence has been achieved.

Accreditation

Students can expect that all PKP Faculty are attached to a recognised Institute or College. (This may be a school without walls in exceptional circumstances.) PKP wants its students to receive tuition in a place that is professional in appearance and function. Such a school has tables, wall charts, and all the teaching aids referred to in each unit. It is a place where students can practice and see clients under supervision. PKP International is very interested in the school's ability to administer the formative and summative evaluations as well as impart the material.

Moderation

PKP students can expect schools teaching the PKP Certification Programme™ to be reviewed every three years and reassessed. PKP International wants to know that both teaching and evaluation standards are being maintained.

How you can become PKP Faculty

From 1999, PKP Faculty Training Workshops will train PKP Faculty who will initially teach the basic 10 Diploma Registration Units before being able to teach an increasing number of the DRUs™ as they prove themselves to be competent. Existing PKP I - IV teachers will quickly become eligible to teach all units.

I already teach TFH. Can I teach PKP too?

Existing, active Touch for Health Instructors, who want to teach PKP as well, will be able to take a PKP Faculty Admission Course. This will cover basic PKP material not covered in the TFH syllabus and will teach the PKP style of presentation. Existing PKP I - IV teachers will automatically become PKP Faculty at their current level and progress rapidly to being able to teach the full 60 DRUs™ as they show competence. In order to teach, PKP Faculty must be attached to an accredited (recognised) school, or instituition, which maintains teaching and evaluation standards.

The History of PKP International

PKP's roots, like those of TFH, are grounded in Applied Kinesiology. Dr. Dewe became a member of the ICAK in 1980. PKP's history is the story of its authors' journey into the world of kinesiology. Dr. Bruce and Joan Dewe have had over 20 years experience teaching kinesiology at all levels; TFH, TFH Instructor Training Workshops, Three-in-one Concepts, Edu-K and of course PKP I - IV.

Bruce and Joan were introduced to Kinesiology in May 1977 by a Californian Chiropractor, Dr. Robert Willinsky DC, who treated Joan's scoliosis with Applied Kinesiology and gave them a copy of the first 36 muscle, 'yellow' book, *Touch for Health* by John Thie DC. Bruce a medical doctor, who had taught anatomy at Auckland Medical School, had difficulty with the concept of 'invisible, non dissectable neurolymphatic and neurovascular reflex points but could not deny that they worked. After hearing Dr. John Thie lecture at a National Health Federation Conference, Bruce took a 'TFH for Nurses' course then quickly became a TFH instructor.

Bruce and Joan brought Kinesiology to NZ in 1978 and have trained hundreds of Touch for Health Instructors throughout Australia and NZ since that time. (Joan became a TFH Instructor in Jan. 1980.) Bruce became a Faculty member of the former *Touch for Health Foundation* in 1981 and Joan in 1982. Dr. Thie introduced Dr. Dewe to the International College of Applied Kinesiology (ICAK), open only to professionals, in 1980. Bruce wanted more muscles to work with. He was becoming frustrated with the few (by now 42) in the TFH synthesis.

Dr. Dewe researched more muscles

Without fully realising it at the time, PKP really started when Bruce discovered that the ICAK texts of Dr. George Goodheart DC, Dr. David Walther and Dr. Fred Stoner DC did not cover all the muscles that he wanted to use in his medical practice (fishermen hauling lines on heaving decks, sheep shearers, farmers and dancers with foot problems etc.). Dr. Dewe's love of anatomy led to his researching the neurolymphatics, neurovasculars and meridians for extra arm and foot muscles and the small muscles of the back and neck. These became part of PKP I (at first called TFH 4 and TFH 5). His research on the muscles of the pelvic and lingual diaphragms, throat, larynx, pharynx and face became part of PKP III.

Bruce found ICAK lacked TFH's systems

Another challenge was to make meaning of ICAK techniques and procedures. The first nine classes of the ICAK 100 hour basic course lacked a system like TFH's 14 muscle fix-as-you-go or five-element one point balance. Dr. Dewe worked to find ways to do techniques like 'Pitch, Roll and Yaw' without 'thrusts' or manipulation so that he could teach Joan and then his TFH Instructors who kept asking him for more techniques.

The Energy Balancing Model

Using the language of energy balancing rather than medical, chiropractic or other therapeutic language and staying in the energy model is a process which began in 1980 and continues to this day. An early example is the use of 'circuit localising or CLing' rather than the ICAK term 'therapy localising'. PKP works with energy circuits in the body. Dr. John Thie DC helped in this process when he sponsored PKP (then called PHP - Professional Health Provider workshops) into the USA, attended the courses as a 'student' and endorsed the work as part of the TFH Foundation's approved workshop catalogue.

Goal Balancing and name changes

The material known as PKP has evolved through many and varied names over the intervening years, In 1981 it was simply Advanced Skills Workshops. This was a watershed year. Bruce was puzzling over the question, "Why do I get better results than the people I teach?" In May 1981 when he went to the USA to sit a medical exam (FAAMP) Bruce took time out to watch Dr. Thie working. As he listened to John, he kept hearing similar questions to those he himself asked. e.g. "So what is it you want to have happen?" In subsequent discussion Dr. Dewe and Dr. Thie realised that they set goals for sessions, probably because of both their previous training and personal styles. They did not teach goal setting. Goal Balancing came from this time of cross-fertilization between MD and DC. The TFH Sound Balance was another powerful technique that Dr. Dewe developed at this time.

Emotions - A fundamental PKP concept.

In the early 1980's Dr. John Diamond MD, a psychiatrist, proposed in an ICAK presentation some possible emotions related to the balance of energy in the various Chinese meridians. Bruce, like other researchers, began looking for more and tested a theory that is now a PKP fundamental. For every situation we find with kinesiology testing, there is an emotional component. Muscles which unlock on testing are associated with an emotion. If your ileocaecal valve is open inappropriately there is an emotional component involved. If you are out of relationship with your teenager there is an emotional component. Balancing procedures last longer if we identify the emotional component and the client considers what relevance this emotion has in their life right now.

The PKP Five Element Emotion Chart

Out of this search for emotions came a classification using the five element model (and more recently the wheel). Dr. Dewe used the 'classic' elemental emotions which he added to and refined even further. He verified which of Dr. Diamond's fitted the PKP model and arranged these according to the meridians within the elements. He presented the first coloured Five Element Emotions wall chart at a San Diego TFH Annual Meeting in the mid 1980s. This chart is now used worldwide and its scope and content continue to grow as each language adds its own flavour. Our research has shown there is no set emotion for any specific condition. Each person is unique. Your high blood pres-

sure may be associated with the emotion 'anger' and the liver meridian while the next client's may be related to 'frustration' and the bladder meridian.

The PKP Modes and the PKP Database

In the mid 1980's the (PKP) books were published under the names TFH 4 - 6 and a HITW (the Health and Integration Tutor's Workshop) was developed. HITW (which became PHP II then PKP II) was Dr. Dewe's creative expansion of a concept of Dr. Alan Beardall. Bruce reasoned that if Beardall's concept, of four fingers being markers (or modes) for electrical, emotional, ecological and structural 'outages' in body energy, was true then there had to be more to the 'modes' than what Dr. Beardall was proposing. The PKP Database with its unique numbering system was developed over three years and was first presented in June 1986 at the first of the famous Bali tropical workshops.

Recognition Unique to PKP

PKP became a workshop series that allowed people to grow into their own power and activate the healing energies within. It also provided a forum where the creativity of PKP students and practitioners (graduates) could suggest new modes in an atmosphere of caring evaluation. Not all modes were found to be universal. At PKP Research Evaluation Workshops some modes just work (and work really well) for the person who found them. Other modes work for everyone. These have been incorporated into the PKP synthesis and the names of the people who found, developed or significantly added to the understanding of the mode are recorded in the PKP manuals. Many people have just found one mode, other PKP graduates like Andrew Verity have gone on to build new kinesiologies.

By 1989 HITW was called PHP II (Professional Health Provider). In 1990 PHP III added more techniques, more modes and therefore more balancing possibilities especially in the Emotional and Spiritual realms of life. Much of PHP III was the work of PHP II graduates, all of whom are credited for their contributions. From 1991 the name PKP (Professional Kinesiology Practice International - Bruce's original choice of name) was used after Dr. Thie closed the TFH Foundation and PKP became an independent workshop series. PKP IV added even more balancing choices including several awareness issues on the Self Mode. It became known as "The workshop for healing the healers," because of its emphasis on techniques that help one define personal boundaries, life contribution and world view.

The present situation

From 1999 the 60 Diploma Registration Units will be available outside NZ and the current system of PKP I - IV will gradually be replaced by the Professional Kinesiology Practitioner Certification Programme™ throughout the world in the new millennium. In the past, PKP relied on TFH Instructors to teach the basic material and then had PKP I Instructors to teach the next level. To become a PKP Instructor required the candidate to be an active TFH Instructor who had taken all four PKP classes at least twice and passed written, oral and practical examinations for each level. This has now changed.

Faculty Training Workshops from 1999

From 1999, PKP Faculty Training Workshops will train PKP Faculty who will initially teach the basic 10 Diploma Registration Units before being able to teach an increasing number of the DRUs™ as they prove themselves to be competent.

About the Authors

Dr. Dewe became a member of the International College of Applied Kinesiology in 1980, a TFH Faculty member in 1981 and Touch For Health Foundation Trustee in 1984. Bruce was the IKC's founding President and is a Faculty member and Trustee of the International Kinesiology College, Zurich, He has been a medical doctor for 30 years with experience in family practice where he delivered more than 200 babies a year and was superintendent of a small country hospital. His other interests were acupuncture and musculoskeletal medicine.

Joan who is IKC Emeritus Faculty was a teacher with a background in Latin and other languages. She used kinesiology to overcome a severe dys-

lexia problem with one of their children. As well as teaching TFH Instructor Training Workshops she has taught the One Brain (Three-in-One Concepts) series throughout Australia and New Zealand. In the business world, Joan has developed a successful holiday resort and a GNLD network marketing business that spans the globe. For the past eight years Joan has been involved in intensive nutrition educational training programmes which enable lay people to help others improve the quality of their lives.

Together, Bruce and Joan aim, through PKP and GNLD, to empower other people to be the best that they can be. They are coaches in the business of making fulfilling choices. They want to provide the opportunity for people to become confident and financially independent, wise and motivated to help others be happy with their present, optimistic about their future and be seen as exceptional by those who know them. Bruce and Joan's desire is to make a positive, long-lasting difference in the lives of other people.

Dr and Mrs Dewe have two daughters, two grandchildren and live between their waterfront apartments in Auckland, NZ and the Gold Coast, Queensland, Australia.

How to Contact PKP

PKP International has accredited colleges and institutes and teachers throughout the world. To find your nearest PKP Faculty member, fax us on: +64-9-575-2813, phone +64-9-575-2818 or visit our web site at www.pkp.co.nz

Neural Organization Technique

By Carl A. Ferreri, D.C.

Neural Organization Technique is a specifically organized examination and treatment protocol utilizing Kinesiological methods as the only modality for both examination and treatment. The N.O.T. concepts are all based on the organized and synchronized function of the primary survival systems which have been designated as Feeding, Fight -Flight, Reproduction and the Immune Systems.

All physiological, neurological, vegetative and cognitive activity must function within these survival systems in an organized and integrated manner. These systems must be organized within themselves first and then must be integrated and synchronized with each other. Nothing happens in or to the body without a total body awareness of the incident. This awareness is communicated through an intact nervous system so that the body can and does accommodate the particular incident and can act appropriately to survive. Because these systems are involved in our basic survival they must also of necessity be reflex in nature, that is, automatic, needing no cognitive activity to function. Trauma in all of its possibilities can and does disrupt the neural programs within these reflex systems which then send inappropriate signals to the body.

Early in my investigation of how the patient functions certain circumstances became obvious. A patient would complain that he could not get comfortable in bed at night and would wake up with a backache. At first the recommendation would be to get a new mattress however many had already done this so that was not what they were telling me. After repeated incidents of this nature it dawned on me that they were telling me they hurt at night or in the dark. After this realization all future examinations [therapy localizations] and treatments were also done in relation to dark or night [which ever concept was more appropriate for that patient]. Later 1 found that there was a difference in the patients response to examination and treatment with their eyes open and with their eyes dosed Therefore all examinations must be done with the minimum options of eyes open and eyes closed and in the light and in the dark. Gradually over time many similar concepts were added to the protocols depending on the circumstances of the particular patients trauma such as "a dark and rainy morning or evening" or at dusk or dawn or "the scene of the accident". All of these concepts access the memory banks of the individual patient in relation to the specifics of their injury. Unless this is done, many times you cannot get the body to respond. [How many doctors do you know examine the patient in the dark or with their eyes closed or both?] Just saving "in the dark", etc. will create the reality to the subconscious.

The method of examination for all of the above is based in Kinesiological concepts in which a strong muscle indicator [a muscle which can resist reasonable force on command] is used. This method accesses the body's own knowledge of itself. If there is a functional or structural deficit anywhere in the body there will be a change in the electro magnetic energy in that part or function. When that part -or reflex area is touched by either the examiner or the patient there is a distraction to the overall energy field as the body tries to accommodate or compensate for the change This change is registered in the test muscle and the muscle momentarily weakens on stress.

By using this Kinesiological modality you can access and activate the reflex systems which control posture, gait, balance, reactive muscle function, etc. such as the Labyrinthine/Ocular, the Tonic Neck Righting and the Vestibular/Ocular Head Righting Reflex Systems, the Cloacal Pelvic Centering Reflex Systems, the Cerebella Stretch Reflex, any of the reactive muscle systems, the spindle cell

and golgi tendon reflex systems [feedback mechanisms in the muscles themselves] and other known systems and sub systems and the structural or pelvic Category systems [I, II, III]. We can profoundly affect all body function on purpose and by design. Then using the body memory banks found with the eyes open and/or closed, in the light, in the dark or in half light and other circumstances including "the scene of the accident" for example, we can create the proper circumstance to effectively treat almost any condition or deficit which can befall the human condition- The body remembers not only how it was born, how it was injured but also the circumstances of all insults to it, be they physical, chemical, environmental or emotional and the combination of all these circumstances.

There is an axiom in neurology which is known as the "all or none" rule, if there is sufficient stimulation then that neurological program Must fully activate and if not it will not. Each of the specific reflex systems have specific areas in or on the body which will access these neural circuits. They in turn control all Possibilities including posture, gait, balance, movement, glandular, immune, digestive and cognitive functions, etc.

We must also take into consideration the reactive muscle system in its front to back, side to side, top to bottom and cross body activity. The body does not fight itself if a particular muscle is facilitated its reactive muscle or muscles must of neurological imperative defacilitate. A deficit in these muscle systems will define body position, posture, balance, gait, etc. There are also bone and ligament interlines so that one part of the body has direct influence on another.

Because we are dealing with neural integration and integrity, the cranial bones and their function must also be taken into consideration- The anatomical position and the reciprocal respiratory motion of the cranial system is essential to proper neurological function and to life itself- The lines of force of these electro magnetic fields are generated either by muscle activity or by the brain itself. They influence all body function including brain function and these lines of force are laid down in the connective tissues particularly in the bones and ligaments and in the case of the brain in the cranial bones. Any disturbance of this delicate balance can produce disastrous results in relation to brain and neurological function. We see evidence of this every day when we see the results of cranial trauma.

Because the neural reflexes work as on/off switches, any particular system can be either turned on with specific stimulation or directional activity or turned off with the opposite activity This phenomenon specifically indicates the neurological correctness of the protocol. Any function or condition can be turned on or off at will, if you know how.

There are Neural Organization Technique protocols to specifically address and correct the basic Pelvic Category systems recognized in Sacro Occipital Technique and in Applied Kinesiology.. The Category. I sacral respiratory deficits involve fixation of the sacrum [usually on the right side] and usually causes a dural torque. The Cat. I lesion is involved in all neurological deficits. Sacral respiratory motion is necessary to maintain the circulation of the cerebro spinal fluid. The Cat. I deficit also includes the integrity and reciprocal activity of both pelvic and cranial motion and function and the spinal dura, neck, pirformis, gluteus maximus and hamstring muscle activity. Because the sacral respiratory motion is at deficit the opposite sacroiliac joint must extend motion in an attempt to maintain sacral motion which is necessary to maintain the circulation of the cerebro spinal fluid. This destabilizes the sacroiliac joint which then can create a Cat II weight bearing pelvic [sacroiliac] lesion. If the pelvic muscles react with a splinting activity because of a pain response there will again be restriction of the sacral motion. The lumbar spine must then extend motion in and attempt to reestablish some activity to try to maintain this circulation. This can destabilize the lumbar spine creating a Cat. III spinal lesion and possibly lumbar disc lesions.

As part of the organized N.O.T. protocols there are specific protocols for any closed head [cranial] and whiplash injuries which involve all the head and neck righting reflexes, the defensive muscle involvements of the T.M.J. [to hold the head and face together] which also activate the cranial and spinal dura by increasing tension within these structures to stabilize the brain in the skull and the cord in the spine and by reactivity to this activity to cause an increase in the tension in the facial support system of the body [to hold the body together]. Once this defensive system is satisfied any cranial deficits which involve any cognitive deficits which are usually found in head or whiplash injuries can then be addressed successfully This program will eliminate all symptomatology usually involved in this type of injury. [head, neck, jaw, balance and cognitive problems]. This part of the protocols require only a

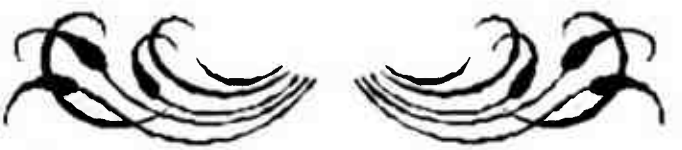
few treatments at most not months or years of treatment.

Because N.O.T. is a specifically an organized procedure which organizes the body programs any gait deficits resulting from a traumatic event, the multitude of possible TMJ deficits, digestive system faults, hiatial hernia, chronic digestive valve problems, Scoliosis, Learning Disabilities, Endocrine, Circulatory and Cardiac stress syndromes will be corrected along the way.

ABOUT THE AUTHOR

Dr. Carl A. Ferreri has been in active practice for forty three years. Graduated Atlantic States Chiropractic Institute in 1956. Was on faculty for seven years teaching both undergraduate and post graduate Technique and Nutrition. Earned a PhC degree in 1958. Sacro Occipital Technique and Cranial with Dr. De Jarnett , Dr. Mel Reis and others for eight years, studied Acupuncture for two years, Applied Kinesiology with Dr. George Goodheart, Dr. Herbert Anderson and others for more than 2000 hours, Activator with Dr. Feur, did Bio Magnetic research with Dr. Ralph Searra and with Rawles and Davis [authors of Bio Magnetic therapy books] and since 1979 has been the primary researcher and developer of Neural Organization Technique. He has been teaching seminars since 1981 in various parts of the country and now in England, France, Italy, Switzerland, Germany and Australia as well as Post graduate seminars conducted for both the New York Chiropractic College and the French Chiropractic Institute, the Italian Chiropractic Association and the Michigan Chiropractic Association. Breakthrough for Dyslexia and Learning Disabilities published in 1984 was the first book published plus Instructional Manuals on Basic Protocols, Scoliosis, Learning Disabilities, Endocrine, Circulatory and Cardiac Stress problems. For more information on Neural Organization Technique and Seminar information call or write Dr. Carl A. Ferreri, 3850 Flatlands Ave., Brooklyn, N.Y. 11234. Phone 718-253-9702 or fax 718-951-7825

The Multi Dimensional Healing Model using Transformational Kinesiology



by Kerryn Franks.
Dip. Med. Sci. Dip. Hol. Kin.
Australian IKC Faculty
Australian TK Instructor

Transformational Kinesiology - The Philosophy

"Know Thyself." Transformational Kinesi-ology is a philosophy of living based on the teachings of the Ageless Wisdoms.

Throughout the ages humanity has strived to realise this injunction, to know ourselves physically, emotionally and mentally ; to know others, to know the universe. Knowledge has increased to a great extent but has this knowledge allowed us to be ourselves?

Gradually we can become ourselves by knowing what we are not. We all sense the soul in ourselves, but how do we learn to freely commune with it as part of our inner tuition? To know that we are not our bodies, our emotions, our sexuality, our jobs or roles, releases us from our lower bodies and the core beliefs that hold us there.

We can only be ourselves when we are not identified with anything else.

Identification of Core beliefs

Transformational Kinesiology facilitates this process. The art of muscle monitoring identifies the physical and psychic challenges which are held in our belief systems through the genetic and dimensional maze affecting the etheric/spiritual constitution of man..

This identification process using transpersonal psychology, brings to consciousness the awareness of the "self" and the balances activate the soul awareness so we can detach from the lower bodies. In this way we come in contact with our true Self, that Self from which all healing comes.

Permanent healing only comes about when a change in consciousness takes place.

Transformational Kinesiology draws from the teachings of Alice Bailey, Dwajl Kuhl the Tibetan, Torkum Saradaryian, Grace Cooke, White Eagle, Michael Eastcott and many others and most importantly, Blavatsky. The teachings grace all peoples of the planet and traces us all back to the source and our role in the Divine Plan.

The Soul Aspect

Transformational Kinesiology is an experiential journey which uniquely combines the wonderful muscle monitoring tool to bring the teachings into life on all levels. The combination is both powerful and moving and always motivated by love and inner guidance of the individual soul resonance.

Transformational Kinesiology gives the power and insights over to the individual for it is truly what they understand about the process which heals them. The personal revelations of the old and limiting core beliefs are facilitated in a gentle way and the philosophy of Transformational Kinesiology emphasises the role of the operator to allow unfolding without any personal interpretations or leading of the client.

The in depth communication between the personality bodies is related to the esoteric

teachings which help us re remember the soul purpose.

Healing mechanism of Visualisation

The healing mechanisms of Transformational Kinesiology in the first two workshops specifically work with visualisation. Among other methods of healing for the balances later include, sound, colour and fragrance and movement.

The following information comes from Psyche and Psychism by Torkum Saradaryian.

"Visualisation is a technique to come into contact with energies and impressions from higher sources. The centres of the higher mind translate these energies and impressions into visual ideas. Creative imagination provides the ability to appropriate these ideas into the human need in various fields. Creative imagination differs from imagination which is based in the emotional or astral realm. Discussion of the different bodies shall be dealt with later.

However when creative ideas of the higher mind are brought together one creates a great power of magnetism. This magnetism draws mental energy and manifests itself as thought forms. Visualisation starts the moment a human translates their impressions into ideas and changes them into thoughtforms to be used on different levels and different fields of human endeavour."

There are many specific and disciplined aspects to creative imagination for the manifestation of the proper energies for the appropriate purposes.

Transformational Kinesiology uses such creative imagination to awaken the spark of consciousness needed to align oneself with the different aspects of the human journey to become a soul infused personality.

Understanding the difference between the esoteric teachings in relationship to personality and soul are outlined in the seven rays section.

The Process.

All Transformational Kinesiology balances are aimed towards balancing for specific goals. Goals need to be achievable, personally based and positively framed..

Establishing parameters around the process is important. Willingness and benefits of change need to be cleared before in depth verbal checking commences in conjunction with the specific balance . Visualisation, action and physical challenges are incorporated into the set up procedure to provide more conscious awareness of change.

Core beliefs are noted and reframed positively once the balance procedure is complete. So profound are the changes, people often feel immediately different and support and follow up work is usually advised.

The Esoteric Healing Principles.

The predominant healing principles used in Transformational Kinesiology are the following:

The Seven Rays - Physical, Emotional, Mental, Personality and Soul.

The Constitution of Man - The Physical/ Etheric, Astral, Lower and Higher Mental

The Senses - Touch, Taste, Sight, Intuition, Intelligence, Hearing, Smell

The Seven Centres - Crown, Ajna, Throat, Heart, Solar Plexus, Sacral and Base.

Pranic Reception - Splenic Chakra and Auric influences

Miasms - Arian, Atlantean and Lemurian.

Correspondences between these influences is paramount in understanding the interrelationship of the human being to the different levels of consciousness and the effect this consciousness has upon the wellbeing of the body mind spirit complex.

The following pages include a brief treatise on these aspects of multi dimensional healing with references taken largely from respected Esoteric Science texts. Full appreciation of the Transformational Kinesiology model requires individual study of the texts to gain an understanding of the background to the balances and to incorporate aspects of the work into our daily lives, meditation being just an example.

I have been studying different aspects of the esoteric, energetic and new age principles for most of my adult life. I personally find the balances I have experienced through Transformational Kinesiology to be exactly as it is : Transformational.

Grethe Fremming and Rolf Hausboel – Originators and Developers of TK

Grethe Fremming and Rolf Hausboel have between them an enormous depth of understanding of the work and are actively seen to continue their research and study whilst incorporating the teachings into their lives daily.

They teach worldwide and the courses range from Inner Leadership 1 and 2 through to TK 1 – 7. Grethe has developed a unique healing model called Systems Energy Evaluation 1 and 2, combined with Transpersonal Psychology 1 and 2, which bring the facilitators' role more closely connected to the different aspects of energetic and physical health. This system is totally specific and requires a high level of personal integrity and discipline in its application.

Grethe and Rolf have run a teaching school in Kinesiology in Denmark for more than ten years and now have begun to develop Polaris, a beautiful property set aside in the country for their special work and trainings. It has been an honour to have them as my friends and teachers, and I am ever thankful I met them both on the Faculty of the International Kinesiology College, of which Grethe is currently President.

Their work in Australia is ever growing and I find the commitment to teaching and working with TK in my practice, provides me with results that create permanent change in people and their lives and in mine. TK 1 – 4 is government accredited as part of the diploma and advanced diploma curriculum of The Kinesiology College for Energetic Sciences, of which I am co – principal.

Transformational Kinesiology brings the teachings from the books into the life.

The Major Miasms

Disease is disharmony. Disease is a form of activity. When the miasms break down the aura is cleansing. Consciousness or the blocking of such creates disturbance in the lower vehicles, resonating through the chakras, senses, and auric fields. The crystallisation of such disturbances develops into the physical symptoms we call disease. There are five major groups of disease however the three discussed here affect the average man.

These groups are divided into what are called miasms. The miasm is the inherited constitutional condition that has a more general nature that genetic inheritance. It could be called the inherited consciousness of past races who have existed on earth.

With each race came development of consciousness and the awakening of the senses and chakras through the experiences and distortions of these past times.

There have been five major root races:

The Adamic The Hyperborean The Lemurian The Atlantean The Arian

The miasms have a connected psychology and our present civilisation is experiencing the effects of the lemurian, atlantean and arian miasms. We each have levels of effect from these miasms which in turn can prevaricate into concrete symptoms.

1. The Lemurian Miasm - Syphilitic - Old Shocks

Involves the mineral kingdom, the physical body, the sacral chakra, and reproductive organs. The psychology relates to fear, over expression and overuse. It was the beginning of self awareness and tribal expression in mankind for basic survival and reproductive mechanisms. The setting of boundaries for consciousness and the prevention of invasion and attack are key points. Respect for the self, right times and cycles is the cure. The third ray of active intelligence provides insight for change.

2. The Atlantean Miasm - Cancer - Ownership and Desires

Involves the mineral kingdom, the astral body, the solar plexus chakra, the liver, pancreas and nervous system. The psychology relates to irritation, desire and the damming of sexual expression. Desire for love from others, and the tragedies of life are often played out in this miasm. Fantasy and imagination create distortions of reality creating a sense of pity for oneself and feeling alone. Taking personal responsibility for ones reality and setting goals are the key points and right transmutation is the cure. The second ray of love and wisdom provides insight for change.

3. The Arian Miasma - Tubercular - Old Decisions and Conclusions

Involves the animal kingdom, the mental body, the throat Chakra, and the breathing apparatus.

The psychology relates to distorted thinking and worry. The illusions of the mental body and lack of expression or expressions of deceit play their part here. Guilt is the primary force as we starve our emotions and mental understanding. Taking inner stewardship for decision making, and making use of what has happened in our lives are the key points. Right rhythmic living and inner light is the cure. Ray 1 provides insight for change.

The Seven Rays

A Ray - is a name for a particular force or type of energy, with an emphasis upon the quality which that force exhibits and not upon the form aspects that it creates.

These Three Rays are the Cosmic level affecting the Cosmic manifestation.

Each Ray is ruled by a master of the hierarchy in the Divine Plan.

Each Force exhibits its quality to maintain the function of Manifestation on a Cosmic level.

Cosmic - Solar - Planetary

The Cosmic Influence

When Spirit and matter united the Soul or Consciousness was born.

The Seven Ray influence begins in the cosmic realm, where the seven ray stars of Uva Ursi exert their influence upon triads of the greater zodiac signs which in turn send energy to our solar system governed by the Sun. From there the Sun sends out the transmuted seven ray influence to the seven sacred planets and the five non sacred planets of our universe. The Rays effect the Cosmos, The Solar, the Planetary, and the four kingdoms of Earth: Mineral, vegetable, animal and human kingdoms all are assigned to have specific ray influences.

The Rays of Aspect

These rays Constitute the sum total of entire manifestation who rule the three aspects of mankind:

1. Will and Power
2. Love and Wisdom
3. Active Intelligence

Overview of Each Ray of Aspect

1st Ray - Will and Power - Controller / Destruction / Renewal - Governed by Morya

2nd Ray - Love and Wisdom - Master Design for Love and Wisdom, Solar logos, governed by Bodhisattva or Christ also known as Maitreya

3rd Ray - Active Intelligence - Active Creator, links with matter to manifest, active intelligence and main influence on humanity. Governed by Maha Chohan.

Overview of Rays of Attribute synthesising from the 3rd Ray

4th Ray - Harmony though Conflict
5th Ray - Concrete Knowledge and Science
6th Ray - Love and Devotion
7th Ray - Ceremonial Order and Magic

The Solar Influence

Our solar system is currently under the solar influence of the second ray of Love and Wisdom and all rays are tinged with this quality.

The Individual Human Influence

The human being has a personality ray and a soul ray and rays which influence the physical, emotional and mental bodies. Ray wakeup is not to be defined as a character analysis but more how we as individuals can draw energies from the rays or how we are sensitive to their different energies. The personality ray can be likened to the ego and the soul ray may be likened to the higher self. The experience of life or lessons as it were, are ultimately meant to bring the personality experience in line with the soul ray to achieve our life and soul purpose. The lower mental, emotional and physical bodies make up the personality body. The Soul ray exerts its effect on the personality for alignment. Core beliefs and distortions of the personality create barriers between this alignment and ray combinations can further impede or facilitate this progress.

The Senses

Constitution

The Constitution of man is sevenfold in nature. Each body has seven levels connected to it. These bodies are the Physical / Etheric, Emotional / Astral, Lower and Higher Mental, Intuitional, Atmic, Monadic and Divine. Each

body is divided into seven levels each. The seven levels within the human body relate to the senses.

They are hearing on the physical etheric, touch / feeling on astral level, sight on the mental level, taste on the intuitional level, smell on the atmic level, manas on the monadic level and knowledge on the divine level.

The Bodies or Vehicles

An average human has his physical, etheric, astral and part of the mental body built. Man needs to complete the mental body, unfold the chakras and coordinate them with each other and with the centres in the astral and etheric body.

The Physical body deals with the physiology and etheric gaseous components of mankind. The astral body registers all emotions and imagination and the lower part of the mental body registers all thoughts. These three lower bodies make up the personality body. Access to the higher mental part build a bridge to the soul aspect of the human being. The higher self as it were. To heal the physical we go up to the emotional body, to heal the emotional we go up the mental and to heal the mental body we look to higher consciousness. To coordinate all the lower bodies from the higher mental is to have a reached a heightened level of consciousness.

Chakras

The chakras are connected to the senses as extensions and are instrumental in the development of consciousness. The chakras register impressions on the physical, emotional and mental planes. Chakras provide energy for the senses to function therefore chakras themselves are effected by their particular sense. Senses control the conditions of our personality vehicle. So seven senses must develop to achieve continuity of consciousness. Continuity of consciousness is constructing a network between the permanent atoms on each plane connecting the senses. The senses developed with the evolution of the five root races. General humanity access the lower five senses.

Correspondences

Each centre on the etheric body is related to a sense on the physical plane. Similarly centres on the astral and mental planes are related to the astral and mental senses. Each sense is registered on the same plane in the different bodies and corresponds with one another at a higher level of consciousness. They register like a piano chord through the octaves. Continuity of consciousness is achieved through a construction of such a network between senses, chakras and the self. The contact point between the planes and the world are the senses which are connected via the network of bridges from the higher mental and the self.

The Senses also correspond with glands, rays and initiation levels.

It is clear stress affects the senses however the correspondences of the affected sense goes deep into the physiology and energetic structure of the body. Whilst impaired to some degree, effects the evolution of consciousness if the sense has been closed down through the psychology of the personality.

The Chakras ~ The Seven Centres

The Structure

"The Etheric body is a body composed entirely of lines of force and of points where these lines cross each other and thus form centres of energy. Where many lines of force cross each other, you have a larger centre of energy and where great streams of energy meet and cross, as they do in the head and up the spine, you have seven major centres. There are seven such, plus twenty nine lesser centres and forty nine smaller centres known to esotericists." P.O.T page 37.

These lines of force are known as nadis and where they cross 7 times = acupuncture point, 14 times = major acupuncture point, 21 times = minor chakra and 49 times = major chakra. The major chakras are found along the spine, the neck and above the head.

The Ray - Psychological - Physiological Connection

Base - Fourth Ray - The will to live / Adrenals

Sacral - Seventh Ray - Relationships and sexuality / Gonads

Solar Plexus - Sixth Ray - Desire / Pancreas, Liver, Gall bladder, Nervous system

Heart - Second Ray - Love and Goodwill / Heart, Thymus, Vagus nerve, Circulatory system

Throat - Third Ray - Creative expression / Throat, Thyroid, Bronchials, Lungs, Alimentary canal.

Ajna - Fifth Ray - Insight / Pituitary Gland

Crown - First Ray - Higher Consciousness / Pineal Gland.

Philosophy of Unfoldment

Universal energy or prana is transduced through the chakra system which feeds secondary energy into the nadis which form meridians which feed the physical body with this energy force. Bringing in primary energy and transduced as secondary energy is a usable form keeping the vehicles united healthy and alive.

The chakras exert the primary force upon the evolution of the soul and these centres are both affected and disabused by the consciousness. The awakening of these forces and the integration of the chakras is dependent upon the sincerity of purpose, compassion and serenity whilst subjugating the emotional body and enlarging the mental. This cultivates the habit of abstract thinking, therefore the desired result of awakening will be produced from necessity and danger of premature unfoldment without suitable consciousness can be avoided. The energy of the chakras deal with the kundalini three fire aspect of man and therein hold their power. The chakras are the key force for spiritual evolution.

The influence of the Vehicles or Bodies

The balance or imbalance of the lower personality bodies directly affects the functioning of the chakras. Through correspondence our bodies are affected by our influences of attachment and so on. The chakras are linked to these influences. Therefore balancing these bodies aligns with the associated chakra influenced both by the physiology and psychology. Synchronisation is mentioned again as each of the seven rays is connected to a particular chakra thereby providing a balancing influence or a disruptive influence depending upon the personality factors versus the soul influence.

Pranic Reception

What is it ?

Prana is the source of universal energy available for nourishment of the body mind spirit complex. Solar Prana comes from the sun, planetary energy is what the earth takes in and gives out into form for all the kingdoms. One way prana is absorbed is through the splenic chakra situated behind the left shoulder blade forming a triangle with two lesser chakras. Prana can be seen in the human health aura. The clarity or density or quality of colour of the emanations transmitted can be attributed how the prana has been used in the body. Clear colours resonate a healthy aura whereas darker murkier colours may be attributed to health problems. The colours are known to have significant correlations.

How it is used.

How our constitution processes prana can indicate the level of effect our consciousness has on our energy. Releasing stress around goals gives us greater ability to use pranic energy. Prana is released to all the other chakras meridians and organs. It gives energy to the lower bodies. The better utilisation the more vitality we experience. Other ways of absorbing prana is through the breath and our food.

Role of the Etheric Body

It is primarily the function of the Etheric body to receive prana, assimilate prana and transmit prana. The pranic emanations of the sun are absorbed by the Etheric body via the splenic chakra. Prana may be defined as the life essence of every plane in the sevenfold area which we call the cosmic plane. The health of the Etheric body is essential for absorption, assimilation and transmission of prana. Imbalances in the vehicles diminish this capacity.

Measurement

Prana is often measured before and after balances to chart increased availability of prana. We shut down pranic intake when we are sick. We may have an inability to tap prana due to unhealthy lifestyles or an over ability to tap prana which exhausts and depletes the system.

1 - 20 sick and dying
20 - 40 fatigued and no will
40 - 60 depressed
75 - 90 up and down but coping
90 - 100 energy needed to teach and heal.

Seven Rays and Personality Influences

The seven rays influence the personality vehicles therefore we identify positive and negative characteristics of the associated ray to the goal by looking at the ray symbols. Virtues to be acquired from the ray open us up to receive increased use in prana. .

"Leading to" provides us with the souls' direction. The personality distortions can be

directly linked to aspects of the seven rays. The personality body under stress obviously uses more prana as the density of the vehicles increase. Imagine the personality body being like a lake with colour infused through it. The colour retains its original beauty. If the personality through distortion creates muddied water the healing colours also change their quality, more is used and emanations into the aura are sullied. Pranic reception determines our constitutional level for energy use and maintenance of health. Absorption and use can also be determined by genetic, environmental and metabolic problems.

The Aura

The Three Auras

The Aura is composed of the emanations of the Etheric body and this embodies three types of energy for which you are responsible. The health aura which is essentially physical, the astral aura which is a more dominant factor and the mental aura which is smaller but develops quickly. We are striving towards the emergence of the mental aura to dominate where the soul creates a higher and more profound sensitivity to replace the emotional aura. We all live our lives immersed in this auric field and that of others. Every living thing emits an aura. The earth emits an aura. The aura is essentially radiatory and extends from each substantial vehicle in every direction.

Impressions and Crystallisations

The aura registers 'impressions' and is the agent of its response. It is the aura which predominantly creates the effects we have upon our world. The emotional vehicle has an overwhelming influence upon the aura as we cannot suppress feeling while thinking. It is a true and perfect picture of our evolution. We hold crystallisations of karmic experience and reactions in the auric field which may eventually manifest in the physical body as disease. Calming the aura creates health. Colours are known to be the vitamins of aura.

The health aura is the prana left over that sits close to the body. The whole aura has an Etheric link in the physical. It is difficult to differentiate the auras. We need to discriminate what we see. The more prana we take in the larger the aura.

Karmic Influences

The Karmic link is held in the Akashic records of the permanent atom in the mental unit. This record influences our current perceptions of this lifetimes events. The mental unit registers the conscious part of us and registers insights. Activating the Law of Love helps clear the karmic influences from the aura.

The need is to clearly dissolve the crystallisations in the aura through reliving and recreating past negative experiences, acknowledging the insights and gifts received from the experience so we can cleanse the karma and choose to move on. Karmic patterns essentially are repeated and insights brings the choice to take another path.

Our life will no longer need to register these old patterns in the permanent atoms and we have increased consciousness towards our soul purpose. Altering the permanent atom in our current life does radically alter our health, emotional and mental auras.

The sphere of radiation from the aura clearly affects all with whom we come in contact. How we see the world is veiled by the aura tinged with the glamours of the emotional body and the illusions of the mental body, whilst the physical body suffers the effects of manifested crystallisations of disease and ageing.

In the books of Leadbeater he has many colour plates which illustrates the different auras and their associations to the different vehicles. He distinctly shows the effects of thoughts, emotions, feelings and music upon the aura.

The Multi-Dimensional Healing Model.

Bringing it all together.

Transformational Kinesiology utilises these multidimensional principles of healing throughout the entire training of courses. By setting the goal , psychic energy is attracted to the balance so we can identify the core beliefs. The core beliefs hold their impressions in the physical/ etheric, astral and lower and higher mental bodies. The correspondences between the psychology, the miasms, the chakras, the physiology, the senses, the glands and the rays activate the distortions on a multidimensional level. As always the healing is within and the balancing procedures which co - ordinate within these dimensions are of crucial importance, so the client is aware of the effects at these levels.

The activators of physical and psychological problems are often centred around:

Fear - past oriented .
Irritation - present oriented.
Worry - future oriented

The Client

The in depth verbal checking by the facilitator investigates the correspondences and weaves together the fabric individual to the personality conflict. Once we have become aware of the conflict we need to speak without blame and look at the roles the physical, emotional and mental bodies play in the problem. Acceptance of the actions and consequences can set up the solution as a cause for change. The Will to be a Cause and not an effect, is the way to the future and setting common goals for the common good. It is assumed the goal is set by the best part of us and the goal says the client will go for it.

The Facilitator

The role of the facilitator is to search for the highest quality, be open, listen and be surprised. By adding muscle monitoring to conscious discrimination, the facilitator can remain firmly based in experience, knowledge, common sense and compassion whilst observing without judgement. The role calls for preparation on all levels and an assurance of appropriate levels of prana for self maintenance and protection. We do have little access to the truth, so truth is how we individually see it based on our programming. Realistically we need to suppose that we can provide tools of change for creating new belief systems to replace old core beliefs. This tool is only relative to the frequency we can access and is by no means the end of the process for ongoing change.

Conclusion

"Change can only occur when a person has sadhana. This is a Sanskrit word for self actualisation, self realisation, self manifestation or becoming oneself. Knowing is becomingness. All knowledge about the vehicles of man or about the essential core of man does not offer any help unless we strive to be who we are. Through dis identification from things with which we want to identify, can we return to our true self. Observation is a great tool if it used correctly. As you see what you are, you become more yourself, and only becoming more yourself gives you the power to master all that you are not." Tokum Saradaryian.

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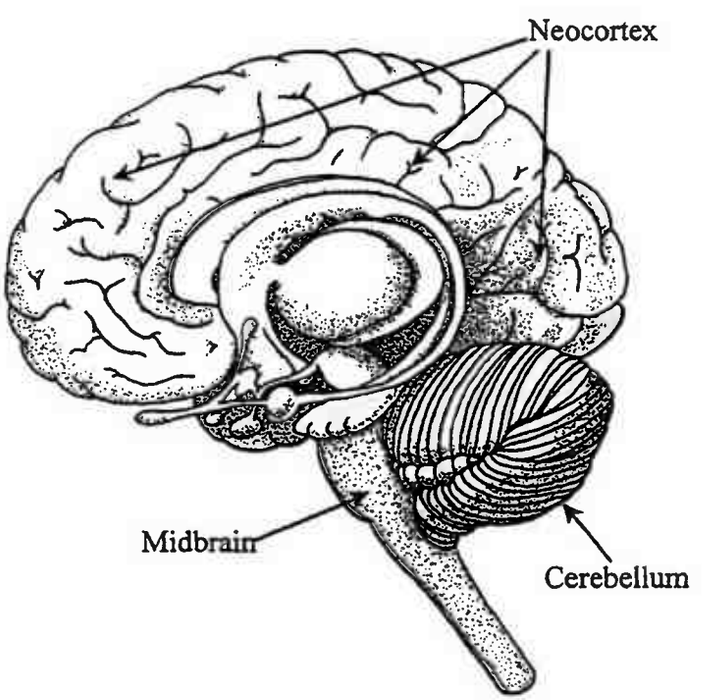
The Learning Enhancement Advanced Program.

LEAP

For the Assessment & Correction of Specific Learning Difficulties with Kinesiology and Acupressure.



Developed by Melbourne Applied Physiology
Charles T. Krebs, PhD & Susan McCrossin, B.App.Sc.
(Psychophys & Psych)
237 Rathdowne Street, Carlton,
Victoria 3053 Australia
Tel. (61- 3- 9662- 3411
FAX (61- 3- 9662- 3611)

Special Note:

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237 Rathdowne Street
Carlton, Victoria
Australia 3053
Tel. (613 9662 3411)
Fax (613 9662 3611)

LEAP

The Learning Enhancement Advanced Program

For the Assessment and Correction of Specific Learning Difficulties.

Dr. Charles T. Krebs, Melbourne Applied Physiology, 237 Rathdowne Street, Carlton Victoria Australia 3053.
Tel: 613 9662 3411, Fax: 613 9662 3611

HISTORY

Difficulties with learning academic tasks such as reading, spelling and mathematics have been recognised for over a century, with Kussmaul in 1877 ascribed as the first person to specifically describe an inability to read, that persisted in the presence of intact sight and speech, as word blindness.[1] The word *dyslexia* was coined by Berlin in 1887.[2] Within a decade a Glasgow eye surgeon James Hinschelwood (1895) and a Seaford General Practitioner Pringle Morgan (1896) observed students who were incapable of learning to read and hypothesised that this was based on a failure of development of the relevant brain areas which were believed to be absent or abnormal. This model was based on the assumption that developmental dyslexia (congenital dyslexia) was similar in form to acquired dyslexia, which is dyslexia due to brain damage after a person has already learned to read. Deficits in other types of learning, such as mathematics, would also result from some other underlying brain damage or abnormality.[3]

Work in the early part of the twentieth century, particularly by Samuel T. Orton in the 1920s and 1930s suggested that learning difficulties such as dyslexia were not based on anatomical absence or abnormality, but rather it was delay in the development of various areas that caused these dysfunctions. This belief was largely ignored until the 1960s when it was revived by a growing interest in neuropsychology. However, more recent developments in neuropsychology and neurophysiology support the hypothesis that dysfunctions within the brain, both anatomical and developmental, may be causal in many learning problems.[4]

It was not until 1963, in an address given by Samuel Kirk, who argued for better descriptions of children's school problems that the term "learning disabilities" originated. Since that time there's been a proliferation of labels that attempt to dissociate the learning disabled from the retarded and brain damaged.

Definitions

Learning disabilities in the context of the present study includes both dyslexia and Attention Deficit Disorder (ADD) with or without hyperactivity. Historically, dyslexia has been widely defined in terms of deficits in the areas of reading, spelling and language. However, more recent conceptualisations have included a definition that also encompasses a wide range of problems, including clumsiness and difficulty with rote learning.[5] Fawcett and Nicolson have also challenged the prevailing hypothesis that dyslexia is merely a language based problem, suggesting that it might be a more generalised deficit in the acquisition of skills.[6] The term dyslexia is not defined in the DSM IV (1994) although it is still commonly used in literature discussing various learning difficulties. The term Learning Disorders (DSM IV) currently encompasses various types of learning difficulties including dyslexia and Attention Deficit Disorder (ADD). Learning Disorders are defined in the DSM IV as being essentially a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. The performance of these individuals on standardised tests for reading, mathematics, or written expression is substantially below, more than 2 standard deviations (SDs), same age peers even though their IQ scores are average or above average.[7]

Incidence

Frequently, children diagnosed as learning disabled are also inattentive and deficient in linguistic skills, most often in reading.[8] Rutter and Yule examined a large population of children from a number of different studies and found 3.5% of Isle of Wight 10-year-olds, 4.5% of 14-year-olds and over 6% of London 10-year-olds showed reading difficulties.[9] Gaddes looked at the proportion of children with learning disorders in various studies in both North America and Europe and found that the need for special training for learning disorders ranged between 10-15% of the school age population.[10] However, estimates of the prevalence of learning disorders for broad age ranges is problematic because a learning disability is an emergent problem that is often not evident until later years in schooling. Using the criteria of defining learning disorders as being two years behind on standardised tests, less than 1% of 6-year-olds are disabled, 2% of 7-year-olds and so on until at age 19, 25% would be classified as learning disabled. So these children fall progressively behind as they mature and the complexity of work increases.[11] In an address given by the Australian Federal Schools Minister, Dr David Kemp, in October 1996, Kemp stated that a study of 28,000 students in four surveys in Australia found 30% of year 9 students lacked basic literacy skills. This high incidence of learning disorders in school children indicates a need for effective treatment.

Causes

Currently the possible causes of learning disorders are believed to be primarily the result of five major factors; 1) structural damage, 2) brain dysfunction, 3) abnormal cerebral lateralisation, 4) maturational lag and 5) environment deprivation. While none of these theories is unequivocally supported by current data, all of these factors may contribute to learning disabilities.[12]

Brain damage would appear to account for a small percentage of children with learning disorders as many of the neurological symptoms associated with brain damage in adults are not typically observed in these children. In addition, EEG and CT studies have not shown structural damage and abnormal EEGs correlated with known brain damage are not consistently observed in children with learning disorders.[13] Rather than direct brain damage, there is evidence that abnormal physiological or biochemical processes may be responsible for malfunction in some part of the cerebral cortex. Electrophysiological recording studies have associated specific high frequency EEG and AEP (averaged evoked potentials) abnormalities with various types of learning disorders.[14] Recent studies with SSVEP (Steady state visual evoked potential) have shown that children diagnosed with Attention Deficit Disorder demonstrate similar abnormal SSVEP patterns when compared to normals while performing the same cognitive task (Marie, personal communication).[15] The brain dysfunction hypothesis suggests that the dysfunction may be a consequence of defective arousal mechanisms resulting in some form of inadequate cerebral activation.[16]

This is supported by studies of children with learning disorders that show they have difficulty on continuous performance tests requiring attention and low distractibility; had slower reaction times to stimuli, and increased errors due to impulsivity on tests of visual searching.[17] Douglas proposed that the deficits on these tasks resulted from inadequate cerebral activation. Learning disorders of some types at least, do improve with drugs like amphetamines that cause cerebral activation via increasing subcortical arousal. In fact this is the basis of treating hyperactive children with Ritalin.[18]

An alternative model of learning disorders is based on recent neurophysiological findings that suggest it is the timing and synchronisation of neural activity in separate brain areas that creates high order cognitive functions. Any loss or malfunction of the timing mechanism may cause disintegration of neural activity and hence dysfunction in cognitive tasks.[19]

This model supports the approach in the Learning Enhancement Advanced Program (LEAP) that Krebs and McCrossin developed in the late 1980s and early 1990s.[20] In the LEAP Model, learning disorders that is based on the disruption or loss of timing and synchronisation between the neural activity in the diverse brain regions, both cortical and subcortical, that must be synchronised in order for successful integration to produce normal cognitive activity. Learning disorders would arise in this model from a lack of integration of functions that occur simultaneously in separate brain regions.

If the brain does integrate separate processes into meaningful combinations we call 'thought' or cognitive ability, then the main risk is mis-timing or loss of synchronisation between these processes. To quote Damasio "any malfunction of the timing mechanism would be likely to create spurious integration or *dis*integration".[21]

For synchronous firing of neurons in many separate brain areas to create cognitive functions would require maintenance of focused activity at these different sites long enough for meaningful integration of disparate information and decisions to be made.

HISTORY OF LEAP: THE EVOLUTION OF A NEW KINESIOLOGICAL PARADIGM.

During the late 1980s, I was doing a lot of clinical work with children with severe learning problems, who were being referred by a child psychologist as a gesture of last resort. She described them as her "basket cases" because no amount of remedial work seemed to make the slightest difference to their academic performance. Using the kinesiological tools I had available at the time, I was able to get fantastic, reproducible results in about 30 per cent of these cases. Following treatment, three in 10 of the children improved their reading ability and comprehension, spelling and were better at maths. Moreover, these improvements were on-going.

In another 30 per cent of cases, even though I did the same procedures, nothing seemed to work. And in the remaining 40 per cent of clients, there would be significant changes while I was working with them but they did not last; as soon as they stopped the treatment and their self-help exercises, the children would resort to being just as dysfunctional as they had been before. As a scientist, I wanted to know why this was happening. Why were the results so variable? Why was it working for some and not for others?

To find out, I went back to first principles and began an exhaustive search of all the material I could find on the neurology of brain function related to learning, to establish exactly what processes were involved. The critical point turned out to be the subconscious, where so much of our actual mental processing takes place. So I looked carefully at the subconscious features of the brain that were not being addressed in the treatment models I was using. This meant the limbic system and its various nuclei and the paleocortex, the ancient part of the brain.

Kinesiology as it was then practiced, allowed me to access these structures only in a very general way. I could detect that there were stresses related to specific learning processes but did not understand how to go beyond this first step to tap into the hierarchical processing of the brain to determine which specific brain functions might have gone off-line. What had become clear to me is that the brain processed in a modular fashion, with single functions antecedent to many other functions. If one of these antecedent functions was compromised, all the processes dependent on this function would also show deficits. I had to find a way to get into these processing modules.

Just as these problems were arising for me, synchronicity stepped in with the solution. In 1989 I travelled to America to learn the new techniques of brain physiology formatting that Richard Utt had been developing them at his International Institute of Applied Physiology. Utt had added to the existing model of kinesiology by focusing on the physiology of the brain itself and he showed that the readout of brain function seldom revealed itself in single active acupoints. The biofeedback from the brain would often show up as a patterns of acupoint activity[22].

With Utt's brain physiology formatting at last I had the map of the primary neurological processing modules and a basic format to access with them. Now I had a way in and from there on it was a matter of asking the right questions of the right structures. Now, for instance, I could ask the brain if there was any stress in the posterior hypothalamic nuclei? If a stress was present as indicated by muscle response, I could then proceed to determine if there was stress in the part of the posterior hypothalamic function that controlled dilation of the pupils in relation to the fight or flight response.

Once the stress had been identified then the factors causing that stress could be pinpointed. Knowing what those stresses were, I could then apply kinesiological and acupressure techniques to resolve them. As soon as the stress, or stresses that have caused the block or shutdown of functions are resolved, these processes so vital to learning come back on line.

I began to get much better results and consequently, many more patients. I was getting so busy that I needed a partner, and Susan McCrossin joined me. As we began to work together we discovered that the more we refined application of the new formatting techniques, the more effective we were proving to be. But still we were running into children we couldn't help. We needed to do more research, more trialing of technique and application.

More children, by now about 80 per cent of the referred cases, started showing positive changes yet perplexingly, there still remained a recalcitrant group that eluded our methods. What was it that we did not yet understand? To find out, we sent these children for assessment by a neurologist who specialised in epilepsy and learning problems. Using Magnetic Resonance Imaging and other assessment techniques, it was revealed that in all but one of the cases the underlying cause was organic brain damage[23]. Their problem was more than a glitch in the software. The hardware itself had been damaged.

The Learning Enhancement Advanced Program: LEAP.

We were establishing a whole new paradigm and as the parents and some of our fellow practitioners saw what we were able to achieve, they began to ask us to teach our methods. We began teaching on a one-to-one basis and as we did so started to realise just how complex the system had become. We needed to write it down and to give it a name. It became "LEAP", which stands for the Learning Enhancement Advanced Program. This program taught not only the brain formatting techniques, but where and how to apply them, and why they worked. An in-depth understanding of neurology was essential and, as you can imagine, the teaching began to consume hundreds of hours of our time.

We taught eight individuals how to apply the program and although it was certainly time-consuming we benefited because those invested hours taught us how we needed to do the training. The demand from other kinesiologists increased and we had to create an integrated teaching program and manual. Several years on, with a 250-page manual in hand, we were asked to teach the program at the biggest kinesiological centre in the world, The Advanced Kinesiological Institute in Freiburg, Germany. This centre conducts 450 workshops a year in kinesiology training.

The complexity of the program we were teaching reflected the complexity of the human brain. Before any corrections could be made, the specific nature and types of learning problems had to be assessed and this protocol required 80 or so steps. Learning problems are unique mosaics of dysfunction, as distinct and individual as fingerprints. The techniques to unravel these patterns are just as varied.

Currently we have taught and teach LEAP in Europe and the United States as well as throughout Australia. Each year more kinesiologists are learning this powerful program and then helping to change people's lives. Together with our new students we find ourselves travelling into a frontier that is, in effect, rolling ahead of us. As the knowledge of neurology explodes with new information every week, we are constantly modifying our techniques and our teaching programs. Step-by-step we can go further and deeper, and be more effective. Fewer of our clients are falling outside the scope of our ability.

Kinesiology: Its Role in Assessing Specific Learning Difficulties.

When we perform a mental function, say adding 2+2, the conscious mind asks the subconscious mind to do its bidding, but exactly how it is done or exactly what part of the brain is actually used to perform the functions required to do the task is totally out of our consciousness. When I say to you "What is 4+4?, several outcomes are possible. The first, is that you will almost instantly reply "8" with hardly a seconds delay. But if I then say "Exactly what part of your brain, which area of your cortex, did you use to do this computation?", you would have absolutely no idea! Nobody does, for the bulk of mental processing occurs outside of our consciousness, *with conscious input only providing direction for the subconscious that actually performs the functions.*

By analogy, your conscious brain receives the message in English words "What's 4+4?" It then says to the subconscious "Hey subconscious, what's 4+4?" and then just waits around for the answer. If you have uninterrupted "access" to the specific cortical and subcortical areas that processes symbolic 4 + symbolic 4, it immediately gives a symbolic 8. The subconscious then can tell your conscious brain "Pssst, the answer is 8" at which point you then are consciously aware of the answer and can tell me "the answer is 8!" In this first type of response, there were no "blocks" in direct access to the subconscious functions required to perform the task as directed, and the task is accomplished easily with little mental effort.

The second type of response we often get from children with poor access to Logic functions consists of (1) a desperate searching of their memory, eyes darting up and to and fro, often accompanied by fist tapping hand or forehead for an agonizing few seconds, then (2) suddenly their eyes "light up" and they reply "8"! Clearly, in these cases even though the subconscious

received the request clearly, it could not simply send the request directly to the symbolic arithmetic processing centre for instant processing, and then immediate reply to the conscious mind with the correct answer. Rather, the conscious mind clearly heard and understood the question, but when it then commanded the subconscious to do the processing, direct access to the symbolic arithmetic centre was not immediately available. Instead, the direct route was "blocked" and the subconscious had to work out an "alternate route" around the "block" before the processing could proceed. Once the "alternate route" had been established, however, the subconscious could then access the correct answer.

The third outcome to this question is "I don't know", said with a shrug of the shoulders, sometimes followed by counting on the fingers to get the answer. In this case, there is no access to the symbolic arithmetic centres and the only way of solving the problem is to revert form symbolic processing to concrete processing. The child can observe concretely that 4 fingers + 4 fingers are indeed 8 fingers. The above example has been covered in some detail to illustrate two things:

1. Most of the actual processing to solve even simple problems is "subconscious".
2. The degree to which, or the ease with which, we solve mental problems is totally dependent upon the degree to which we access these subconscious processes.

In these three examples, each of the three children understood the question "What is 4+4?" In the first case, the child could then instantly access the subconscious functions to solve the problem and respond immediately with the correct answer. In the second case there was a time delay in answering the question while the subconscious "worked out" a route around the direct access which was "blocked". In the third case, the block of the subconscious functions was so complete that an alternative method, concrete processing, had to be employed to solve the problem at all. *Inability to perform certain mental tasks is, therefore, often not a question of consciously understanding the question or even how to do it, but rather, an inability to access the relevant subconscious functions to get the answers to the question that was understood!*

Since the relevant functions and processes that control our ability to perform most academic tasks are subconscious, how can we evaluate access to them, or know the type of "block" preventing access to them. Or how can we know at what level this block in processing occurs, particularly for more complex tasks that require several levels of processing? The answer is using Kinesiology. Kinesiology provides direct access to subconscious functions via the interface of muscle proprioception, which is totally subconscious, with other subconscious processing, including mental processing.[24]

Muscles are run first and primarily by subconscious brain centres (e.g. basal ganglia, thalamic nuclei, cerebellum etc) and only secondarily by the conscious brain (for in depth discussion, see Krebs, 1998). Indeed, the subconscious control of muscle function overrides conscious desire, the basis of checking a muscle circuit for homeostasis in Applied Physiology or blocking in One Brain Kinesiology via spindle cell sedation of the muscle. When a muscle is in balance, sedation by spindle cell manipulation will cause a locked muscle to unlock no matter how hard the person tries "consciously" to override the subconscious message. This is a protective device on the part of the brain to prevent ego driven stupidity (e.g. a macho "I'll lift that 100kg bag for you") from damaging our physical structure.

Not only is muscle function outside of conscious control, but it also interfaces directly with other subconscious mental processing. Stress generated in subconscious mental processing can directly effect muscle response. This is the basis of the muscle response when having a person think of something negative or stressful; as soon as the mental "stress" is accessed, an indicator muscle will unlock. If you have them just think of an issue e.g. think of your mother, the indicator muscle may unlock even if they are unaware of any overt conscious stress on that issue.

Kinesiology is therefore an excellent tool to investigate subconscious brain function as it can provide a direct readout of stresses impinging upon subconscious mental functions. Throughout LEAP, the link between stress in subconscious processing and muscle response is used extensively to evaluate the extent of access to specific mental functions and the nature of the "block" that prevents full access to these functions. Kinesiology, therefore, provides an effective means of assessing the nature and degrees of subconscious dysfunction resulting is Specific Learning Difficulties (SLDs).[25]

Kinesiology: Its Role in Correcting Specific Learning Difficulties.

If any specific subconscious function is "blocked" for any reason the mental processes dependent upon that function are compromised, and often can not be performed at all.

Learning problems result then, either from "blocked" access to one or more subconscious functions, or from a "block" preventing integration of the functions accessed. In more severe learning difficulties there may be both "blocks" to specific functions and "blocked" routes of integration, which makes it doubly difficult for people to overcome learning problems of this nature.

Kinesiology not only provides a means of identifying where these "blocks" in function occur, as noted above, but more importantly, provide a means of identifying the "nature" of the disturbance causing the "block" in function. Muscle monitoring provides an interface between neurological function and the more subtle energies of the energetic, emotional and mental bodies.[26] Disturbances at any of these levels can cause a change in muscle response during monitoring. The vibrational frequency of the underlying cause of the dysfunction resulting in the "indicator change" can then be "matched" against various "frequency domains" of Acupoints and finger modes enabling the source of the disturbance to be specifically identified.[27]

Once the stress causing a "block" in function has been located, then by simply touching specific acupoints or holding specific finger modes and remonitoring the muscle, the Indicator Point or Finger Mode causing an "indicator change" identifies the exact nature of the cause of the "block". For instance, if holding "emotion mode" changes the indicator muscle response, then the underlying cause of the "block" is an emotional disturbance that alters the underlying physiological function.

Once the cause of the "block" has been identified, only then can effective therapeutic techniques be applied to "defuse" or "remove" the block. Once the "block" has been entered on the biocomputer, any effective technique can successfully "remove" the block, allowing that function to once more be accessible for mental processing.

What is critical for successful long-term correction, however, is locating the exact subconscious function that is blocked. For some subconscious functions, simply touching specific acupoints or holding finger modes will detect these "blocks". Many others, particularly those "deep" within the subcortical areas of the Limbic System and other brain nuclei, can not be accessed by these simple methods. To access these very specific subconscious functions requires monitoring specific patterns and combinations of Specific Indicator Points and Finger Modes, termed "formatting" in Applied Physiology.

The Role of Applied Physiology Formatting in Correcting Specific Learning Difficulties:

While Kinesiology is a powerful tool for assessing Specific Learning Difficulties (SLDs), you can only correct the issues/functions that you have precisely entered on the biocomputer. Like a computer, the biocomputer will only address the actual issues/functions specifically entered into active processing (like the RAM processing on a computer), not all the other information held in memory (like the ROM of the hard drive), even if it is related to the data entered. Whenever an issue or function is entered on the biocomputer, it can be considered an electromagnetic/energetic "file" similar to the electronic "files" of a computer. And, like a computer, it is only the data contained within the specific "file" that has been "called up" that can be worked on or revised/altered by new input. Content in other related files is not available and cannot take part in the processing of the data on the biocomputer, unless specifically called up.

Richard Utt, in developing AP, realised the need for addressing specific physiological functions and the limitation of conventional muscle-testing. In AP he developed a system called **formatting** to provide the specificity required to address specific physiological functions directly. AP formatting uses the frequency resonance "match" between specific acupoints of the Acupuncture Meridian System, called Specific Indicator Points, and/or Finger Modes (Digital Determinators) and specific physiological functions or anatomical structures. If there is a frequency match denoted by an indicator muscle change when these acupoints are circuit-located (touched) or the finger mode held, this indicates stress in these specific physiological functions/anatomical structures.

The specific formatting for many of the brain functions used in LEAP were taken from AP's Brain Physiology research, and we wish to thank Richard Utt for developing this tremendously useful and powerful formatting. We have added a number of other specific indicator points and modes for working with brain integration and over the years developed the procedures required to effectively format for the correction of the various types of brain dysfunction generating SLDs. Using the LEAP formatting, it is possible to format for the specific brain dysfunctions resulting in SLD's, which permits these specific functions to then be entered on the biocomputer for correction. With this specific LEAP formatting it is possible to correct most types of SLDs, unless they have a predominantly organic basis

LEAP Protocol for Correcting Specific Learning Difficulties.

After the assessment is complete, LEAP provides a coherent protocol for correction of most SLDs. This protocol was established over several years based on the hierarchical processing in the brain. Perhaps to conserve space and yet provide for a variety of functions, the brain functions are *not* organised in a hierarchical fashion with a linear flow of neural impulses, but rather the neural flow is parallel and multiplex, including transfer of information that does not even flow along nerves. In this multiplex, parallel processing many of the central basal subconscious brain functions are used in many different types of processing, as a central processing unit capable of multi-tasking. Thus, this central processing unit of subconscious brain functions when not being used in one type of function they may be used in another, or may even carry out several types of functions in parallel.

Only the lead functions that request specific types of processing to be performed are conscious. The actual processing is performed by the subconscious limbic and subcortical centres in the brain. When the functions of reading or spelling, or any learning task, can not be performed properly, it is usually not in the cortical lead functions that the problems lie, as the person most likely understood the command to read or spell and via their cortical lead function asked the brain the perform this function. Rather, the problem is usually "blocks" in or to their subconscious processing centres that are required to perform the requested task. Since most learning problems result from a lack of access to specific subconscious functions, clearing the blocks to these functions could rectify the learning problems. However, there is a specific order in which the basal subconscious functions must be "cleared" to produce consistent results, and these are related to the heirarchy of sensory information processing in the brain. The LEAP protocol follows this hierarchy, and therefore provides consistent results in the treatment of SLDs.

It must be emphasised here that the LEAP protocol is not a correction procedure, but rather, a protocol that provides access to the specific functions that need

correction. Imbalances in the basal subconscious functions involved in all learning never show an indicator muscle change in the "clear" because they are such specific functions and so many layers down in the processing that they do not generate greater than 51% stress in the whole system. In order to access these deep subconscious basal functions requires specific formatting. The formatting used in LEAP has been taken from the Applied Physiology Brain Physiology develop by Richard Utt, founder of Applied Physiology, or developed by the founders of LEAP based on the brain physiology concepts.[28] Using formatting for specific brain functions each major type of subconscious process can be assessed individually for "stress" that may block its function. Once the stress on that specific function has been entered on the bio-computer via Pause Lock, then any effective kinesiological technique can resolve the stress. Once the stress on the function has been removed, the function comes "back on-line" so to speak and is now available for processing.

The LEAP protocol systematically corrects each basal function in an order that we have found to be most effective and efficient. Because of the multi-tasking nature of processing in the subconscious basal functions, when a single basal functions goes "off line" so to speak, several functions may be compromised. If these antecedent functions are not cleared first, other functions relying on these antecedent process are compromised. Therefore, the order in which the brain functions are corrected is significant and the protocol must be followed for best results.

All environmental factors that affect the ability of the brain to maintain integrated function must be corrected first, or these factors such as rampant Candida, can take brain integration apart as fast as you put it together. Then the integrative processing centres and integrative pathways like the Corpus Callosum must be "opened up" before individual brain functions are addressed. It is of little value to open access to a brain function that still can not be integrated with other brain functions because of blocked integrative centres or pathways.

Now the individual brain functions need to be assessed for "stress" and any stress affecting their function must be resolved so they can be brought fully on-line. This includes all the major brain functions involved in visual and auditory processing as these are the primary inputs to the areas of the brain involved in learning and memory. Assignment of exercises to reinforce integrated brain function is then essential to maintain the new integrated state just established. Only then are any remaining eye function imbalances addressed because often the above brain integration (BI) procedures will have corrected much, if not all, of the problems observed in the assessment procedure.

Now you are ready to balance stress on functions like short-term memory and visuo-spatial processing that may remain even after the BI procedures above are complete. Again these must be done after the BI procedures because often many problems in these functions are corrected by the BI procedure alone, and no further work is required. The time spent correcting these functions, if they would correct at all before BI, would have been wasted.

Only now are you ready to begin the correction of academic functions like reading and spelling that were seen as the "problem" initially. The correction of many reading, writing and maths problems must first start with the complete defusion of any stress on the alphabet and numbers. Stress on individual letters or numbers can compromise or even severely disrupt academic functions requiring their use!

Once all academic functions are on-line, then the negative attitudes to their use must be defused or the person may not use the functions they can now access. Just because I can now learn to spell perfectly or read with no stress and good comprehension does not mean I will do so. When asked to perform a task, my first response comes from my deep limbic emotional centres with regard to how I have experienced this task in my past. If I have always "failed" at, or found this task very "stressful", my subconscious will automatically recall my past failures or stress doing this task. The associated feelings of being stupid and embarrassed, or just being physically or emotionally stressed out, may then prevent me from even giving it a go, regardless of the fact that I can now do the task successfully without stress.

The brain does not know how it is now, only how it has been, and reacts to the request to perform the task on our past experience. Run by these past emotions, including fear of failure, and physical stress responses (eg watery eyes), the brain will often not even attempt to use functions now available to it. Therefore, unless the negative emotions associated with performing these tasks is defused, the person may never use the functions now available to them. Remember if you **think** you can't, you can't!

THE LEAP MODEL OF LEARNING: A NEW PARADIGM.

The Process Of Learning

From a review of the major brain structures and the workings of memory in the neurological literature, it is clear that both memory and learning do not involve a single, global hierarchical system in the brain. Rather, learning involves an interplay between many inter-linked sub-systems or modules[29]. Also, the timing and synchronisation of information flow between these sub-systems and modules appears to be critical to the success of learning.

For example, instead of the entire left hemisphere being involved in logic, we find that there are certain cortical columns in the left hemisphere that come into play during certain types of logic processing. They become a module interconnected to many other cortical and subcortical areas on both sides of the brain.

Information is relayed to the hippocampus (centre of short term memory) and amygdala (centre of subconscious emotions). These then send the impulses back into the association areas holding long term memory for reference, and forward again to the frontal cortex to be thought about. It is at this point that we may become conscious of the answer or result. In simpler terms, a number of processing units are interconnected

and involved in any one type of processing and these are further inter-linked to other areas of processing which perform other processing functions, and so on.

If in the past you've experienced tremendous problems adding even simple numbers, such a command may be perceived as a punishment and the process will become very difficult. The Amygdala, the adjudicator of reward and punishment, operating at the subconsious level, will activate avoidance behaviours. In an attempt to justify the avoidance, your conscious, rational mind will virtually tell you that you are "too stupid", or that "maths is boring, and when would you ever use it anyway?" This is the path to future failure.

On the other hand, if you've been successful in addition and get the correct answers, the amygdala perceives a potential "reward" and will not only allow you to do maths easily but may seek a more difficult task for an even bigger reward.

To be successful all brain areas are constantly interrelating through complex integrative pathways, which provide for synchronised and integrated activity. All the systems must integrate well in order for you to produce a conscious outcome: the answer. It is only when you can consciously retrieve what you have learned that you can say you have really learned it.

Brain Dominance - The Right And Left Hemispheres. Redefining The Terms

In the literature of kinesiology, a vitally important distinction is made in the use of the term "brain dominance". While in the neuropsychological literature the term refers only to the location of the speech centres (particularly Wernicke's Area), in kinesiology the term defines *the area of the brain which plays the dominant or lead role in mental processing.*

In Kinesiology terms you can be "right brain or hemisphere dominant" or "left brain or hemisphere dominant" depending on the type of mental processing you are doing at the time[30]:

When doing a predominantly logical, linear, analytical task, most people activate cortical columns of their left "Logic" hemisphere. Likewise, when most people are performing creative, or visuo-spatial tasks they would be activating cortical columns of their right "Gestalt" hemisphere.

Inductive reasoning, based on global, simultaneous processing, which we term "intuition", appears, in most people, to rely chiefly on the right hemisphere lead functions. Conversely, deductive reasoning, based on the linear, analytical processing of "facts" appears to be initiated by lead functions that take place in the left hemisphere

"Inductive" refers to the process of looking at the whole of a situation, appreciating the overall pattern and not so much the pieces that make up that pattern. This process was named after the German word "Gestalt" which means "pattern" or "form". Generally, the functioning of the right hemisphere is intuitive and non-rational.

Deductive or logical reasoning is used to analyse the relationship of the pieces that make up the whole, a process that is inherently rational and analytic.

Some tasks, like remembering someone's face, are predominantly Gestalt. Some tasks, such as solving a maths equation, inherently use Logic functions. Ideally, you should have access to whichever mode is more efficient to tackle the task at hand. More ideally still, you should be able to integrate the functions of both hemispheres because whole brain processing leads to a higher level of thinking and understanding than either of its two parts.

The brain seems to run by a program that says, "Do it the most efficient way possible". In all of its functions, the brain seeks optimum efficiency. The line of least resistance. If one particular function is not accessible, the brain will automatically go on to the next most efficient process for doing that particular task. If that second process is not available, it will go to the third, the fourth, the fifth most efficient and so on. Because each alternative process is less efficient, it is inherently more stressful. The brain will keep searching for an appropriate processing method, until eventually, the activity may become so subconsciously or consciously stressful that the person will choose to give up trying to do the task altogether.

It is very much like water running down a hill. Running water takes the most direct possible route. But if you block the water flow, the water will find the next most direct route. If you block that, it will move towards the next most direct line.

Each new block gives the water a longer journey to the bottom, and too many blocks means the water might be absorbed before it gets down the hill. This is exactly how the mind operates. If you ask your brain to do a task but there is a block, then it will then take the next best route, or the next, or the next to accomplish the task requested.

We all recognise this situation. Whenever we have difficulty doing something, we become aware of the mental stress that is required to do it. This mental stress will often cause us to avoid doing that task.

Where does that most difficult task you have to do today go on you list of daily activities? At the top? No. At the bottom and somehow, you never quite get to it, at least not today.

Models Of Learning Based On Gestalt And Logic.

As I have alluded, for the past 20 years or so the Right Brain-Left Brain model of learning has popularised the notion of "right brain" designating the right cerebral cortex and "left brain" referring to the left cerebral cortex[31].

While Gestalt functions do appear to predominate in the right hemisphere and Logic functions appear to dominate in the left hemisphere, I argue that this model oversimplifies to an enormous degree the complexity of the many cortical subsystems - many of which are located in *both* cerebral hemispheres. Further, the prevailing theory totally ignores the subcortical processes that are, in fact, major centres of our mental processing. It is the subconscious that *does* most of the actual processing but it is the conscious areas of the cortex that *direct* what is processed.

It is a controversial view because I believe that a specific hemisphere does not entirely dominate either Gestalt of Logic processing. Rather, what they do is provide the lead, or the conscious intent that activate a number of other cortical and subcortical areas to perform the essential processing.

The actual processing units of the cerebral cortex are called Cortical Columns. Newer research has shown that these vertical columns bisect all six layers forming distinct processing units. Cortical Columns are not circular columns in the architectural sense, rather long three-dimensional slabs up to 0.5 mm wide and variable in length.[32] (see Fig. 1) Each cortical column is concerned with a specific type of function, and as functions vary in complexity so the columns vary in size. And sometimes several columns may be involved in performing a single more complex function. Along the sensory cortex, each column is concerned with sensory input from a particular region of the body.[33]

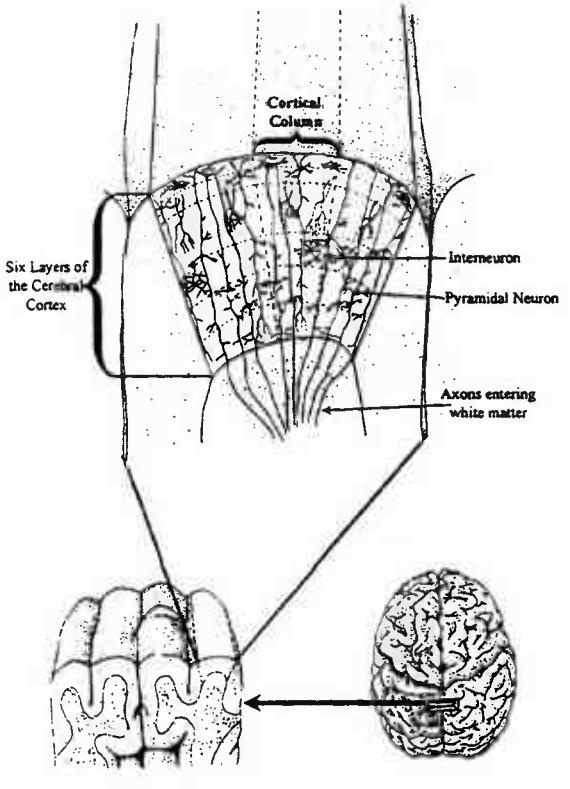


Figure 1. Cortical Columns. *Vertical slabs of cortex consisting of all six distinct cell layers, called cortical columns, are the functional units of the cerebral cortex. Some of the cells like the large pyramidal cells have dendrites that extend through almost all layers and axons that exit the grey matter to become part of the white matter tracts carrying information to other parts of the brain and body. There are also innumerable interneurons connecting the cells within each cell layer and between the layers.*

Since the cortical columns are the processing modules that relate to specific types of cortical functions, they are the centres for the Gestalt and Logic *lead* functions. The lead functions provide a point of entry into an inter-linked set of cortical and subcortical modules performing our mental function.

The cortical columns in the right hemisphere usually perform global, spatial functions and inductive reasoning - Gestalt functions, and are the seat of our intuition.

The cortical columns of the left hemisphere usually perform linear, sequential and analytical functions - Logic functions, and are seat of our rational thought. Linking these two complementary types of processing together in various combinations allows us to perform the vast number of functions of which the human brain is capable.

When you read words on a page, cortical columns that perform various Gestalt lead functions involved with the decoding of symbols will be activated by the visual stimulus of those words. This will in turn activate other cortical columns, housing Logic lead functions involved in understanding the meaning of words and their grammatical relationships.

An analogy of this process is what happens when you decide to turn on a light. This is a conscious mental decision. As soon as you flick the switch, a whole cascade of other events occur. Electrons begin to flow invisibly through wires, junction boxes, the light fixture itself and into the bulb. All of this occurs outside your conscious awareness. All you are aware of is that the light has come on. This is an electrical model, but it is very similar to what happens in the brain. In the brain, you make a conscious request to do something - whether mental or physical - and this conscious input from a particular cortical lead function creates a subconscious flow that results in the processing of that request. The end result is conscious awareness of the outcome.

The essential point of the theory is that the conscious cortical lead functions in each hemisphere merely provide the entry point. And the cortex can only provide a lead if the point of entry is intact or accessible. If the lead function or entry point has been damaged in some way then we have a situation very similar to what happens when you damage the keyboard of your computer. The computer still works, all the processing is still available, but you cannot consciously access the processing capabilities of the machine because you have no way of talking to the computer. When this happens in the brain, in a sense, you become unplugged from the processing units required to do that task.

You can look at conscious intent as the lead into the biocomputer of the subconscious mind. The subconscious units then do their best to accomplish that conscious intent. Therefore the conscious mind is not determining *how* the brain should process merely *what* it should process.

While conscious processing is free-form, subconscious processing is dictated much more by formal rules. Using a computer analogy, you, the operator, are the consciousness. But once you strike the keys to bring up a particular file, the computer follows a specific pathway, and if it is a well-written program, it will be the most efficient and direct pathway to bring the file out of memory and into your consciousness on the screen.

If however, you make the same request to retrieve that same file and you get an error message, "no matching file found", you then have to work out a new pathway into that file because the most expedient way is blocked. This may take some time and effort. Depending upon how important the retrieval of that file

is to you, you may or may not choose to invest that time and effort.

Every time the route gets longer it becomes less and less efficient and takes longer to do. To the mind that translates into stress and the more stressful it gets, the more resistance there is in the brain to performing that process. If the task is associated with less efficiency and hence more stress, then the person will be less inclined to do it because it takes so much mental effort.

Ideally, the brain is set up so that all areas of Gestalt and Logic processing are accessible, and so that all the integration routes that connect them are totally clear. With this perfect set-up, all types of learning will be easy. Any blocks will make the process less efficient and more stressful.

Blocks In Mental Processing.

People who find learning joyful and easy have very few blocks in their mental processing so anything they put their conscious intent into will be successful. (They may have still have some blocks to specific functions, but not in essential academic areas). A survey of 1600 people in Britain who have achieved fame in various professions revealed that some 85% of scientists were students who really enjoyed their schooldays[34]. These people were able to fully utilise the very purpose for which their brains were designed - learning.

As a child I too loved learning but I noticed there were a lot of other children who were having difficulties with spelling and understanding the simplest arithmetic. I used to wonder why. When I talked to those children they didn't seem to be any more stupid than me. They were as creative as me but they had trouble with particular tasks that were easy for me. I couldn't understand it. Now I do.

Blocks to mental processing take two forms: organic or physical blocks, and functional blocks.

Organic or physical blocks can result from a variety of causes. One is that during the development of the brain, at between four and six weeks of gestation, the foetal brain is a neural tube that closes from the front to the back. When the tube doesn't completely close it can manifest as Spina Bifida. In the normal developmental process, the neurons that will form the grey matter on the outside of the adult brain are at this point on the inside of the foetal brain. An extraordinary process called neuronal migration then occurs[35].

In neuronal migration, the nine billion or so neurons lying in the centre of the developing brain migrate to take their place in the cerebral cortex. It is a marvel that these neurons end up lying next to the neurons that in future they will need to co-operate with. What is more amazing still is how often this process occurs correctly. On occasion, however, it goes awry and neurons end up in the wrong place, leading to future functional problems. It is the neuronal migration phase that is often interfered with by excessive alcohol intake by newly pregnant mothers which can lead to a condition of partial mental retardation called foetal-alcohol syndrome[36].

Another major cause of organic or physical blocks is micro-bleeding in various areas of the brain, due perhaps to a difficult or too-rapid birth. This micro-bleeding is the breaking of very small blood vessels in certain areas of the brain and it can lead to oxygen starvation of the cells in this area. Hypoxia (or a lack of oxygen), can kill off brain cells, creating dysfunctional areas of brain tissue. These areas can vary from very small to reasonably large, with corresponding levels of dysfunction[37].

Two factors determine the nature and extent of brain damage resulting from hypoxic episodes: at what age and exactly where it occurred in the brain. Much of the cerebral cortex is quite plastic and one area can easily take over for another area that is damaged, but this plasticity decreases with age. Part of this plasticity of brain function before the age of eight appears to result from the active myelination and elaboration of various nerve pathways that is still occurring. After this age, the neural networks undergo pruning and sculpting to increase efficiency, but with a concomitant decrease in plasticity[38].

Secondly, there are parts of the brain, particularly old brain areas such as the hippocampus, that perform critical functions which cannot be performed by any other brain area. When these areas are damaged, dysfunction almost always results, with the degree of dysfunctional paralleling the degree of damage.

The other common cause of physical or organic blocks is a blow to the head at any time in life. Such events may also cause micro-bleeding with concomitant dysfunction. Again if this damage occurs early in childhood, generally before age eight, and particularly if it occurs in the first few years when the brain is most actively myelinating pathways and developing new circuits, the function of the damaged areas may be completely taken over by other brain areas. If, on the other hand, the damage occurs later in life, the same initial degree of damage may produce more far-reaching and long lasting effects.

Functional blocks are far more common and appear to be caused by emotional stress. For some reason, emotional stress can cause processing modules to go off-line in our biocomputer. Although the structures remain intact, they are not available for use. An extreme example of this from psychiatry are cases of hysterical paralysis, when a person may become totally paralysed, yet have absolutely no detectable organic dysfunction. Episodes of hysterical paralysis may follow emotionally traumatic events, and then just as suddenly be resolved with full return of movement[39].

From my perspective, functional blocks are the most common cause of learning problems in children and adults. By comparing the results of standard psychological tests used to assess learning disabilities, with access to specific brain functions and integrative pathways (such as the corpus callosum) which we can determine by specific kinesiology tests, we have found a very high correlation between poor access to specific brain functions and poor performance on the standardised tests. This will be discussed in greater length below.

Because it prevents the effective integration of Gestalt and Logic functions so essential in academic pursuits, "blocked" flow across the corpus callosum is found in almost every case of learning difficulties. And blocked flow across the corpus callosum is usually most strongly correlated with the poor development of Logic

lead functions. In rarer cases, poor development of Gestalt lead functions may also be associated with "blocked" flow across this vital integrative pathway.

The other major factor is blocks to access of key lead functions required to perform specific tasks. Again, poor access to critical lead functions, assessed using kinesiology, correlates highly with observed learning problems. Whenever there is an area of learning dysfunction, we can measure corresponding stress in accessing the lead functions associated with this area of disability.

When the block is in an important academic area, such as reading, spelling or maths it reflects on other aspects of ourselves, such as our self-confidence and self-esteem. We perceive ourselves as dumb or just hopeless in some area of function, outcomes we will discuss in later chapters.

Essentially, all specific learning difficulties result either from lack of access to specific brain functions, or the inability to efficiently integrate those functions that we do access. Many functions, like reading and spelling, require the use of both Logic and Gestalt lead functions simultaneously and in highly integrated patterns. If you can't integrate these functions, even though you can access them, you simply cannot read or spell effectively. This lack of access to specific lead functions and/or lack of integration of these functions, I call loss of brain integration which is the underlying cause of the vast majority of learning disabilities.

Gestalt And Logic Lead Functions.

Both sides of the brain are constantly interacting and the way we learn is the result of the degree of integration in the lead functions of both cerebral hemispheres.

Each hemisphere provides the entry point to an integrated module of cortical and subcortical function, involving the relaying of sensory information to both cortical and subcortical areas and the laying down of new memories that may then be consciously recalled.

Each lead function contributes its own special capacity to all of our thought processes[40]. Certain tasks require certain lead functions. Other tasks require other functions, but all are using the same central processing units, located in our subconscious mind. We just use different combinations of the existing modules or arrange them in a new order - multi-tasking - to do different types of processing.

The human biocomputer is indeed very well designed.

To highlight my proposition I quote Levy and his explanation of the role of the right brain and left brain in reading. Instead of using his terms "right brain", "left brain", I have substituted "Gestalt lead functions" and "Logic lead functions":

"When a person reads a story, the Gestalt lead functions may play a special role in decoding the visual information; making an integrated story structure, appreciating humour and emotional content, deriving meaning from past associations and understanding metaphor.

"At the same time the Logic lead functions are playing a special role in understanding syntax, transforming written words into their phonetic representations and deriving meaning from complex relationships."[41]

Reading is a task that clearly requires Logic and Gestalt lead functions to work well together. To orchestrate this highly complex integration of a large number of both Gestalt and Logic functions, and to synchronise these functions with many subconscious cortical and subcortical modules, an awesome degree of automatic organisation and coordination is essential.

In the next chapter we examine what happens when this automatic brain integration is compromised, or various processing modules are either not accessible, or only accessed poorly.

MAJOR TYPES OF LOGIC AND GESTALT FUNCTION.

If you look at Figure 2 you will see that Logic lead functions are typically found in the left hemisphere and tend to be linear and sequential, involved with proof, facts, detail, order and consistency. In contrast, the Gestalt lead functions are typically in the right hemisphere and are simultaneous and global, involved with spatial awareness, creativity, visualisation, and beliefs.

One of the primary Logic lead functions is to construct internal visual images for instance of letters, forming words. It is therefore involved in spelling and learning new words. If we spread a set of alphabet blocks out on a table and then ask a child named John to spell his name, he will look around the table until he finds the "J" block. Then he will look until he finds the "O" block, then the "H" and the "N" and will arrange them to construct a physical, visual image of the word John.

This is exactly what happens in the visual construction process of the Logic hemisphere, except instead of moving physical blocks around, it is instead moving symbolic letters around in your mind's eye.

Once the visual image has been constructed from its pieces then, in a sense, a "picture" is taken which is transferred to the Gestalt hemisphere where visual memory is located. Visual memory is where we store eidetic information or images, which can then be recalled into active memory. While we talk of these as visual images and perceive them as pictures, visual memories are not actually static images like a snapshot, but rather reconstructions based on a record of the neural activity stored in the sensory cortices. Reactivation within the visual "convergence zone" by the act of conscious recall causes ensembles of neurons storing the pattern to reconstruct the image in our mind's eye[42].

When you go to spell a word, you activate your eidetic memory of the image that you created perhaps years ago, and that image suddenly appears in you mind's eye. To spell the word you then merely read off the letters in the order in which you see them. Likewise, if you have written a word, and are not sure if it is spelled correctly, you will often find yourself looking up into your head and then saying " Oh yes, it is e-i and not i-e" as you successfully reference the image in your mind.

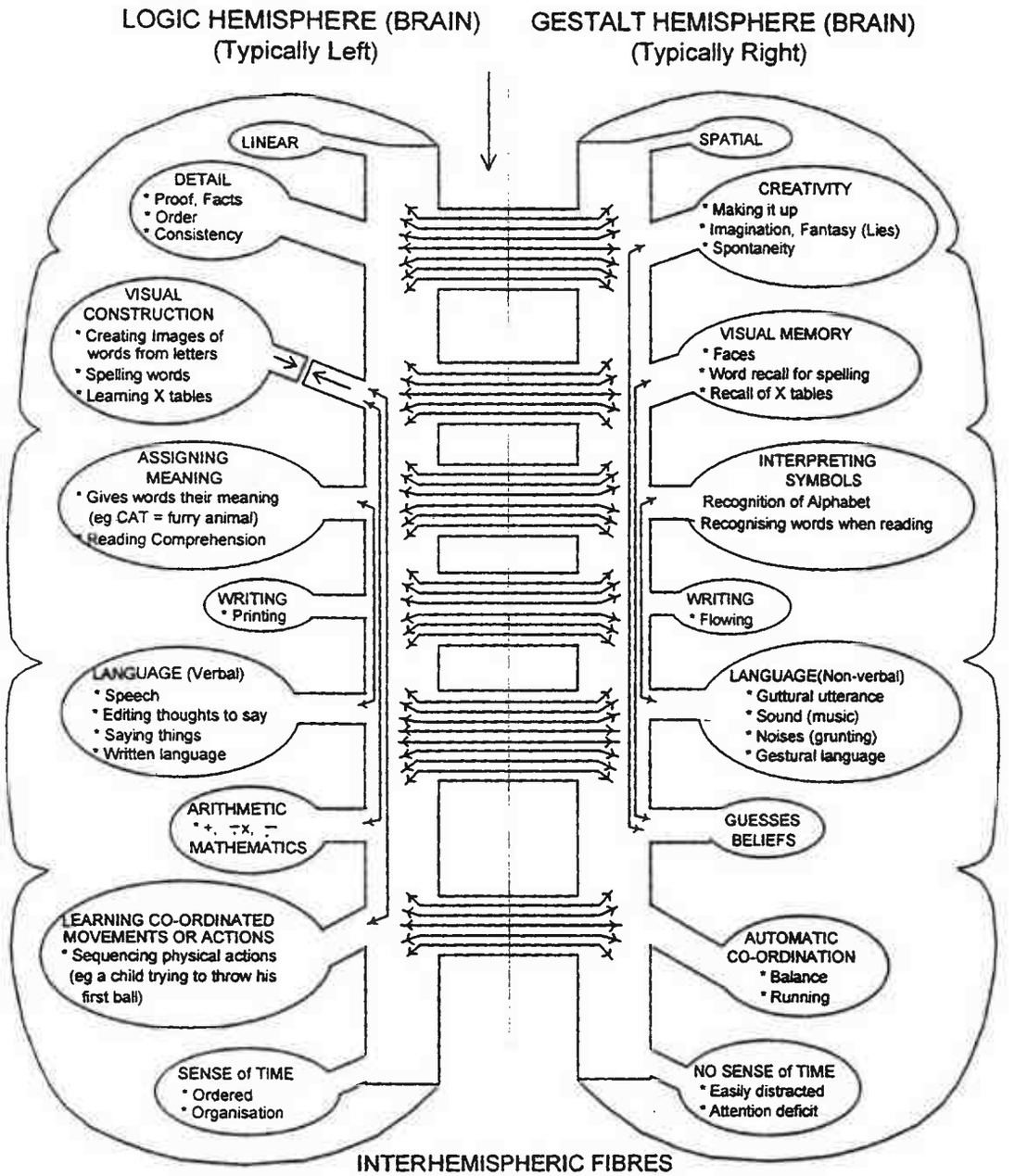


Figure 2. Essential Lead Functions. *This is a diagrammatic sketch of some of the major Gestalt and Logic lead functions and the role they play in our mental processing. Note that the Logic lead functions of the left hemisphere process information lineally, sequentially, rationally and analytically. In this mode processing is objective, with reference to "facts" and based on deductive reasoning. In contrast, the Gestalt lead function process information simultaneously, globally and holistically as a Gestalt pattern or form. In this mode processing is subjective based on intuitive "knowing" and inductive reasoning.*

If we consider reading, we find that reading begins with a Gestalt lead function - the interpretation of or decoding of symbols; the recognition of the individual letters, which are grouped as words. The decoded words are then sent to Logic lead functions to have meaning assigned to them in a process called "meaning assignation".

Therefore, reading comprehension is based not only on the ability to decode symbols and to know what the word is, but more importantly the assignment of meaning to the decoded symbol.[43] Reading is after all the process of extracting meaning from written language.

When we are printing, the process is largely a Logic function because in printing you write one letter or symbol at a time in a linear sequence. If you change your writing mode to cursive script, or connected writing, then you switch to a Gestalt lead function because spatial flow is involved. Running writing is one continuous function rather than a series of individual actions requiring continuous spatial awareness.

Language, as you can see in the diagram, is located in the left hemisphere in most people's brains[3]. The language that we are defining here is speech or verbal communication. It is the ability to assign meaning to words, to edit your thoughts and to say them. It also governs written language and applies the rules of grammar or syntax.

But there is also the language of the Gestalt - a language that is largely non-verbal. It takes the form of utterances, "Uh! Uh!", and use of body movement. A two-year-old doesn't speak very well, but will make guttural sounds and point to indicate what it wants. The child is using two forms of Gestalt language: gesture and guttural utterance.

Many races are known for their Gestalt language. There is an old saying that if you tie the hands of southern Europeans they will not be able to speak because to them, much of the communication, or certainly the emphasis of what they are saying, is provided by hand gestures.

If, when speaking with such a person, you heard only the words he was speaking, you would miss a great deal of information and meaning because so much is conveyed by the way he holds his eyes, animates his facial muscles and moves his hands. Gestures enhance our communication to a great degree so much of the information we put across about ourselves is actually communicated by body language. It has been estimated that body language accounts for more than 60 per cent of total communication between people. Only about 7% is actually carried in the words[44].

The other type of Gestalt language is color, form and vocal tone, which again provides emotional emphasis to what is being communicated verbally. Research has shown that about a third of the information content in speech is from tone and inflection of the voice[45]. Damage to the right temporal cortex in the analogous area to Wernicke's Area on the left, impairs people's ability to give affect to their speech by changing vocal tone and inflection. Instead, they tend to have flat intonation and little prosody or vocal intonation to give meaning to the words and sentences they say[46].

In the realm of numbers, Logic governs. There are particular Logic functions involved in symbolic reasoning of which the simplest form is arithmetic: adding, subtracting, multiplying and dividing[47]. Writing "one plus two" means making use of mental symbols to represent concrete realities, like one pencil and two pencils.

If you move to higher levels of abstract conceptualisation you get mathematics: "X plus X equals Y". No number of Xs can ever equal a Y concretely, but if they are standing for abstract proportionality, they constitute a very valid statement. Abstraction and abstract functions can only be appreciated via the entry point of access to Logic lead functions.

On the other hand, Gestalt lead functions allow us to draw on the overall situation, pattern or picture, and guess what the answer might be. If you get the overall idea you often develop a belief based on your feeling or hunch about the situation which is often correct.

As you can see in Figure 2, when we move to the operations of the physical body, learning to develop a coordinated action relies initially upon Logic lead functions to organise and plan a motor sequence in conjunction with the subconscious caudate nucleus and cerebellum. It is Logic led.

You first have to learn a sequence of individual physical movements to perform a whole action smoothly. You know what it is you want to do, this conscious desire then activates Logic lead functions that initiate the frontal cortex-caudate nucleus conversation that eventually results in a successful motor program to perform a physical action.

The motor sequences to perform the desired action result from the interplay between the Logic lead functions, frontal lobe motor areas, and the head of the caudate nucleus. But once the sequence for this motor function has been transferred to subconscious parts of the brain (basal ganglia and cerebellum) they now appear to be run by Gestalt lead functions which simply activate the subconscious "Pour a glass of milk program" and this then becomes a single, integrated movement.

The Gestalt brain also controls the body's spatial awareness and this perhaps explains why people who are Gestalt-dominant in processing are often athletically gifted because they have a great sense of their body orientation in space.

Another important area of Logic is a sense of time. Logic provides us with the ability to perceive the linear sequence of time passing: one minute, 10 minutes, 60 minutes, two hours. This function resides in the same part of the brain that allows you to order your actions and to organise.

By contrast, the Gestalt hemisphere has no sense of time. Gestalt-dominant people will tend to have poor attention to detail and they can sometimes suffer Attention Deficit Disorder. Why? Because to be ordered and sequential in your functions you have to concentrate, and concentration is a matter of paying attention over time. If you have no sense of time, how can you pay attention over it? Without a linear time sense to give you a reference point for your activity, you tend to jump from one activity to another, to be easily

distracted and have great difficulty in holding your attention on any particular task for any length of time.

In overview, you can see how you have a set of Logic lead functions that are in most people predominately located in the left hemisphere. Logic lead functions basically work in bits, they are sequential, linear and analytic. They are also time-oriented, which means they are ordered and organisational.

By contrast, Gestalt lead functions work simultaneously, allowing us to intuit or "know" things. There is no time in the conventional linear sense, there is only Now! or Not Now!

Another feature to take note of in Figure 2 is that the Logic and Gestalt lead functions are wired together for integrated function. This wiring takes the form of the neuropathways crossing through the corpus callosum, which is the major interchange for the communication of information between the two side of the brain.

In the examples above, of spelling (creating images on one side and storing them on the other) and reading (decoding symbols on one side and assigning meaning on the other), it becomes clear that the commissural fibres passing through the corpus callossum are the centres of integration for many cortical functions.

So although it is essential to access relevant lead functions, both Gestalt and Logic, it is equally important to have clear communication between them. But what happens when you have problems in accessing those functions or their interconnections?

Patterns Of Dysfunction.

The explanation that follows is based on models of learning from the literature and on my clinical experience. I am talking more about lack of or poor access to specific cortical lead functions essential for certain types of learning and thinking. If any of these cortical lead functions is functionally "blocked", types of thinking and behaviours dependent upon access to that function are just not available.

The LEAP model is also concerned with the integration of different functions at many levels within the brain, from the integration of Gestalt and Logic lead functions initiated by conscious intent, to the integration of the many basal subconscious functions carrying out the intended processing requested by the lead functions. This multi-level integration of the functions of many disparate areas in the brain, both conscious and subconscious, is termed "brain integration", a concept developed in more detail in the following section.

In this model problems in learning, either in general or in particular areas, appear to originate from one or more of five major sources:

- **A failure to access or poor access to specific Gestalt or Logic lead functions. Access to these functions is blocked.**
- **The pathways across the corpus callosum and other commissure fibres are blocked preventing effective integration.**
- **Access to specific subcortical processing modules is blocked.**
- **The integrative pathways connecting the subcortical pathways are blocked.**
- **The integrative pathways linking the cortical and subcortical processing modules are blocked.**

By "blocked" I mean that access to these processing centres or their integrative pathways is not available, the nature of this block is discussed below. Whatever the causes, all the blocks will result in some type of learning dysfunction. In the context of learning difficulties, I find the most common pattern is Gestalt dominance in mental processing due to blocked flow across the corpus callosum. Because our Gestalt functions are well developed from birth, if the flow of information across the corpus callosum is blocked at an early age it appears to inhibit the development of Logic functions. In its extreme expression, Gestalt dominance in mental processing is currently recognised as Attention Deficit Disorder.

Normally, there is a complementary relationship between Logic and Gestalt with one balancing the other. But what happens when, for some reason or other, you lose that balance? What happens when you can access Gestalt functions well but have only limited or poor access to Logic functions? This lack of balance results in the expression of quite consistent patterns of behaviour, which centre around avoiding those tasks you find difficult, frustrating or impossible.

For people suffering from any type of SLD, (ADD, Dyslexia etc) school is often a frustrating experience because so many essential academic functions, such as spelling and reading, require good integration. Learning becomes very stressful and the individuals who suffer SLDs it can become very frustrated and angry. They are intelligent, and they know it, but cannot do so many fundamental tasks that they are often presumed to be or presume themselves to be stupid.

I once worked with Ron, a 42-year-old American who was a classic example of poor integration. He was innately bright with good access to Logic and Gestalt but with almost no communication occurring between them. Ron had never learned to read and he only spelled phonetically.

When he was 14 and a big, athletically well-developed youth, a teacher admonished him in front of the class by saying, "Ron, you're so stupid, I don't know why you are here. You are wasting your time, my time and the school's time." Any other child might have stormed out of the school, never to return, but Ron took it as a personal challenge. He became absolutely determined to finish high school even though he couldn't read.

He managed this seemingly impossible task by getting friends to commit their class notes to tape (he had good auditory comprehension and recall), and by cleverly cross-examining teachers during tests. When it came to written exams he would look through the questions and manage to recognise some words. Then he would ask his teacher a question about the question and from the answer, would then guess what the question might be. He already knew the answer because he had studied, he just couldn't read the question. By this and many other ingenious methods, he was somehow able to graduate from high school, and in the manner of the athletically gifted, he was given a football scholarship to university.

After six months of continually failing exams and of it becoming increasingly apparent to his tutors that he was illiterate, he flunked out. At 19, he was a very angry, very frustrated young man. He bought a Harley Davidson, joined a gang and took to the road for the next 10 years. And on many Saturday nights he found himself fighting in a bar to vent his internal rage.

The only difference between Ron and many prisoners is the fact that he did not happen to kill or permanently maim someone in one of these Saturday night brawls. If he had, he would probably still be behind bars. One of the only commonalities that has been found among prisoners who commit violent crimes is that they are almost all functionally illiterate.[48]

One day, he happened across an old school friend and they got talking. The friend was pursuing personal growth and seeking spiritual answers. Ron was fascinated. He desperately wanted to know more, but found that most of the answers were written in books. He needed to be able to read. He traded in his colors, built a landscaping business that became quite successful because it relied on his innate creativity and, he married, as it happens, to a primary school teacher.

With the motivation of wanting to read esoteric books, over the next two years Ron learned how to read. He succeeded only by force of will. To read he would willfully jam the functions of his Logic and Gestalt together. At the end of about 10 minutes of reading, however, his eyes would be streaming, his stomach churning and he'd have to stop. Half an hour later he'd start reading again, forcing himself to succeed, albeit in short bursts.

After a couple of hours of treatment which opened the flow through his corpus callosum, and defused his negative attitude toward reading, Ron was able to read effortlessly for hours. He still does so to this day.

Extremely motivated individuals like Ron are very rare. He was motivated enough to overcome the stress involved in surmounting the barriers to knowledge. For most people, when the stress gets high enough they just avoid tasks.

I had another adult patient, a 32-year-old woman who could read very fluently -in fact too fast, but could remember virtually nothing of what she read. She was just word processing, not reading. She could write, but in terms of reading, was functionally illiterate. Her bright personality had been sufficient to allow her to get on in the world and she worked at many jobs including being a waitress. In order to explain the menu to her customers, at the beginning of each day she would go to the chef and have him explain each dish to her and show her which one it was on the menu. When people ordered she would have the point to the dish on the menu and in this way she could tell what they were ordering.

She was eventually offered the position of maitre d' of the restaurant. Yet because she felt she couldn't do a job that required greater literacy, she left the restaurant. Instead of being confronted with what was difficult for her, she avoided it altogether. This was not the first time she had opted out of the stress loop.

The Stress Loop.

Lack of integration of brain functions, or lack of access to specific lead functions, results in stress in doing certain tasks. Because of the stress, you avoid the task.

Particularly when you are a child in school, there are certain tasks that may be difficult such as reading, spelling or maths. You try to avoid doing them. Your teachers and parents however, recognising the importance of these subjects will often force you to attempt them.

You keep being told, "Try harder; pay attention" and "Don't be so lazy. Do your homework!" As a last resort they will try punishment but punishment only generates more stress because you genuinely can't do it or can do it only with enormous effort. More avoidance and thus, more stress.

The stress actually creates a greater loss of brain integration, and so the loop goes around and around until an individual develops such avoidance behaviours they are regarded as misbehaving or withdrawing deliberately. Children in this loop are often labelled troublemakers, daydreamers or class clowns.

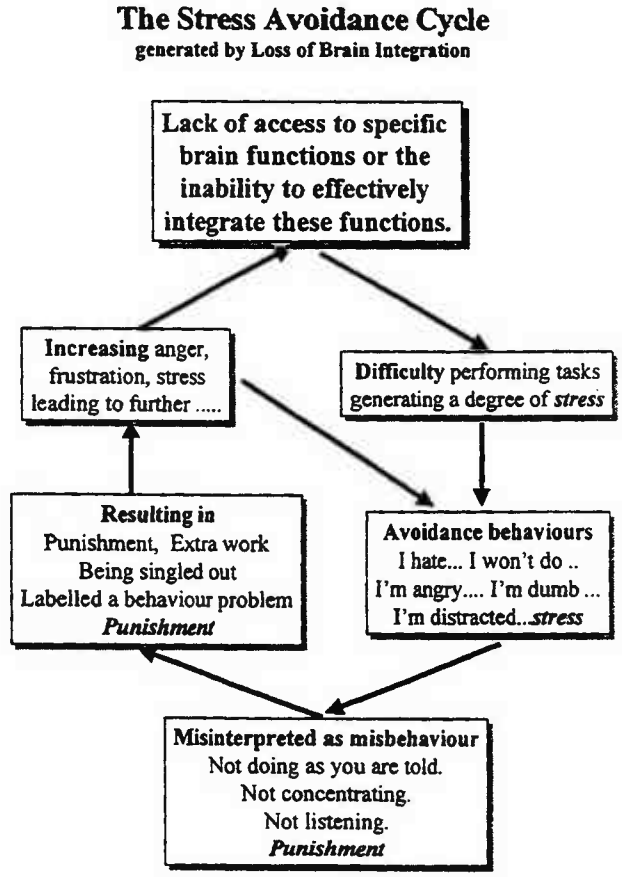


Figure 3. The Stress-Avoidance Cycle. *Whenever there is lack of access to specific brain functions or the ability to integrate these functions this initiates the avoidance of tasks dependent on these brain functions. This is often misinterpreted as misbehaviour.*

But people's behaviour always tells you the truth. It's just a matter of being able to understand what the behaviour is really telling you. From a conventional perspective, a child not doing what he is asked is believed to be purposely misbehaving and therefore the proper response is to encourage them to do that which

they are avoiding, and if this doesn't work, to punish them.

Yet if the child could learn to spell, they would spell. Any child that can read and comprehend easily, enjoys reading as there is always something interesting to read about. They do not avoid it. What is not understood is that these children often do know *how* to spell but they just lack access to the essential functions needed *to* spell.

When young people say that they hate maths or English, what I understand them to be really saying is "I cannot do this task easily," or, "I can only do this task with a great deal of emotional and mental stress and if I can, I will avoid it." If you think about it, it is perfectly rational to avoid something that both tortures you and gives you very little in return for the effort.

Avoidance behaviour is largely misinterpreted in our society as misbehaviour, plain and simple. But if we understand what their behaviour is actually telling us we could then have compassion for them having to attempt that which is very difficult.

I find that most people with learning problems are innately very clever. In my clinic we have worked with thousands of so-called poor learners and constantly find that the highest percentage are not stupid or slow, they just lack access to functions that allow them to express their intelligence. In fact, the majority are highly intelligent as demonstrated by their ability to understand concepts and solve practical problems, they just find it difficult to perform basic academic functions like reading and spelling.

All of us have a sense of our own innate intelligence. If you have a sense that you are intelligent but cannot perform simple tasks that most of your peers can master easily, you start feeling stupid, and find yourself constantly failing. And every time you fail you become more firmly entrenched in a downward spiral of loss of self-esteem and self-confidence which, of course, constitutes more stress - more loss of integrated brain function - leading to more failure.

Brain integration is very fragile, in the sense that it is largely determined by your stress levels. Even the most well integrated person, given enough stress of a specific type, will lose integration and become temporarily dysfunctional. One of the major differences between people is the type of stress and the extent of stress required to cause loss of brain integration.

In a sense, we are all dyslexics, or learning disabled under certain circumstances.

People who already suffer poor access or poor integration, are already in a state of partial loss of brain integration and hence need very little extra stress to become totally dysfunctional. This may occur largely in one area of function. For example, they will look at a maths equation and won't even know where to begin. They will state: "I'm hopeless at maths", not recognising that they have merely lost integrated brain function in that particular sphere. They have not lost their intelligence.

The opposite of the downward spiral is what happens when someone has been reconnected to their integrated brain functions. They attempt a new task, and now being able to bring fully integrated brain functions to the task perform it with ease. Tasks now begin to have positive outcomes. And as success is reward and stimulates release of endorphins in the brain, you will now look forward to the next challenge. If you once again maintain integrated brain function you will be successful again: further reward. You become more an more confident of your ability to succeed and this is the essence of self-confidence.

Self confidence is a common outcome of integrated brain function. I will elaborate on this ephemeral thing called brain integration in the next section.

BRAIN INTEGRATION AND PERFORMANCE.

Now that we understand the basic structure and function of the brain and have a model of learning based upon the integration of Gestalt and Logic lead functions, it is timely to consider what brain integration is and how it affects our performance.

Because I am proposing a new concept of brain integration, I first must define exactly what I mean by this term. Brain integration is the state of having access to all relevant Gestalt and Logic lead functions, the subconscious processing centres and the pathways to integrate these processing modules. In this state you are in optimal learning mode because every function you need to perform any type of learning is accessible and you can easily integrate all relevant functions to perform these tasks.

In the state of complete brain integration there is virtually nothing the brain finds difficult to learn. Yet only a very small minority of people (probably less than two to three per cent) have managed to survive childhood with most of these functions intactSuch ease of learning and mastering tasks is actually the birthright of all human beings. It is not always what happens. To understand why, we need to look at the nature of brain integration.

Choreographing Thought

Nature designed the brain as a fully integrated functioning unit in which many separate parts (carrying out various functions) were designed to work seamlessly together. The key to this ideal functioning is to maintain a level of stress which will not interrupt this process. Once stress exceeds a certain threshold various functions may be compromised, or the integration of these functions may be lost.

But what is the inherent nature of this integration that can be so easily compromised?

Conventional neurological theory presents a view of the brain as a mass of neuronal connections, and it is believed that it was via these neurons (wires) and their connections (junction boxes) that mental processing occurs. In such a model it might be difficult to understand how the connections could break down when subject to a specific stress and then suddenly be regained when the stress is removed.

Recent neurological research, however, has suggested that this picture is a very limited view of the actual processes involved in thought and other types of higher mental processing. The new view of the brain suggests that much of the integration of functions occurs

not by information flowing to a particular area that then integrates this information, but rather, that it is the *synchronisation* and timing of processing occurring in widely distributed subsystems in many different areas, at the same time, that constitutes integrated brain function.[49]

Using the analogy of a railway system, the old view was that there were a lot of stations connected directly by tracks. Trains could not leave the tracks and could only change direction at the shunting yard in the station. It was a fixed, linear system in which it was assumed that for processing to occur, information needed only to reach its destination, like a train pulling into a station.

The rails are still there in the new theory, but now the trains also communicate by radio. As well, some of the information coming into the station is carried by vehicles other than trains: cars, bicycles and trucks - all travelling at different speeds on different routes, and some are not limited to the tracks.

For example, for just one mental process to occur, it requires not only the timely arrival of information carried in a number of trains to converge on the same station at the same time, but also radio transmissions about the information being carried on other trains, running on other tracks and entering other stations, which must also arrive right on time. But still, only part of the necessary information has reached the Grand Central Processing Station. Other essential information must also arrive via other vehicular traffic. Only then can the information be integrated to perform one sometimes quite simple function. This is what it takes to add one plus one.

A further potential difficulty in this highly complex system is that the trains only remain in the station with their information for a fraction of a second. In that short time, all the other vehicular information must arrive, and the correct radiowave transmissions be received for well-integrated processing to occur.

So clearly the nature of brain integration is timing and synchronisation of neural events. Loss of timing results in a massive traffic snarl in which little information gets through. Any information that does move is often meaningless because it does not seem to be related to anything else.

In short, this is what happens when you try a mental process that you find particularly difficult. If you have difficulty understanding maths, the loss of synchronised arrival causes an information jam in the processing modules that are involved with doing maths. You just do not have the right information coming together at the right time to allow you to comprehend and solve that type of mathematical problem. It does not compute.

From a neurological point of view, it has been recognised for a long time that the brain is a mass of some one hundred billion neurons, each of which has one thousand to as many as one hundred thousand other connections. And these are just the trains and the stations! Nerve impulse conduction in any one neuron also generates electrical and electromagnetic fields (like the radiowaves in our analogy), that broadcast information to other neurons about their activity. These can be recorded electrically as EEG patterns.

More recently, it has been shown that considerable information flow in the brain is actually not carried by neuronal connections at all. Rather it is carried by volume transmission.[50] Volume transmission is the information carried by various chemicals both within and between the neurons and at different rates of speed - all those bicycles, cars, trucks and goat carts that aren't running on the railway lines.

Antonio Damasio, a leading American neurologist, proposed that thought and mental processing is the result of synchronised neural, electrical and chemical activity generating higher-order information flow within the brain. There seem to be what he describes as "convergence zones", where information from different areas comes together to create another level of mental processing, one that borders on what we might term "thought".[51]

For synchronous firing of neurons in many separate brain areas to create conscious thought would appear to be dependent upon some type of "time binding" requiring powerful and effective mechanisms of attention and working memory. This time binding of disparate inputs to the various convergence zones appears to rely upon the global attention and working memory areas of the prefrontal cortices and their connections to the various limbic structures such as the anterior cingulate, amygdalae and hippocampi.[52]

The timing and synchronisation of neural activity in these diverse brain regions, both cortical and subcortical, must be maintained to produce coherent "thought". The main risk of our thinking being dependent upon this integration of separate processes into meaningful combinations is that any mis-timing or loss of synchronisation between these processes could result in learning disorders. To quote Damasio "any malfunction of the timing mechanism would be likely to create spurious integration or disintegration".[53]

From this new perspective, therefore, brain integration is the dynamic synchronisation of the timing of neural and mental events. Any loss of synchronisation represents a loss of integration. Loss of integration in turn, results in loss of some specific mental capacity, such as the ability to do maths.

The Stress Factor

When I tell people we are going to integrate their brain functions they tend to assume the change will be permanent, like pouring concrete. It is not. Brain integration may come and go depending on a two factors: the stress in your life at that time, and the stress associated with whatever task you are doing *both* at present and in your past.

The difference between a well-integrated person (who learns easily), and a poorly integrated person experiencing learning difficulties is stress tolerance - the level of stress that triggers a loss of integrated brain function.

Following, or during times of peak stress in our lives, loss of brain integration may be global. There are times in your life when you totally lose it. You lose your ability to think straight and just can't seem to function. In this case you have lost synchronisation of most of your brain functions. The trains are off schedule, the roads are blocked and the drivers are on strike.

What is more normal however, is the loss of local integration: loss of synchronisation between functions

that perform specific tasks. In these cases, only that task is compromised; the train system is running well, but some of the stations have closed.

The other factor to recognise is that there is no such thing as a *stressor* that causes loss of brain integration, rather there are stresses in people's lives and, depending on the context, they may or may not cause loss of integration. The same stressors that cause one person to lose integration may only represent a challenge to another person, a challenge to accomplish something. For example, some people who find maths easy might become dysfunctional when asked to write an English or history essay. Yet if you ask a person who easily writes English essays to pen something about literature, they'll be happily challenged. But if they are asked to work out a mathematical equation, they may fall apart. Whether an experience constitutes a stressor or a challenge is thus different for different people. Stressors are contextual within each person's life and life's experience.

This brings us to the real cause of learning difficulties: *the loss of integrated brain function, produced by a particular stressor in a particular circumstance. For some it may only be a momentary loss of integration when performing a specific task, while for others, it may be an on-going loss of integration in whole areas of function.*

We emphasise that this is an entirely new concept, not current in modern psychological or educational literature. Previously there has been no way to measure whether someone has integrated brain function or not. Hence, when people became dysfunctional it was assumed that they had become anxious and that their anxiety had inhibited their ability to think.

Kinesiology provides us with the opportunity to understand why a person becomes dysfunctional when trying to learn. Any stressor affecting mental functioning can also cause a change in muscle response. By matching the muscle response that indicates stress, against different types of stressors, the specific stressor causing loss of integration can be identified. I can tell, for example, whether the loss of integrated brain function is due to emotional anxiety or to the loss of synchronised brain function itself. I have found that the most common cause of learning difficulties *is* the loss of synchronised brain function.

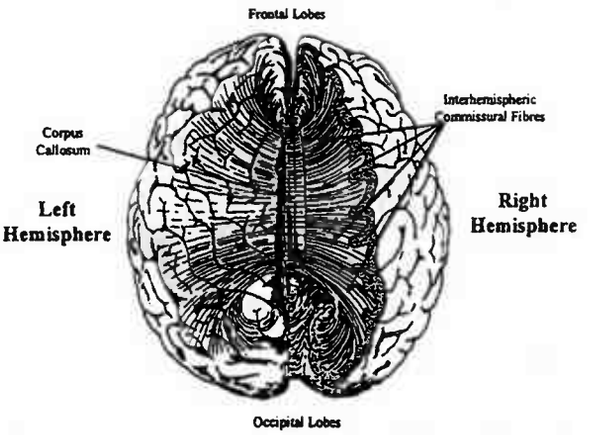
Once you lose integrated brain function, you become dysfunctional - unable to perform a desired task and this then often generates an emotional state of anxiety. If you can't understand something you often become anxious, and this generates further stress which causes further loss of integration, and further anxiety; a positive feedback loop. I claim that it is the initial loss of integration that causes anxiety, not the anxiety that causes disintegration. In my clinical practice based on several thousand cases, in greater than 90 per cent of these cases, loss of brain integration precedes the emotional state of anxiety. Loss of brain integration does indeed immediately generate anxiety, because once you have become dysfunctional there is plenty to be anxious about!

Anxiety can become a factor, but only after you have already lost integration, tried and failed. The more you fail, the more anxious you are likely to become because you are afraid of failing again. This anxiety created by the fear of failure may then cause more rapid and even greater loss of integrated function, guaranteeing that you will indeed fail again. Failure initiates a negative spiral of diminished self esteem and loss of confidence. This is the negative stress loop.

THE CORPUS CALLOSUM: THE ROUTES OF INTEGRATION.

The most common site for loss of integration is the cortical areas connected by fibres passing through the corpus callosum, the lineal structure running from the front to the back of the brain. It contains between four hundred million and six hundred million interhemispheric neurons, which connect the functional areas of the right and left hemispheres. (see Fig.4)[54]

Anatomically, the Corpus Callosum is a 1cm strip on axons connecting a cortical column in the right hemisphere with the cortical column in exactly the same position in the left hemisphere, and vice versa. We can thus regard the corpus callosum as the trunk cable connecting many telephone switchboards by which functions in one hemisphere are co-ordinated and integrated with functions in the other hemisphere. If the operators on all switchboards controlling individual cortical processing are all on duty, then the flow between the functional centres in the two hemispheres



through these switchboards can be easily co-ordinated; all the messages can be transferred to the correct areas at the right time and processing can proceed unimpeded.

Figure 4. The Corpus Callosum - expanded view. *On the right side of the diagram the cortex has been removed so that you can see that most of the interhemispheric fibres that cross the corpus callosum connect a cortical column of one hemisphere with cortical columns in exactly the same area in the opposite hemisphere.*

If 70 per cent of the operators on any one of these switchboards suddenly walked off the job, few problems will be experienced as long as there is only minimal flow through the switchboard. But as soon as the functions dependent upon that switchboard are activated, the number of messages will rapidly exceed the number of available operators, lines start getting crossed, messages are cut off or mislaid and eventually the whole switchboard jams up. Functionally, this

represents a loss of synchronisation of flow across the corpus callosum and hence a loss of integrated brain function.

If only one of these cortical switchboards is compromised then only those messages that are usually processed through this switchboard will be affected. Because of this block to straightforward communication, the brain will seek an alternate way to process the information, the next best route. If it cannot integrate the Gestalt and Logic functions that are required to most easily perform this task, the brain will then process the information in the Logic or Gestalt area that is the next most accessible.

If you are already Gestalt dominant in your mental processing, then the Logic functions with which you would otherwise integrate are unavailable. Your brain takes the line of least resistance and processes this information in the Gestalt processing centres that are available. It may not be the optimum method but in your brain it constitutes the most efficient mode possible. If the processing is not possible at all, or only with great difficulty, the brain may just opt out and stop processing this type of information altogether as it is just too stressful.

When you set out to solve a problem in algebra, you look at the problem, and the symbols and spatial arrangement of those symbols are interpreted and decoded by your Gestalt processing. This should stimulate flow across the corpus callosum to activate the areas of Logic function that can appreciate abstract proportionalites. If the integrating areas (switchboards) of the right and left hemispheres connected through the corpus callosum are blocked, suddenly you will not be able to bring on line the Logic functions needed for abstract problem solving. Your conscious response may be, "My God, this is difficult. I don't see how I can do this. It's too hard." This will either result in you feeling very stressed, perhaps to the point of perspiring, or, you might just give up altogether.

Emotional stress or other stressors can cause the cortical areas linked via the corpus callosum to go "off-line", shutting down effective information transfer between the hemispheres, or the stressor may alter the timing of transmission disrupting synchronised activity. Whether it is "blocked" transmission or "de-synchronised" transmission of information through the corpus callosum, the result is the same, a loss of brain integration. From here on, I will call this loss of brain integration due to transmission problems across the corpus callosum - corpus callosum shutdown

Shutdown in one or more of the cortical areas linked via the corpus callosum may occur when a child is as young as two or three, in fact this is one of the most common ages associated with corpus callosum shutdown. The most common result of this is poor access to Logic functions. If it happened before the child reached the age of reason (about four to five), then there is little stimulation of the Logic areas and these areas never develop fully. After age five, most children have developed their Logic functions at least to some degree. In other words, they become more logical and can be reasoned with, and they can now use rationalisation and reason to effectively reduce the stresses in their lives.

Once access to Logic has been blocked such children can be literally locked into their Gestalt functions. They will then attempt to handle the vast majority of their mental processing by Gestalt means. These are the people who are run by their emotions, with little understanding of cause and effect in their life. Yet these people are also often highly creative even though they may have difficulty expressing this creativity in their lives.

The Role Of Subconscious Processing Centres In Brain Integration

While access to integrative pathways is important in the maintenance of brain integration, of equal importance is access to, and the full function of, the subconscious centres involved in mental processing.

As we have stated earlier, the vast majority of brain activity takes place in the subconscious. The desire to perform a mental task is a conscious decision but the ability to perform the mental task relies on an integrated set of subconscious functions involving visual and auditory processing. Even though the auditory processing may not be overtly verbal, we talk to ourselves in our head all the time. And whether you are externally verbalising a thought or only thinking it, you would find many of the same neural pathways are activated.[55]

Thus we rely upon the subconscious visual and auditory functions to do most of our mental processing, particularly when it comes to academic pursuits. Most of the words we see in our inner speech, before speaking or writing, exist as auditory or visual images in our consciousness. If they did not become images, however fleetingly, they would not be any thing we could know. The same is true of symbols, which if they were not imaginable, we could not know them to manipulate them consciously such as in doing mental arithmetic. Again, in the words of Damasio, "thought is made largely of images".[56]

The simple act of reading one word involves a complex cascade of neural processing. It begins with the control of pupil dilation and contraction to provide exactly the right intensity of illumination on the retina. This initiates a vast flow of visual impulses through optic radiations to the back of the brain where they are assembled into a rough image. Then, through a series of steps the rough image is developed into a full-blown conscious perception of the word via references to images in our memory. All neural events up until the moment of conscious perception of the word took place outside of consciousness.

If any of the subconscious processes preceding conscious perception were not easily accessed and well synchronised, then we may have difficulty forming an accurate conscious image. You may for example have difficulty reading a word on a sign if you have suddenly come from deep shade into bright sunlight because your pupils have not yet constricted properly. They are letting in too much light, and that decreases the sharpness of your vision.

On the other hand, even when there is proper illumination of the retina, the streams of neural impulses flowing back to the visual centres follow different

pathways and move at different speeds. If these should arrive at the visual processing centres out of sync, you may still have difficulty knowing what the word is. Or, the image may be properly formed in the visual cortex, but problems with accessing referents (images in memory) within the other areas of the brain, may cause you to misinterpret the word on the page. You might read the word "through" as "thought".

This has been a specific - if simplified - example, demonstrating just how many layers of processing are involved and how many potential points of dysfunction there are in the perception of a single word. This is equally true of all other sensory perception. At this point we must acknowledge how truly amazing it is that we are able to perceive the world with such clarity.

Although mental processing is consciously initiated (I look at a book with the intention of reading) most of the actual process of reading is subconscious, right to the last level of visual perception, where it once again becomes conscious. If something should interfere with any of these subconscious processes, I will only be aware that I cannot read, not why I cannot read. This is equally true of difficulty in any other academic area.

If access to these subconscious functions is blocked then clearly our ability to perform conscious mental activity is compromised. As it is in the case of the corpus callosum, one of the primary factors found to block the subconscious functions is emotional stress. And again, emotional stress is contextual for each person and unique to their personal history.

The Loss Of Brain Integration

From a functional point of view, the primary factor controlling our ability to learn is the maintenance of integrated brain function. Since the components of both our learning and memory systems are widely distributed through out the brain, involving both subconscious cortical and subcortical functions, it is the synchronisation and timing of neural events that permits the brain to operate as an integrated unit. Loss of timing or synchronisation between two or more parts results in loss of brain integration, and the ability to "think" in certain ways. It is like an orchestra that has lost its conductor. The symphony musicians are still playing, even playing well, but just not together, and the symphony disintegrates into meaningless noise.

But what can be done about this loss of brain integration that can have such devastating effects on our learning, our sense of self-esteem, and our lives? The next section introduces the LEAP program, a Kinesiological protocol to re-integrate a disintegrated brain. The techniques used in the LEAP Program were developed in the field of kinesiology or borrowed from other fields, and are largely based upon the re-synchronisation of neural activity either via movement exercises or acupressure stimulation.

LEAP: Reintegration of Brain Function and the Correction of Specific Learning Difficulties.

For those people who have long-term on-going loss of brain integration resulting from experiences traumatic enough to permanently shut down part, or most of the communication across their corpus callosum, or who experience the massive brain confusion that we call deep level switching, more specific and direct interventions are required to resolve these more difficult causative issues.

The LEAP acupressure protocol has proved to be very effective intervention that reintegrates brain function with concomitant improvement in academic performance and learning abilities. The following case studies demonstrate the efficacy of the LEAP program.

Leap In Application.

A way of exemplifying the power and effectiveness of the LEAP program is to look at some of the cases to which we have applied it. Interestingly, Susan McCrossin, my partner, is a case in point.

Susan's story.

Generally, you can tell to a large extent how integrated a person is by knowing them for a while and by watching what and how they do things. Because Susan appeared to be such a functional human being, to the point of running her own computer software business successfully in both Australia and overseas, I assumed she was very well integrated. There was no evidence of any major learning dysfunctions.

As a first step in demonstrating the original program to her, I assessed access across her corpus callosum and to my surprise found that she had very little access across it. She had virtually only half a brain functioning and obviously, a major integration problem.

All through her schooling Susan had been a very diligent student who worked very hard. She could conceptually demonstrate to her teachers that she understood the information she was studying, yet each time she faced an exam, she would bomb out. She had a major problem in the fact that she could not adequately memorise dates, names and equations, all things that are crucial to passing written exams in many subjects.

But I knew she spelled very well. And how did she know her maths well enough run her own computer business? Like most innately bright people she had managed to compensate by figuring out clever ways of by-passing, or compensating for her dysfunctions. Susan happens to have a very long forward digit-span capability. She can remember eight random digits where the average adult can only remember six. She also has an excellent ear for sound. What she had managed to do was remember the auditory pattern of words rather than word pictures, which is the usual mode of encoding words into memory. She could phonetically make patterns out of the words and hold these sound pictures in her mind. Susan understood that there were phonic representations in words that were not phonetic. For instance, when she saw "tion", she recognised that phonically this sounds like "shun", but it phonetically is "tie-on".

When it came to learning her times tables, she just couldn't make the images of the answers, and thus had nothing to store in long-term memory. Fortunately for her, her father was a mathematician and would quiz her every day on the way to school about her times tables. She finally got so tired of not remembering the answers, she was motivated to work out a solution to her problem.

She managed to make up algorithms so that she could calculate her multiplication tables very quickly. Normally, people will simply recall the answer to the question, "What is 8 x 8?" by looking up into their visual memory and seeing the symbol picture of the answer, 64. Susan would create an algorithm which built on 8, 16, 32, 64. She did it so quickly that her teachers never realised she had any problems remembering her multiplication tables.

To memorise poems, however, she would have to work for months on a piece that other students would have down in a week. She had no idea that her methods of compensation were not normal for others. It is the only way she could do it. Her willpower had served to overcome her learning problems and she was able to get by, but only with average grades.

It was not until her 10th year of school, when she took a standardised intelligence exam, on which she scored very highly, that her teachers realised how bright she really was. The teachers then began to pressure her to perform up to her abilities and stop being so lazy. They did not realise that she was already putting an extraordinary effort in to get the mediocre results she was achieving. When it came to her final year when she had to pass a set of matriculation exams to graduate, she failed the critical test in Ancient History that had required her to reproduce dates and names.

In spite of her failure, she came out of school with such good recommendations from her teachers that she entered the Royal Melbourne Institute of Technology to do a course in Industrial Design. After a year, she had failed again. Taking her mother's good advice she learned to type and secured a secretarial job. It soon became apparent to her boss that she had more potential than being a typist so she was moved into the data processing area of the company. There, having such logic dominance to her brain function, she excelled.

When we unravelled the stress that had primarily shut down flow across her corpus callosum, we discovered that it was based on an incident that had occurred when she was 18 months old. At that time her father, a banker, had been transferred to the United States for a six-month posting. To a toddler, even the temporary loss of a parent is tantamount to desertion, an unbelievable emotional trauma to someone who cannot rationalise even the temporary departure of a significant being. To deal with the perceived pain of her loss, she made a conscious decision never to be vulnerable to such pain again. The subconscious consequence of this decision was corpus callossum shut down.

Susan was rather lucky because, unusual for a child so young, she already had good Logic development and this became extremely well developed, if at the expense of her feeling Gestalt functions. Computing was a stream that suited her functional style exactly, and operating in a male domain in her own business was no problem because she was cool-headed and unemotional. Having a learning problem is, as Susan's experience shows, not always barrier to being successful in the world. (Australia's richest man, media baron Kerry Packer is a dyslexic, who was held back in his academic function but not in his worldly achievements.)

From then on Susan became the perfect guinea pig for our program because every time we developed something new, we could apply it to her and watch what improvements took place in her performance. Over a year her progress was rapid and very gratifying. In 1993 she went back to university to begin a dual degree in psychology and neuroscience, neither of which are soft options. She was a distinction student and has gone on to complete her honours degree in neuroscience.

She reports that since being reintegrated via the LEAP protocols, she is more intuitive, which reveals that her Gestalt functions are now more open, and thus she is more in tune with her feelings. She often jokes that she had never consciously experienced a feeling until she was reintegrated. She also finds she can remember facts much more easily and this has given her the first real academic success of her life: a university degree at age 42.

Sharon.

When I first saw Sharon she was 15 and presented as being very Gestalt dominant, which is by far the most common outcome of corpus callosum shutdown. In our assessment protocols, Sharon demonstrated only a 3 per cent access to Logic function. She was attractive, charming and very witty, which is the way many Gestalt dominant people compensate for their high level of Logic dysfunctions. Everyone likes a charmer and will usually help them because they are so delightful to have around. Sharon was progressing through school with her classmates but was consistently failing in maths.

In year 10, she could not add up numbers greater than 10. She did not know how to carry a digit and couldn't add, subtract, or do fractions. At 15 she could not abstract arithmetical concepts that a primary school student could manage easily, yet was so personable and popular that she had been promoted through the grades with her peers.

Over a series of appointments that added up to about 10 hours, we did the whole LEAP protocol, reintegrating her visual and auditory functions, and bringing on-line various memory processes. Once the stress on numbers and letters that also caused disintegration had been cleared, we started addressing her presenting problem, which was her difficulty with maths.

I showed her the process of adding and carrying numbers, a technique she had probably been shown hundreds of times before. She suddenly said: "Oh, that's how you do it!" With her new access to Logic available, she could instantly grasp the concepts. I gave her harder problems, and she easily generalised what I was teaching her, and could now deal with elementary arithmetic.

Our job is not to tutor students, so having opened up her functions, we sent her to a maths tutor for remedial work. In the five weeks of her summer holidays she was able to come up to the maths levels of her classmates. She went from basic numeracy all the way to algebra. Her tutor told us that in 25 years of tutoring students she had never before seen anyone make such rapid progress. Sharon's reading and comprehension also improved, as did her spelling. Her self-esteem rose alongside her performance.

Jane.

An eight year old girl, Jane was also Gestalt dominant to an extreme degree. Indeed, she was so fey

that you felt that she was hardly there; her body was present but she seemed to be off in her own fantasy world. She was incredibly creative but could never produce any work because she could not access the Logic functions required to organise herself. Jane could do no schoolwork; all she could do was retreat into the realm of creative imaginings.

I took her through the brain integration procedures and after I had seen her a few times, she bought us a present. It was a beautiful tie-dyed wall hanging, which displayed an incredible appreciation of form and color. She had made it herself. Her mother told us how, for the first time in her life, Jane had completed a task: she had decided to do something and had actually managed to organise all the necessary materials, and actually complete the project.

Jane was so proud of herself that she was beaming. She had finally found a way to express who she was. Like a lot of the outcomes I see in my work, the internal changes to functioning expressed themselves in a positive change in self-perception.

Steven.

Sometimes subtle factors can be a major block to a person's function. Often they will be so subtle that they almost don't seem real. Stress that is triggered by either reading or hearing numbers or the letters of the alphabet can sometimes resonate with so much emotional loading that they can cause a total loss of brain integration. Steven was nine when he came to us for spelling problems. To him the alphabet was little more comprehensible than alphabet soup.

I took him through the alphabet to see what letters caused him stress and found the letter K was enormously loaded for him. I did an emotional stress correction and took him through the age recession procedure to find out why, when he saw the letter K, he would lose it. A major emotional stress was revealed at age five. His mother confirmed our findings saying, "Oh, I remember. When Steven was five, K was first letter that he learned and he scratched it into the side of his grandmother's cedar wardrobe."

You can bet that grandma didn't congratulate Steven on mastering one letter in the alphabet. She justifiably hit the roof, and the whole emotional context of the event had been locked into that letter for Steven ever since. And since there are Ks in many words and scattered through even elementary reading material, was it any wonder that this boy had been having all sorts of problems with reading and spelling tasks?

David.

I had another young lad who at 12 exemplified what happens when a similar stress becomes attached to a number. David could read, comprehend and spell well, but his maths was erratic. His father said: "I just don't understand it. Sometimes he can do it well, other times he just can't do it at all."

I gave him a series of maths tests to establish just where it was that he was having problems. First I tried addition. He added and carried quite well at a simple level, so I gave him bigger numbers: 3211 plus 179. He added them easily. Then I tried him on subtraction. Take 64 from 94. He sat and stared at the numbers for almost a minute. Nothing happened. I then changed the problem to 94 minus 74. Instantly he said "20!". I tried again: 94 minus 54. Instantly he gave us 40. I tried 94 minus 64 again. He sat and stared blankly.

It turned out that any time there was a six in the digits presented, he would lose his brain integration and become totally dysfunctional. I could well imagine why he was driving his maths teachers nuts.

David's story demonstrates how a particular stimulus can bring an emotion back on-line and cause complete loss of brain integration. In his case the stress wasn't so much maths as the number six. David had an unresolved emotional issue that related to the number six. On his sixth birthday he had been given a bicycle with a big number six attached to it. He could not master learning to ride it. It may have been his frustration that had become so firmly linked to the number. It was this memory of frustration that I defused. After defusion of the stress on the number six, David could then easily do all the maths procedures he already knew, whether they contained the number six or not.

David's story illustrates an important point about brain integration, which is that it is totally contextual. David had brain integration and the ability to perform in maths - provided the context did not contain the number six. Once six was present, integration would be instantly lost. However, as soon as the six was removed, his brain would reintegrate. This was because David was basically functional, with full brain integration, except in the context of the stressor six.

Adding and subtracting are functions of simple arithmetic. It is not until you start doing fractions that you enter the realm of mathematics. Fractions require the abstract application of arithmetic principles. The symbol 1/2 is an abstract representation of half of anything. When children are being introduced to the concept of fractions, they will often be shown a big circle with a line down the middle and told that this represents a whole which is composed of two halves. Two halves therefore make a whole. For students who can abstract, the statement is perfectly logical and self-evident. For those who are totally Gestalt and cannot abstract, all they will be able to see is a flat circle with a line down the middle. Concretely, that is all there is.

I often meet children with learning problems who demonstrate few difficulties with basic arithmetic but who have insurmountable problems understanding fractions.

By the time they have consistently failed in maths for five, eight or 10 years, the subject has become so stressful for them that all you have to say is "think of mathematics" and they will instantly lose total brain integration. Thus, they have become dysfunctional before they even look at a maths problem and there is no possibility of them successfully solving these problems. All the tutoring in the world is going to be relatively ineffective because of their inability to maintain integration when they attempt maths. Once you lose integration in a specific context you will invariably be dysfunctional in that area.

Aden.

A variation on this theme was embodied by a 13-year-old boy, Aden, who was extremely bright. He was about to sit an exam that might win him entry to one of the best high schools in the state, but was having great difficulties in maths. He too would wax and wane. He

could often complete a very complex maths problem successfully and then, in the next instant, be unable to add or subtract. It was obvious that he would not be able to maintain brain integration through the exam.

As I went through the steps of assessment, I found that most of his functions were truly on-line. But one function was dropping out: access to the hippocampal commissure, the structure that links both visual and auditory short-term memories, through which we access long-term memory. This meant Aden would literally become disconnected from what he did know.

He knew how to perform a lot of higher maths functions but because of the drop out of the hippocampal commissure, he couldn't express it. As in the case of trying to recall the name for a face you have remembered, the harder you try to remember the name you know you know, but cannot verbalise, the more the more profound the breakdown in communication across the hippocampal commissure becomes and the more the vital information recedes into the distance. As soon as you relax or change topics, the information may suddenly pop into your mind, as integration across this vital structure is once again re-established.

When integration dropped out Aden became incapable of doing even simple arithmetic. He must have been a great source of frustration to his maths teachers, who probably wondered whether they were dealing with a clever but lazy student, or an occasionally brilliant dunce.

His treatment took me some time because I needed to re-establish access to his hippocampal commissure in many different contexts. I would clear the blocks to particular functions and he would go to school and test them in the context of the class environment. He would report back in what contexts he now experienced no difficulty, and which contexts were still proving to be problematic for him. I would then work on another specific learning context and when he sat the exam, six months later, he held brain integration and achieved one of the highest marks. Without integration, it was highly unlikely that he would have been able to perform at this level, if at all.

These outcomes are very gratifying. However, while we do have about a 95 per cent success rate (excluding known cases of organic brain damage) we need to understand that learning is a voluntary activity. Even if you have good brain integration you may chose not to use it for a variety of personal and emotional reasons. There are some children who unfortunately live in extremely dysfunctional family situations. Emotional and physical survival is their paramount concern, and academic learning is a secondary consideration. Even when these children have been treated and have full brain integration, they may not improve in their academic performance.

Unfortunately, too, teenage boys can be some of our least satisfying clients because in many cases they are brought to us under protest. Also if you have not been able to learn to spell since you were six and you are now 16, you have 10 years of spelling and thousands of words to catch up on. And they have other interests such as girls and football that can distract them from wanting to learn to spell. Learning to spell therefore often comes at the bottom of "must-do" items. Even if these teenagers currently choose not to take advantage of their new state of integrated brain function, reintegration does give them one big advantage: they now genuinely have the ability to develop a function if they want to use it in the future. Before integration they had little chance of ever spelling well.

For example, during a follow-up visit after completing the brain integration program with a 15-year-old named John, his mother told me: "He doesn't spell any better than when he started." I then asked John: "How many spelling words did you learn last week?" His reply was, "None." How many had he learned the week before that? None. And the week before that? Again, none. I then checked John's ability to learn to spell words, which he easily demonstrated. I then asked him to spell some words he had learned as part of the program months before, again there was no problem.

I told his mother that John had demonstrated his ability to learn to spell any word quite easily and to remember it, but that he was just choosing not to do so at this time and for his own reasons. What John did recognise was that he had gained an enormous benefit from the program. The integration was showing up elsewhere: He was now making seven out of 10 baskets in basketball while before the treatment he had been making only two to three.

An encouraging counterpoint to John was the case of a 16-year-old boy who passionately loved reading and who was desperate to be able to spell well. He came to me for integration and in the two weeks following the correction of his spelling functions he mastered 150 words that had always given him problems. At his next appointment, he bought in a list of the 50 most difficult words and asked to be tested on them. He got all but one right. Six months on, he had no spelling problems of any note and continued to be highly motivated to succeed in an area where he had previously experienced only failure.

Brain Integration Under The Microscope.

As part of her neuroscience degree, Susan McCrossin undertook a study with five learning disabled adults using a very sophisticated form of an electroencephalogram (EEG) brain scanning device. These subjects ranged in age from 18 to 45 and each recognised that they had learning difficulties in certain contexts. Primarily they reported reading comprehension and short-term memory problems.

EEG allows scientists to look at the patterns of electrical activity generated by the cortex when it is performing an activity. But the results of previous studies with traditional forms of EEG, using only three reference points, were notoriously variable, with little consistent correlation between the type of mental task and the areas of the cortex showing activity. Thus, patterns of EEG activity as a means of understanding cortical processing have been highly controversial because the brain is always involved in lots of simultaneous activities. How were the researchers to distinguish if activity was due to the stimulus they were initiating, or some other brain activity, such as random thoughts?

Susan's study concentrated on a new EEG method known as Steady-State Visually Evoked Potential (SSVEP).[57] In this test, the subjects had a small red light flickering into the corner of their eyes, and because vision is a dominant sensory process, the flash rate entrained all brain patterns into a single brain wave. As long as the subject is not thinking of anything else but is just passively observing a visual stimulus, the brainwaves become a single pattern of 13 cycles per second.

In the SSVEP technique 64 electrodes are placed on the scalp, covering all processing areas of the cortex (see Fig. 5). In this way, specific areas of cortical activity can be identified, particularly against the constant stimulus of the flashing light. When the data from the electrodes is fed into a powerful computer, detailed maps of cortical activity can be constructed. While being SSVEP scanned, if you ask the person to consciously do a particular mental task, they will automatically activate specific brain areas related to the performance of that task. In the area that is active, the SSVEP signal is reduced and the degree of reduction is proportional to the degree of activation of that area.[58] This allowed us to draw an activation map of the brain.

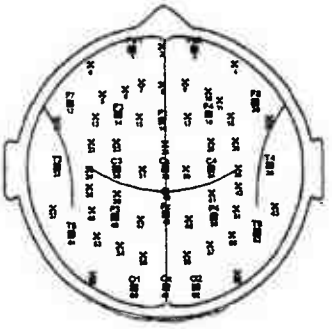


Figure 5. The 64 Electrode Pattern. *Location of recording sites with International 10-20 positions indicated*

The SSVEP machine had been used in a previous study comparing children with Attention Deficit Disorder (ADD) to normal subjects on two different mental tasks. One of these was an attentional task requiring the subject to pay attention and anticipate events. The other was a decision-making task. The SSVEP patterns of these two groups showed significant differences:

When normal subjects were doing a purely visual task: observing a computer monitor displaying numbers, their brain showed activity predominantly in the occipital lobes in the back of the brain, where visual image formation takes place. When they were then asked to anticipate, or pay attention to a particular signal, their cortical activity switched to the frontal lobes, the area of the brain involved in attentional tasks. In ADD children, the brain activity did not change. Activity remaining predominantly in the occipital lobes.[59]

When Susan scanned her adult volunteers before they underwent brain integration, it was found that, like ADD children performing an attentional task, all of the activity was registered in the occipital region. Following application of the LEAP protocol, the activity patterns of all five adult subjects changed to the pattern observed in normal subjects (see Fig. 6). Now, when they were asked to pay attention, or make decisions, their cortical activity immediately switched to the frontal lobes, indicating a shift from passive looking to active mental participation in the task.[60]

Thus, it appears that children with ADD or adults with learning problems often just watch their world and react to whatever happens with little anticipation of what might occur because they cannot activate the brain areas involved in "paying attention" which is required for anticipating outcomes. Likewise, since prefrontal activity is also required for "planned" decision-making, and there is little prefrontal activity when people with ADD and learning problems make decisions, it would appear that these decisions must depend more on "reaction" to stimuli than on planned actions based on considered decisions.

Along with these changes in cortical activity, there was concomitant improvement in the adult subjects' digit span and reading comprehension. Before integration, the reading comprehension of the group had varied from 33 per cent to zero. One of the subjects could remember nothing of what she read because the stress she experienced in knowing she would be tested caused total loss of brain integration.

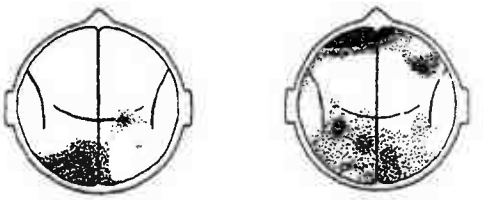


Figure 6. SSVEP Maps of typical subjects Before and After LEAP treatment. *Degree of stippling indicates degree of activity. Before treatment subjects with learning difficulties showed the most activity in the occipital lobes when performing attentional and decision-making tasks. After treatment the cortical activity now switched to the frontal lobes on the same attentional and decision making tasks, the same areas active when normal subjects perform these tasks.*

After the treatment, all had 100 per cent reading comprehension. On the digit span test, all subjects changed from being marginal or borderline in their function to being above-average. Changes in both these mental functions is supported by the significant changes in cortical activity observed in the SSVEP results.[61]

In a year long study for her honors thesis in neuroscience, Susan performed a control study of children with learning difficulties, predominantly in reading, reading comprehension, spelling problems and demonstrable short-term memory deficits. She randomly selected 10 children for treatment and 10 other children to act as controls. All children were to be pre and post tested on a range of standard psychometric tests for intellectual performance.

Measures of intelligence are highly controversial because intelligence is a hypothetical construct and therefore, impossible to define in terms of "an essence of intelligence". [62] Never-the-less, a number of different standardised intelligence tests, such as the Wechsler

Intelligence Scale for Children (WISC) and Stanford Binet Intelligence Test, have been developed to measure various aspects of cognitive function. Regardless of whether these psychometric tests measure "intelligence" or not, they do provide reliable assessment of performance on certain types of tasks. The use of intelligence tests in Susan's study was not to measure intelligence but rather, to provide a standard assessment of performance in a variety of cognitively demanding tasks.

Intelligence has been defined as being composed of two distinct aspects: "fluid" and "crystalline" intelligence.[63] Fluid intelligence is the capacity to perform abstract reasoning which involves "native" intelligence and is thought to be unaffected by formal education. This includes the ability to solve puzzles, memorise a series of arbitrary items such as words or numbers, as well as the ability to change problem solving strategies easily and flexibly. Crystalline intelligence, on the other hand, comprises the abilities that depend upon knowledge and experience or the amount of stored factual knowledge such as vocabulary and general information.

Susan chose three standardised tests of fluid intelligence; the WISC Block Design subtest, the Kaufmann Matrices and Inspection Time. She also tested them on short-term memory and reading comprehension. The WISC digit-span subtest was used as a measure of short-term memory, retrieval and distractibility. The Neale Analysis of Reading, a standardised test to assess reading comprehension, was also applied. Tests measuring crystalline intelligence were not used as knowledge of facts is accumulated over a number of years and would not be expected to change substantially over the short time frame of the study.

All children were initially assessed on the five psychometric tests and then were retested six to eight weeks later. In the intervening period the treatment group had the complete LEAP protocol performed on them. The control group received no treatment but were retested at the end of the study.

The results were remarkable. Empirical observation and scientific validation of these tests show that fluid intelligence generally does not improve over time.[64] From this data it has been assumed that the person will in the future perform as they have in the past (or, allowing for growth, will hold their relative position amongst their peers), and therefore changes in performance in these subtests is considered unlikely. This appears to hold true for children with learning disorders even when they have received extensive remediation.

Rewardingly for Susan's thesis there were statistically significant improvements in all of the tests of fluid intelligence between the pre and post tests for the treatment group. No changes occurred in the performance of the control group. Thus the LEAP protocol was shown to be capable of changing the innate reasoning capacity of these children. It was capable of affecting profound changes including the demonstrable ability to apply flexible strategies to solve problems in their lives. Surely, a valuable life skill.

Equally as important, the complex task of digit-span (short-term memory and attention) also showed highly significant differences before and after treatment between the two groups. There was an increase in the forward digit span from 4.8 (before treatment) to 6.2 (after treatment) and an increase in the backwards digit span from an average of 3.1 (before) to 5.5 (after). Since the average adult digit span is six forwards and five backwards these children had clearly improved from deficit in this vital function to above normal (see Fig. 7).[65]

When it came to reading the results were even more striking. The treatment group contained two individuals who could not read prior to treatment. One, a 16 year old boy who had received weekly private tutoring for several years, still had not been able to read. Following the LEAP protocol, with the same weekly tutoring he was now able to read at an elementary level and is continuing to show steady improvement. Another 11 year old boy could only recognise a few small words prior to treatment. Following treatment he was able to read fluently at an elementary level and demonstrated the same improvement, even without special remediation.

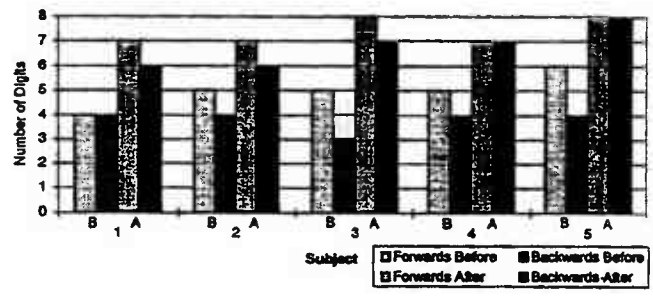


Figure 7. Digit Span scores for subjects before and after LEAP treatment. *In all cases the forwards and backwards Digit Span increased significantly following the LEAP treatment.*

In counterpoint, one of the individuals in the control group also could not read at the beginning of the study. At the end, he still could not read.

Reading comprehension showed equally remarkable improvements. The treatment group improved from an average of 27.5 per cent reading comprehension to 94 per cent following treatment, a massive change. The control group showed no change in reading comprehension.[66]

These tests graphically illustrate that LEAP does have significant and observable effects on the actual cortical processing in the brain and that these effects result in widespread improvement in perceptual and cognitive abilities.

Hyperactivity And Leap.

Hyperactivity, or children who display extreme distractibility, reckless impulsiveness and inability to stay still, has probably always been present in the population, but in recent decades these behaviours have been increasingly recognised as a major social problem. Hyperactivity not only impacts upon social and family interactions, but also on learning abilities with

hyperactive children commonly displaying difficulties with spelling, reading and mathematics.

While hyperactive behaviour was previously given many labels, by the 1970s and particularly the early 1980s it was generally termed Attention Deficit Disorder (ADD). More recently, it has been defined more specifically with two types of attention deficit disorder recognised, attention deficit disorder without hyperactivity and attention deficit disorder with hyperactivity.[67] Children displaying the later form are said to be suffering from Attention Deficit Hyperactivity Disorder (ADHD).

Initially, ADHD was perceived as a childhood behavioural problem that children grew out of at puberty. It is now clear that ADHD continues into adolescence, and that ADHD children merely become ADHD adults. ADHD was also observed to run in families, and thus appeared to be inherited but the mechanism was unknown. Recent research suggests that ADHD is most probably a genetic disorder that affects brain chemistry and is passed from one generation to the next.[68]

My own clinical observations certainly support that it is inherited from one or both parents. In several thousand cases, during the initial assessment as I explain the nature of their child's learning problems and the behaviours likely to be expressed by the child, one or both parents would often say "that's just like me as a child". Or the mother, who often brings the child, would say "that's just like his father". Many times until the parents listened to my explanation, they did not realise that they had been hyperactive or attention deficit because these terms were not in use in their youth.

In 1937, a Rhode Island paediatrician, Charles Bradley, found that giving stimulants, benzadrine, and later amphetamine, to ADHD children had the paradoxical effect of calming them down.[69] Since the 1950s amphetamines have been replaced by methylphenidate (Ritalin) because it has fewer side effects. In fact, now Ritalin use is becoming epidemic as more and more children are diagnosed as hyperactive. Between 1971 and 1987 there has been a consistent doubling in the number of children on medication every 4 to 7 years in a number of US public and private schools. By 1987 the use of medication had risen to between 1% and 6% of all elementary school children, and by the early 1990s, there were increasing rates of stimulant drug treatment in secondary school children as well.[70]

It wasn't until the latter part of the 1980s and early 1990s that an understanding of how Ritalin and other stimulants achieved the paradoxical results on behaviour began to evolve. It now appears that Ritalin and the other drugs, work through their effects on the important brain neurotransmitter, dopamine, because dopamine release in the reward system of the brain leads to feelings of well-being. Dopamine docks on the D-family of receptors (D_1, D_2, D_3, D_4, D_5), but most strongly with D_2 type receptors. Docking of the dopamine on the D_2 receptor gives rise to feelings of well-being and is calming, while at the same time augments the ability to maintain attention.[71]

An increasing body of evidence suggests that ADHD is primarily biologically based with studies indicating that people with ADHD may have at least one defective gene coding for the D_2 receptor making it difficult for the neurons in the reward center to respond to dopamine.[72] The reduced response to dopamine means that these people do not experience the normal reward feelings of well-being and have increased difficulty regulating their attention. Kenneth Blum has termed this the "reward deficiency syndrome", which leaves ADHD children and adults with feelings of restlessness, anxiety, feeling incomplete, difficulty focusing, and hypersensitivity.[73] These uncomfortable feelings may then be expressed as anger, aggressiveness, shyness, hyperactivity or deviant behaviour.

Perhaps equally important, in their recent book *Overload, Attention Deficit Disorder and the Addictive Brain*, Miller and Blum make a strong case for the connection between ADHD and alcoholism and drug abuse.[74] In 1990 Blum and his colleagues identified a deficit in the D_2 receptor gene that they found to be associated with alcoholism. Since then this D_2 receptor defect has been associated with other compulsive and impulsive disorders, including ADHD.[75] Drugs of addiction appear to work by elevating dopamine levels in the synapses of the reward system, particularly the nucleus accumbens. While opium and cocaine do this directly, alcohol does so indirectly.

When alcohol is metabolised it produces molecules with the impossible name, tetrahydroisoquinoline, TIQ for short. When TIQ molecules are formed from alcohol, they flood the D_2 receptors and produce temporary feelings of well-being - the alcohol high.[76] This sets the stage for the ADHD - alcoholic connection. When ADHD people drink alcohol, the TIQ produced floods their limited D_2 receptors leading to normal feelings of reward - something they lack. Thus, for people experiencing the daily discomfort and pain of ADHD, use of alcohol and other addictive drugs can give them reward: pleasure and easing of the perpetual feelings of discomfort both physically and emotionally.

While alcohol produces pleasure and reduces physical and emotional pain for everyone, the payoff for people with ADHD is more intense and more dramatic. So they drink alcohol to feel more "normal" only to get trapped in its addictive cycle of temporary relief followed by craving.

While all of this is most interesting, what does it have to do with LEAP? Many of the children we see have been diagnosed as ADHD and many are on drugs to modify their behaviour, most commonly Ritalin. As we proceed through the brain integration program, it is not uncommon to see these children calm right down, and often maintain this new state of more normal behaviour even after the withdrawal of the drug. While not observed in all cases, parents commonly report a long-term resolution of their child's hyperactive behaviour following the LEAP treatment.

Considering that the scientific evidence would suggest that ADHD is strongly linked to potential alcoholism as well as learning problems and deviant and delinquent behaviours based on a defective gene for D_2 receptors, the cessation of the hyperactivity and increased ability to learn following the LEAP treatment is remarkable. It suggests that the LEAP protocol somehow alters this reward deficiency syndrome. I

postulate that the acupressure treatments and emotional defusions employed in the LEAP treatment either activate greater expression of the D_2 receptor genes, or increase dopamine levels by mechanisms that remain unknown at present. This then establishes more normal patterns of reward and attention in the brain.

Recent studies have found a significant correlation between abnormal P300 EEG brainwave activity and the A1 allele of the dopamine D_2 receptor gene.[77] This is the same gene defect associated with ADHD, alcoholism, drug addiction and compulsive and impulsive disorders.[78] When these findings are coupled with the recent observation that acupuncture stimulation can alter the P300 brainwave activity,[79] this may provide a possible mechanism by which the LEAP acupressure treatment may reverse or eliminate the reward deficiency syndrome.

Whatever the mechanisms, we see child after child go from ADHD behaviour, often regulated with Ritalin, to relatively normal behaviour without drugs. Susan's controlled studies confirm these changes in brain function both electrophysiologically with abnormal EEG patterns returning to normal patterns and in psychometric testing. Follow up observations even several years later show these changes in behaviour are on-going.

Since ADHD is associated with a greater likelihood of delinquency as adolescence.[80] and alcoholism,[81] cocaine addiction[82] and stress disorders[83] as an adult, each ADHD child receiving the LEAP treatment may well reduce the human cost of these destructive behaviours both on the individual and society.

LEAP Into The Future.

We estimate that in over the nine years we have been working with LEAP, we have probably seen more than 5000 people. Given that we have already taught 100 kinesiologists these methods in Australia, Germany, Belgium, the Netherlands and the US, probably double that number have by now been put through the program worldwide. Each year we travel around Australia and abroad teaching another 100 or so students. This means the LEAP program is spreading exponentially. The reason it has attracted such interest is because it gives such consistent results. It is not something only Susan and I can do; anyone adequately trained can also achieve the same results.

We could have made a very comfortable living doing LEAP exclusively in our own clinic. But what has been driving us to teach LEAP to others is that we perceive it to have profound effects on people's consciousness. They are suddenly able to realise more of their true potential.

If you are learning disabled, in a sense you are cut off from that which you could be in terms of your human potential. As you become more learning enabled you also become more able to fulfill the potential in your life. As well, if you understand why you have been dysfunctional, you can have more compassion for yourself and for other people with similar problems. When you have compassion for the difficulties someone else might be confronting, it invites that person to also have compassion for themself.

One of the only common denominators that criminologists have been able to find between people who have committed violent crimes is that they are commonly functionally illiterate. By that we mean that even if they can read and write it is only at a rudimentary level. Many people sitting in prisons today are highly intelligent, clever individuals who are learning disabled. They have never been allowed to express their intelligence in an acceptable way. How many times have you heard the expression, "If that so and so had only used his intelligence in a legal way he would probably be a very wealthy person today."

He was never allowed to express his potential because he could not read or spell well, or pass the written interview test for the job. After making at least five spelling mistakes on his application, many employers just throw it straight into the bin. The applicant might have been the smartest person interviewed that day, but was rejected because he could not spell. He knows he is smart, but is frustrated when he is never allowed the opportunity to demonstrate his real abilities. This frustration often leads to anger and violence. If such people could enter society as equals and be taken seriously they would not have to vent their frustration about being locked out, a situation that often leads them to being locked up.

We truly feel that every time we turn someone around and help them access more of their function, they will utilise it in a way that is most harmonious for them and society. One 13-year-old boy I treated had been thrown out of five different schools in one year. He was being seen by a child psychiatrist for his violent behavior and was considered a suicide risk. He was very bright but extremely dysfunctional in terms of his learning ability. He was very angry and very frustrated, and he expressed this by beating up other kids, setting fire to public buildings and physically threatening his teachers.

I was only half way through the LEAP protocols when I noticed he had calmed right down. His brain was coming together and he was beginning to realise that he could learn things that he had never been able to access before. By the end of the year that followed his treatment he was at the top of his class. Previously, he had been headed towards either suicide or delinquency and that would have been a loss for society either way. Society would have lost potentially a highly productive member. Instead, I was able to open up a highly productive future for this lad who is now in university and doing very well with his studies.

This has happened time and again.

To this point we have been talking about how limited academic functions can be improved. But brain reintegration can affect a person's life in many more (and perhaps more profound) ways. The most profound effect is undoubtedly a change in a person's level of self-confidence. Long before changes in academic performance have been perceived, parents often comment on changes in the child's level of self-esteem.

Indeed one mother told us that when she arrived to collect her son from school one afternoon, she saw a boy running towards her car. He looked vaguely familiar, but it was not until he reached the car she recognised this was her own son. "He just moved so

differently and with so much more confidence and coordination than he had before, I didn't recognise him until he was literally getting into the car."

The Success Loop.

Dysfunction that results from brain disintegration can become a cycle. When you are starting a new, previously untried task, it is uncertain and uncertainty creates fear. If the fear is strong enough, or if it is linked to past failure, it can generate enough stress to cause a loss of brain integration. In a state of disintegration you are dysfunctional and will tend to fail again.

The next time you attempt that or a similar task, you are not only uncertain but obsessed by a fear of failure. This, ironically, can become a positive feedback loop of fear-dysfunction-failure, then fear of failure-dysfunction-failure. It leads unerringly to negative outcomes and the greatest loss is to self confidence and self-esteem.

On the other hand, if you are challenged with a new learning situation, and despite the uncertainty have managed to maintain your brain integration, you remain functional and figure it out. You are successful and with success comes reward, both externally and internally. Every time you figure it out and say "Ah, ha! I've got it", endorphins are released in your brain, creating a sensation of pleasure. At the same time, praise generally comes from outside in the form of approval from a teacher, parent, peer or colleague, releasing more endorphins, further reward.

These positive rewards do two things: They make you feel good about yourself; and they make your brain integration more robust and resilient. After a series of successes you can even allow yourself to make an error and not lose integration. Instead, you can see where you went wrong, what you need to learn from the mistake, try again and succeed.

You have met the challenge and you have succeeded. When we have a history of success, challenges are no longer seen as problems but rather as opportunities to learn. People who are successful tend to continue being successful, whereas people who experience failure tend to repeat that failure. Success makes you confident.

In contrast, people who have tasted repeated failures tend to lack confidence in their abilities and in themselves. This is powerfully reflected in your states of motivation. If you believe you are incompetent and lack confidence, you tend not to give it a go - that way you can't fail again. If, however, you do have a sense of confidence, you will try anything because what do you have to lose except something new to learn? You're in a positive spiral (see Fig. 8).

If you can maintain integration, you can figure life out and get it right. Success is confidence, and confidence strengthens brain integration allowing you to hold integration long enough to be successful again. Each success makes the brain integration more robust, which means you can hold integrated brain function under higher and higher levels of stress thus reaping the reward of success. Your brain integration is soon robust enough to allow you to make a mistake, and instead of falling apart, look at what you've done, see where you went wrong, and be successful again laying the foundation for future success.

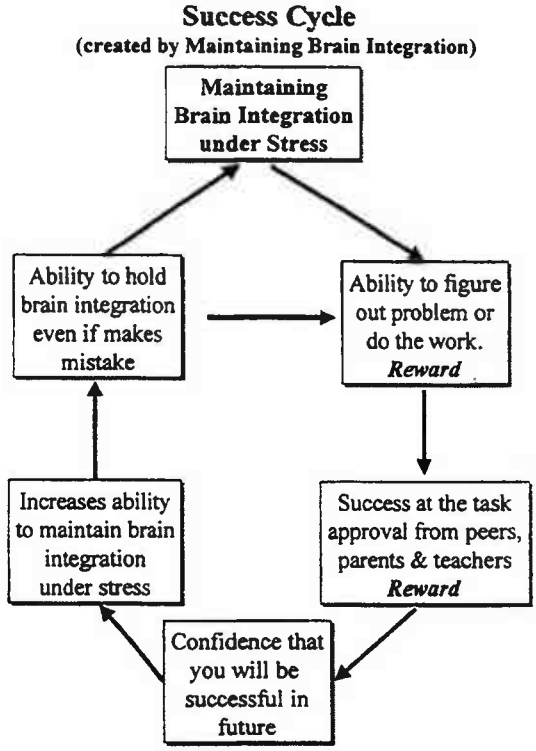


Figure 8. The Success Loop created by maintaining Brain Integration under Stress. *When you can maintain your brain integration under stress you will be able to figure it out and receive the reward of being successful, which increases your ability to maintain your integration under even higher levels of stress and be successful again the next time. This leads to increased self confidence so essential for success in life.*

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What is Applied Kinesiology?

Philip Maffetone, D.C.

Applied Kinesiology (AK) is a relatively new field, and is patterned after the ancient Chinese medicine. It was developed in the early 1960s by Dr. George Goodheart. Its practitioners have the option to use a variety of alternative disciplines in the treatment of the patient. But first, there is a major focus, one which has been lost in traditional care, the full assessment of the patient, including functional status. Part of this initial process utilizes traditional muscle testing, which helps assist the doctor in evaluating the patient. Once this evaluation is made, and only then, can the applied kinesiologist administer individualized treatment which matches the patient's need. The goal of treatment is to relieve the cause of the problem, and slow the universal degenerative process, thereby delaying the onset of end-stage diseases such as cancer, heart disease and diabetes.

A visit to an AK doctor should result in three important events:

1. A complete assessment for functional problems, not just disease.
2. Administration of therapies that specifically match the patient's needs to improve or correct any dysfunction found.
3. Recommendation of specific lifestyle changes which may correct and/or prevent the previously found dysfunctions from recurring.

Let's discuss these three key aspects of care in more detail:

1. Assessment

Applied kinesiology is a method of evaluating a person's functional state. In medicine, the patient is evaluated from a disease standpoint: "Is there any disease yet?" is the question asked by the mainstream doctor. The AK doctor will ask, "Is the body headed for a disease state?" Ruling out any existing disease is a first step in this process.

The method of assessment occurs in two ways. The first is the use of some of the standard medical diagnostic techniques. These may include measuring blood pressure, blood and urine tests, breathing tests, including a neurological and orthopedic examination. It also includes a complete history of the patient's life, including diet and exercise habits and stress factors.

Some of the tests such as x-rays and blood and urine tests only help rule out disease. But others, coupled with an expanded interpretation not used in traditional medicine, provide the AK doctor with added information. This is where the art of medicine, gathering subtle clues about a patient's health, is often ignored by mainstream diagnosis.

This information is combined with a second form of assessment, evaluation of the muscle system, called kinesiology, including analysis of posture, gait (moving posture) and the use of manual muscle testing. Most muscles of the body can be tested by having the patient physically counter pressure exerted by the doctor. This assessment has also been used for years by orthopedists and neurologists, but the AK doctor goes a step further and adds a functional dimension to the tests.

Since the early 1960s, the clinical research in applied kinesiology it's been shown that certain muscles may "weaken" or "turn off" when they shouldn't. Muscles "turning off," called inhibition, actually takes place all the time under normal circumstances. During walking, for example, when one leg is forward, the muscles on the front of the thigh, the quadriceps, are "turned on," pulling the leg and thigh forward, while the muscles on the back

of the thigh, the hamstrings, "turn off." This normal inhibition of certain muscles is easily demonstrated using manual muscle testing.

A problem may develop in which muscles "turn off" when they shouldn't. This may be due to a mechanical problem in the foot, pelvis or spine. For example, excess foot pronation may cause the psoas major muscle (which supports the low back) to "turn off." The low back may then lose support, eventually causing discomfort, pain or even disability.

Treating the back pain – the end result symptom – in this example won't solve the problem because the cause is in the foot. The psoas muscle "weakness" is a clue to the AK doctor there may be a foot problem, even though the patient often doesn't complain about the foot. (Taking this a step further, the doctor must look at what is causing the patient to pronate excessively and seek to eliminate it.)

These weak muscles don't usually need rehabilitative exercises to return them to normal, because the problem is usually not in the muscle itself. Once the cause is found and corrected, the muscle function is immediately restored to normal.

How does the doctor find all the weak muscles? When a muscle loses normal function, when it "weakens," it changes your posture. That's why the AK doctor looks carefully at your posture and even the way you move. It's often the first clue about what's wrong. A certain tilt or curve may indicate a specific muscle may be weak. The doctor can then manually test the muscle in question.

A weak muscle on one part of the body usually creates an opposing muscle tightness. This spasm-like tension is often uncomfortable and sometimes painful, and usually obvious to the patient. Unfortunately, the weak muscle is usually symptom-free.

These mechanical aspects are fairly well understood and accepted. But there is another part to the AK assessment involving changes in muscles not as well understood, and therefore not as accepted. Nonetheless, they have proven quite useful clinically in a wide range of patient conditions. In the example above, the foot pronation caused a weak psoas muscle to affect the low back. Muscles can weaken abnormally from a variety of problems throughout the body. In this example the weakness was due to a mechanical problem in the foot. Through clinical research and empirical findings, we have found that many muscles will weaken when a specific organ or gland is not functioning optimally. For example, an adrenal gland stress may cause the tibialis posterior muscle to weaken. This is the muscle that maintains stability in the foot. In our example above, perhaps a functional problem in the adrenal glands has caused a weak muscle in the calf and foot, causing a mechanical problem in the foot, which weakens the psoas muscle causing the back to hurt. This is a typical scenario an AK doctor may go through in the evaluation of a patient complaining of back pain.

2. Therapies

Manual muscle testing also offers clues about the patient's therapeutic needs. Using the same case as above, if the doctor stimulates an acupuncture point related to the adrenal glands, he will know if it is successful by re-testing the weak muscle. If it's now strong, that therapy was probably correct. But if the therapy did not change the weak muscle, the doctor knows that some other treatment is still necessary. In the course of one visit to an AK doctor, you may have a number of areas worked on therapeutically. Correcting these problems helps deter their unhealthy direction towards further imbalances and in many cases, disease. Therapy may include nutritional supplements, dietary changes, hands-on therapy such as chiropractic and osteopathic manipulation, acupressure or other meridian therapy techniques, and exercise.

The AK doctor is like a detective, putting many small but important pieces of a puzzle together, with the eventual solution of your health problem.

3. Lifestyle changes

But our AK doctor is not yet through with his task. The doctor must consider why the adrenal glands got into trouble to begin with. Perhaps the patient wasn't eating properly, drank too much coffee or sugar, and was under excess stress. The doctor can then make some lifestyle recommendations to help prevent the problem from recurring.

Hypothetically then, our patient with the back pain (who really had an adrenal dysfunction), could avert a future problem, such as a disc problem, which requires more radical medical intervention at a much higher cost.

Essentially, this book describes many lifestyle procedures I used and prescribed to patients regularly. And for many people, the proper lifestyle changes can have dramatic, positive effects on overall health and fitness. In many cases, the right lifestyle changes could correct almost all the problems the patient has.

The International College of Applied Kinesiology (ICAK)

Professionals in all disciplines, including chiropractors, osteopaths, medical doctors, podiatrists, dentists and psychiatrists, make use of AK. The ICAK is a worldwide organization which researches and teaches AK to doctors. The types of problems treated by these doctors typically reflects the style of practice in that particular professional's background. For example, in the U.S., many AK doctors have chiropractic licenses. These doctors merge the structural approach with nutritional and other biochemical factors. Dentists incorporate many AK techniques, including balancing the jaw joint – the TMJ – and using nutrition, whereas a psychologist may incorporate acupressure for assistance in the treatment of patients with phobias.

What kind of problems do AK doctors treat? That question is perhaps best answered this way: We don't treat knee pain, headaches, digestive disturbances, weight problems, back pain, PMS, low blood sugar. We treat people: people who have knee problems, people with digestive symptoms, etc.

An applied kinesiologist can be likened to a race car mechanic. The race car, like the human body, is a highly complex, finely tuned machine. The structure of the car (the tires, body and gas tank) must work in conjunction with the chemical aspect (gas, oil and grease). The conscious, mental part of the car (the driver) is as important as any other part. Some of the factors that influence the car's performance include the track, other cars and the weather – in other words, the environment. During a race, the car is subjected to great stress on all its parts. As a result, it regularly makes a pit stop, during which the mechanic evaluates the car and driver, makes any necessary modifications or changes, and the rejuvenated car is off again to the race – more balanced and more capable to handle whatever stress confronts it.

In this way, the car and driver can continue throughout the race with the maximum efficiency. Similarly, you can continue through your "race of life" with a properly working system. The AK doctor is one professional who can assist you in your endeavor.

Sports Kinesiology: The Use of Complementary Sports Medicine

by Philip Maffetone, D.C.

Sports kinesiology is also referred to as complementary sports medicine. It has two main features. First, it is a way of evaluating a person's structural, chemical and mental/emotional aspects. This includes any or all means necessary to efficiently assess the person, including muscle testing. Second, it utilizes many approaches to correct the imbalances found, depending on the knowledge and legal scope of the practitioner. These may include various techniques such as acupressure and other reflex methods, diet, nutrition, muscle work, exercise training and other lifestyle issues.

This paper describes the philosophical aspects of complementary sports medicine, some of it's definitions, and gives one example of a common imbalance - excess body fat - and how it is addressed in this field.

PHILOSOPHY

Complementary sports medicine is associated with a specific philosophy. It is the ethics, theory and conviction of the individuals who make up a profession whose roots go back thousands of years. This is very clear from the early Hindu writings, and especially in the Chinese culture where the *holism* of the body and mind was recorded in the book of Kung Fu. In ancient Greece, sports was an integral part of a person's upbringing. These cultures produced the philosophical foundation of complementary sports medicine; their approach to athletic care was holistic, many conservative therapies were used, the particular care rendered ranged from rest to activity, diet to herbs, and when needed, surgery was performed, usually by specialists. Only with the advent of modern medicine within the past century has a divergence has taken place that broke this field into two distinct and competitive arenas. Today, one area of sports therapy is more western and allopathic, and the other often referred to as "alternative." Complementary sports medicine brings the best of both back together.

There are a number of important factors associated with complementary sports medicine, although these are not necessarily exclusively limited just to this field. They include a hands-on approach, not just of the specific therapies but many aspects of the patient, including the assessment process and concerns for lifestyle and exercise training. This makes for a more holistic strategy, much like a general practitioner rather than a specialist. There is an important one-on-one relationship with the patient, rather than a team or group approach, with more time spent assessing, treating and educating each patient. This is not to say that there will not be times when a specialist is needed. When this happens, the complementary practitioner can work simultaneously with the specialist. This ability and need is important for all concerned, and sets complementary sports medicine apart from the segregation of modern traditional medicine, and alternative medicine. Most importantly, the assessment, treatment and lifestyle factors in this field focus as much, if not more, on the *functional* aspect of the patient as on their specific injury or ill health. In addition, the approach is function oriented rather than symptom directed, with the practitioner open to clinical research and investigation to explore areas that can help bring about the desired clinical outcome. The complementary sports medicine professional is a general sports practitioner, treating not only high level professional athletes, but the average local sports enthusiast, the weekend warrior and beginner. By considering all these factors, practitioners can incorporate both art and science in their approach.

The practitioner in this field not only approaches the patient differently than traditional sports medicine, but sees himself or herself as part of the process, rather than someone from the outside feeding the process. For example, the assessment and treatment processes are interactive, the patient is educated about the body and is required to share much of the responsibility for getting and staying healthy.

Practitioners not only play an active role in patient care, ideally they are also athletes on some level. In this way, the practitioner can better relate to the patient. As such, every professional involved in this field can benefit from the experiences of their own knee pain, Achilles tendon problems, fatigue and other ailments; they can help to better understand their patients, appreciate the healing process and the joy of getting better.

ART AND SCIENCE

The complementary sports medicine approach is from both an art and science perspective. The art is the experience, expertise, and outcome while science includes basic physiology and its many models of energy production, neuromuscular actions and biomechanical activity. An individual human may not, however, always fit perfectly into a particular model. Working with an athlete cannot be accomplished effectively by either art or science alone, rather, a blending of both help make the outcome more successful. An individual who exemplifies this approach is like Michelangelo, whose knowledge about human anatomy is paralleled by his ability to portray it in his paintings - his artwork is a demonstration of his intellect. It is hoped that all clinicians practice both the art and science of their field by being aware of the uniqueness and beauty of the human body.

The *art* of complementary sports medicine is the ability to observe, experiment and implement to find the optimal therapeutic outcome, whether through not only diet, nutrition, exercise or other therapy, but the proper combinations that best match the patients needs. It is the ability we need to recognize when the body needs help, beyond what the patient tells us. The art also infers that some of the tools used in clinical practice may not have fulfilled the rigors of scientific endorsement. Many assessment and treatment tools have not been researched, or not researched adequately to determine why they might produce their results. As a result, their scientific acceptance may not exist. Rather, it is the ability of the practitioner to judge a tool by its usefulness to improve a specific clinical picture. In abstract terms, art is the body's dance, with full orchestra.

This dance can be analyzed with numbers; this is the *science*. It's the objective ability to measure our body's activity to determine its needs, and most importantly theorize the mechanism behind these actions. Science is the knowledge we gain by studying textbooks and journals; and it begins as art. An observation is made and it may be years or centuries before it's scientifically substantiated. A good example of this is dietary fiber. Some 150 years ago, Dr. John Kellogg and Sylvester Graham separately and by observation, proclaimed fiber could reduce the risk of intestinal problems, cancer and heart disease. By 1974, science began to accept these observations when British surgeons, writing in the *Journal of the American Medical Association*, reported fiber could reduce the risk of atherosclerosis and intestinal disease, including cancer. Today, it's a well accepted fact of life that fiber is a crucial part of our diet.

Combining both art and science in the clinical realm makes for a more efficient and holistic approach, and shifts the emphasis to the outcome rather than understanding and accepting the mechanism of a particular therapy. Today more than ever, our approach to sports medicine is very fragmented, with specialties and sub-specialties with sometimes more competition among the professionals than athletes.

A HOLISTIC VIEW

Although the word *holistic* has been overused, abused and misunderstood for the past few decades, the fact remains that it is an appropriate word to use when referring to the field of complementary sports medicine. While the art of helping patients is easily seen as holistic, the science is usually thought of as focusing on the fragments of the whole. As Willis W. Harman writes in his Re-examination of the Metaphysical Foundations of Modern Science, "There is increasingly widespread agreement that science must somehow develop the ability to look at things more holistically. In a more holistic view, where everything, including physical and mental/emotional, is connected to everything, a change in any part affects the whole. In a holistic science there is no cause and effect - only a whole system evolving. Only when a part of the whole can be sufficiently isolated from the rest that reducionistic causes appear to describe adequately why things behave as they do, do the ordinary concepts of scientific causation apply. In general, causes are limited 'explanations' that depend upon context."

The true holistic approach of complementary sports medicine is one where all aspects of the

patient are considered. The information value of signs and symptoms are important; none are insignificant. In addition, all the signs and symptoms, as subtle as they may be, must be considered. In a runner with chronic low back pain, for example, many factors must be assessed beyond the low back. Whether this symptom is due to muscle imbalance, ligament sprain or strain, or joint dysfunction, in many cases the back pain itself is secondary, an end result symptom of a variety of imbalances sometimes developing over a long period of time. It is not unusual for an asymptomatic foot problem to not only contribute to but cause a low back problem. In some patients, muscle imbalance in the temporomandibular joint (TMJ) may be a primary factor. In others, several causative factors exist, all far from the site of back pain. By assessing the patient in a holistic way, through a complete inventory of the whole body and not just the low back, the practitioner can find and correct these obscure but often primary problems.

Taking this example a step further, we have to ask where the foot problem came from, or how the TMJ imbalance started. Perhaps the patient was wearing the wrong types of shoes, or ones that fit improperly. Unless the patient is asked about their shoes or last visit to the dentist, these hidden problems may go undetected. In this case, applying therapy to the low back will not be truly successful. It is possible to get symptomatic relief, but either a recurrence of the problem or the development of a new symptom will often be the result.

Another important aspect of this holistic approach is the fact that we are all athletes. We tend to categorize the patient population into athletes and non-athletes. But individuals who are "couch potatoes" are just out of shape, inactive athletes who are literally a step away from being more athletic. This patient is perhaps the most important one to help due to the potential benefits that may be derived. Many patients are reluctant to start exercising because of the traditional view of what they perceive of as a "no pain no gain" activity. They see runners along the road who look like they're struggling, aerobic dance classes that look too advanced and weight rooms with sculptured bodies that turn them off. If these patients could understand that gradually working up to a thirty minute easy walk, four or five times a week would dramatically improve their health, many would happily comply. In addition, many patients are intimidated (and embarrassed) to workout where others with seemingly "ideal" bodies are also working out. Education becomes an important tool for these patients.

Likewise, we often separate an *athletic injury* from all the rest. The patient who complains about shoulder pain from spring cleaning may have develop and imbalance not unlike the baseball pitcher who overworks it in spring training. We should not treat a "sports injury" but rather the person attached to it. Worse is the fact that too often a name is assigned to an injury so a pre-determined therapy can be given. The fact is, every rotator problem in the shoulder is unique, every fasciitis different and no two Achilles tendonitis problems exactly the same. As such, each patient should be treated as a whole, individual person.

THE EQUILATERAL PARADIGM

Another way of looking at the holistic paradigm is by viewing it as an equilateral triangle. Each equal side represents one important aspect of the patient's health, represented as structural, chemical and mental/emotional. If a person has low back pain, fatigue or other symptoms, usually all three aspects are involved to some degree, although at first glance it may appear only as one.

STRUCTURE

One side of the triangle portrays the person's structural aspect. This includes the skeleton, muscles, ligaments and tendons. The foot and TMJ are some regional examples of this aspect. The functions of all our structural parts are very dependent upon each other. For example, the tibialis posterior muscle plays a major role in the bony stability of the foot. And the physical equilibrium of the bony pelvis, itself dependent upon good muscle balance, has an indirect but significant impact on neck motion. Our whole body is a kinematic chain which acts as one complex functional unit, and while we study it in separate and distinct parts, we can not successfully look at it that way clinically.

The structural aspect of the body is often tended to by specific types of practitioners. Chiropractors, osteopaths, physical therapists and massage therapists are among those conservative professionals who focus much or all of their care to the structural aspects of their patients. Surgeons are also clearly structurally oriented.

From a holistic standpoint, caring only for the structural aspect of a patient may be less than adequate, even if the problem appears purely structural. A recurrent painful spinal imbalance, for example, is often associated with inflammation; treating it only with local therapy may not completely resolve the problem. Or, following surgery of a torn meniscus, the patient may greatly benefit by specific nutrition to help the healing process.

CHEMICAL

The chemical side of the triangle incorporates all the biochemical aspects of the individual. Specific foods, nutrients or drugs will have certain effects within the body. Consider the wide ranging effects of caffeine or other drugs, or the effect of diet on eicosanoid production. Like the structure, one facet of body chemistry can influence many others. For example, eating a large highly refined carbohydrate meal before exercise may have an adverse effect on the utilization of fats for energy and endurance. Emphasizing either protein or carbohydrate may favor the specific production of neurotransmitters in the brain (i.e. norepinephrine and serotonin) and may influence concentration, a vital aspect of many sports.

This aspect of the triangle is represented by professionals who attempt to manipulate the body's biochemical systems. This is done with drugs, diet, nutritional supplements and other approaches including homeopathic remedies, herbs and other substances. Traditionally, nutritionists, naturopaths, homeopaths and practitioners of Chinese medicine are the more conservative practitioners in this field, with many medical doctors and osteopaths frequently employing drugs.

Like those who strictly adhere to structural therapy, caring only for the chemical aspects of the body may be less desirable, even when the problem appears to be only chemical. A person's chemistry can effect their structure, easily seen in the hormonal and nutritional relationships with the bones. A person's structure can also affect his biochemistry. For example, an athlete who has difficulty chewing due to TMJ or tooth problems, eating certain healthy foods, or properly digesting them, may be difficult, affecting the nutritional status.

MENTAL/EMOTIONAL

The mental/emotional side of the triangle incorporates the behavioral aspects of the patient. The mental state may be referred to as cognition - sensation, perception, learning, concept formation and decision-making. It is important for the practitioner to understand these aspects of the patient since it can effect their overall health and fitness. The emotional state is the affective aspect of the patient, and may include pain, moods of anxiety or depression, and loss of enthusiasm or motivation.

Traditionally, this part of the triangle is cared for by psychologists, psychiatrists and counselors. Certainly all professionals are trained to be aware of the mental and emotional aspects of the patients. Bed side manner is one such example. In many patients, their mental/emotional stress may come from trying to schedule training with work and family obligations, competitive anxiety or the fact that they are frequently injured.

Sports psychologists can play a key role in helping to re-educate patients of all ages. Our modern society has promoted sports to an unhealthy level. Young kids think playing hurt is good because they see and hear it on TV and radio. Being all bandaged up in a game is a sign of superiority, they think. And pushing oneself beyond the limit is something to strive for, people are told. Ad campaigns of images that are not real are thrown at us and our kids daily. This has contributed to the increase in sports injuries, not just physically, but mentally also.

The equilateral triangle concept is a simple representation and does not represent the complex interrelationships that continually exist throughout the body. For example, within the structure of the muscles are intricate chemical reactions allowing it to function. Our thoughts are also chemical reactions, and without the structural aspect of absorption, the function of the villi, our nutritional status would be severely compromised.

Another important factor with so many specialties and so much diversity within each profession is that many patients are unknowingly choosing their own therapies. If a tennis player develops a chronic shoulder pain, at some point he makes a vital decision and walks into a professional's office. That professional will most often render his or her specialty for that shoulder problem. If the office

is that of an acupuncturist, the patient gets acupuncture. If it is a chiropractor, spinal manipulation, if a medical doctor usually drugs. The best care, however, may be a combination of therapies. With more holistic awareness and cooperation between professions and professionals, patients can receive superior care. More importantly, the complementary sports medicine practitioner may be able to provide a variety of different but appropriate therapies required by the patient.

Today, many professionals are turning more holistic than ever, incorporating other techniques into their approach. Some orthopedists are using nutrition, chiropractors are providing dietary guidelines and many doctors are considering how mental/emotional stress impacts their particular type of therapy.

THE NEED FOR BALANCED CARE

It would be wrong to think that only conservative therapy should be used in caring for all patients. Likewise, many problems seen in athletes do not require surgery or drugs. The fact is, there will be times when the use of more radical care is necessary and times when a conservative approach will be successful. In the case where a specialist is needed, especially in the case of surgery or if one's license does not permit writing a prescription, the referral process is not only a necessary part of complete therapy but contributes to harmony among all branches of health care. Presently, health care providers are as fractionated as ever, even within the same profession. Competition seems to sometimes supersede the need to share and refer to someone who can help in the assessment process or apply a more useful therapy.

Referrals to specialists should also be accompanied by an understanding of all parties that possibly during or after the work of the specialist, more conservative services may be very valuable. For example, in a patient who requires knee surgery, there may be need for specific dietary or nutritional factors in the patient's diet, such as omega-3 or -6 oils that will increase natural anti-inflammation production, helping in the recovery process. Immediately afterwards, improving muscle function through acupressure or muscle work can improve postural balance and speed recovery, sometimes dramatically.

The concept of balance in all that is done in assessment, therapy, and especially lifestyle is another highlight of complementary sports medicine. Whether the philosophy is borrowed from Chinese medicine (the balance of yin and yang), simple mechanical balance of muscle groups or nutritional balance, the end goal is the same; the optimal balance of the whole person.

Natural balance in sports medicine was also recognized by the early Greeks; too much or too little of any component, referred to as disharmony. Around 1910, Chiropractic borrowed the same "too much or too little nerve energy" philosophy. Modern physiology uses the word homeostasis. Whatever the philosophy, the idea of balance is now universally accepted.

FUNCTION AND DYSFUNCTION

Some people have clear imbalances associated with an injury; a fracture, or a meniscus tear. However, many others do not have distinct classical injuries or diseases, but typically complaints related to vague and less well defined symptoms. The same pattern may be true for chemical and mental or emotional "injuries," such as a reduction in performance. These are referred to as *functional problems*, or a *state of dysfunction*, and are by far the most common problems seen in athletes. Low back pain that has no positive neurological or x-ray findings, fatigue associated with normal values in blood tests, and acute diminishing athletic performance in a patient who, by all standard medical assessments, continues to be in optimal health. In addition, some patients also possess various signs not related to an injury or disease state and not accompanied by any other signs or symptoms of injury or disease; orthostatic or postural hypotension is common in athletes with heavy workout schedules, elevated resting heart rate is observed in some, and others record very low body temperatures. In many cases, these signs and symptoms are manifestations of the pre-injury state - a body language denoting that if these problems are left unchecked, they may progress to the more traditional, more obvious injury or even disease.

In the early functional stages of an injury, there are often no particular names given to these imbalances other than to say it is a functional problem, or a dysfunction. We could use the phrase "functional injury" or, in the case of an illness, functional illness. In this situation, it is better to describe the signs and symptoms, or preferably the clinical findings or neurophysiological dysfunction rather than

applying a name to the condition; *the patient's right latissimus dorsi is inhibited with a concurrent over-facilitation of the right pectoralis major muscle, producing shoulder joint dysfunction.* This athlete complains of an inability to throw the ball, rendering him unable to play effectively. Patients with functional problems do not necessarily fit into classical injury models; typically microtrauma exists without the classic cell atrophy, inflammation or degenerative changes. In most cases, early injury is without pain.

A functional injury is a *dysfunction* in the body's structural, chemical or mental/emotional process. It is between the state of optimal health or excellent function, and some frank injury or disease. It is also an injury that is not necessarily accompanied by any significant tissue damage or inflammation. The signs and symptoms of functional illness may include fatigue, back pain, and even a diminished eye-hand and other coordination important for athletes. In some cases, the symptoms are very minor or vague and traditionally discounted by many doctors. More importantly, subtle states of dysfunction may not produce any signs or symptoms by the patient. In this case, it is up to the practitioner, through a complete assessment, to find and correct these relatively minor but important imbalances. All of these problems can not only affect sports performance, but can interfere in the quality of life.

In some cases, however, the patient's complaints may mimic a clear injury or disease. In this situation, it is important that the practitioner base all therapy on findings rather than postulate that despite the lack of evidence, an injury exists. In other words, treat the person rather than a named condition. In this situation it is important to not assume that an obvious injury is present until there is some proof it is so. Determine what type of therapy to use based on findings not speculations.

How can we evaluate the functional status of a patient? There are several key assessment tools that will help the practitioner accomplish this; observation being the most important. By observing body language, the practitioner will ultimately learn a great deal about the patient, especially in the case of an athlete where posture and gait play such a key role. Obvious examples of body language include antalgia, or an irregular gait. The effects of muscle imbalance, for example, may even appear in a seemingly healthy athlete by observing static posture with a plumb line. Muscular imbalance results from an inhibited muscle and one that is over-facilitated producing a postural distortion. When the pelvis is tilted, on the side of pelvic elevation, for example, there is often an inhibition of the gluteus maximus muscle, associated with a tight quadriceps femoris.

Other assessment tools include many standard diagnostic tests currently in use, such as blood pressure readings, blood tests and a complete history. Where complementary sports medicine departs from mainstream medicine is in the interpretation of some of these tests. For example, in addition to ruling out hypertension, taking the blood pressure in the lying, sitting and standing positions may help reveal some functional problem. Normally, systolic pressure increases slightly upon standing. If this does not occur, or the pressure decreases slightly, it may indicate adrenal dysfunction. Other assessment tools that are important for the evaluation of functional problems include manual muscle testing and its connection with an approach to patient care called *applied kinesiology.*

Throughout this text, a variety of functional disorders will be discussed in detail; adrenal dysfunction rather than Addison's disease, thyroid dysfunction rather than thyroid disease, and hyperinsulinemia, a dysfunction which is a precursor to diabetes, are some examples. Specific disease states and more serious injuries such as those requiring the care of specialists goes beyond the scope of this book and will not be discussed. Examples of these include dislocations, fracture and the need for surgery. However, a variety of complementary therapies can greatly assist these types of cases and is a key aspect of complementary sports medicine. More importantly, there are times when cases of disease states are reported in athletes, but no known treatment is known so none is rendered. In this situation, the complementary sports medicine practitioner can evaluate for dysfunction and perform an appropriate therapy if indicated. Frequently, this not only improves the function of the patient, but also improves or eliminates the signs and symptoms associated with them. This parallels the Hippocratic philosophy which relies on nature and the improvement of body function.

Case History: Billy was a high school freshman soccer player who presented with right knee pain especially inferior to the

patella. The left knee was asymptomatic. The pain was nearly debilitating with activity, and even walking to class was difficult. A previous visit to his pediatrician resulted in the diagnosis of Osgood-Schlatter's disease. I examined Billy and found a number of functional problems including a significant excess pronation of the right medial arch, and an inhibition of the right psoas major and sartorius muscle. Through a variety of complementary sports medicine therapies over the next 10 days, foot stability improved and the psoas and sartorius muscles normalized. This eliminated the pain by about 95% and Billy could walk comfortably without difficulty. X-ray evaluation revealed almost identical signs of osteochondrosis in both tibial tuberosities.

In this case, like many others, we must question whether the diagnosis of Osgood-Schlatter's is the end of the assessment process, whether other forms of treatment are appropriate and even if functional problems precede the disease state. It should also be noted that the original diagnosis of Osgood-Schlatter's may not have been changed if this patient was seen in his nearly asymptomatic state.

There are many examples of functional problems leading to serious injury or disease states; quadriceps muscle dysfunction preceding osteoarthritis, poorly functioning abdominal muscles leading to low back pain and disc herniation and the overconsumption of carbohydrates leading to diabetes, heart disease or stroke (Syndrome X) are some illustrations. Not only can the complementary sports professional help an athlete get back to their current activity, but help maintain their desired activity through their full lifespan.

By which means will the complementary practitioner render care? That will depend on three important factors; the need by the patient, knowledge of the subject, and scope of practice. Before giving any type of care, the patient must first be assessed thoroughly to find which type of therapy best matches his or her particular needs. For example, will the stimulation of a particular acupuncture point be the best therapy for a given muscle imbalance? How about other therapeutic reflex areas? Would this problem require nutritional support? Is a combination of therapy best?

There is no therapy which will effectively address all sports problems. As is often the case, a combination of therapeutic tools may be needed in a given patient. Moreover, if a certain therapy works best on a given visit by the patient, that may not necessarily be the case on the next visit, where another therapy might be best. So the assessment process is an ongoing one. Before any treatment is rendered, assess first for the need.

Applying the appropriate therapy also involves a certain degree of proficiency with that therapy. Manipulating the spine or inserting acupuncture needles should not be attempted by any practitioner without a license or appropriate certification. But other more easier and safer techniques can be utilized by many practitioners. They include certain specific muscle therapies, finger stimulation of acupuncture points, and simple non-force osteopathic techniques for the cranium and pelvis. In these types of therapies, knowledge of anatomy and other basic sciences should be enough to allow their safe and effective use.

THERAPEUTIC TRAINING

Early sports medicine practitioners also trained their patients. In Greece, athletes developed their skills under the direct supervision of sports medicine trainers, or gymnastes, who were involved in all aspects of the athlete's program. This practice has been lost in recent times, as training has been given to specialists, including coaches, athletic trainers, and others who may not be aware of the functional status of the patient. Too often, communication between the therapy specialist and training specialist regarding the athlete's function or dysfunction, and specific needs is not concise enough or absent.

Complementary sports medicine incorporates training as one of its remedies. Although in many cases the practitioner does not accompany the athlete during the actual training, there is a clear understanding about each workout, and the goals are precise no matter what the level of sports training. More importantly, techniques such as biofeedback - the use of heart rate monitors - are used during training so both care giver and athlete are more objectively informed about the training quality.

FUNCTIONAL DEFINITIONS

The art and science of complementary sports medicine provides for specific definitions of the

terms used in this field. While many of the terms are similar or identical to the modern traditional definitions, others are interpreted differently.

These definitions are not just philosophical but part of the whole complementary paradigm. And since there is such a strong influence on lifestyle and education of the patient, these definitions should not only be useful and practical for those who are involved in the process, including the practitioner and patient, but uncomplicated.

Alternative definitions more effectively combine the philosophy, assessment and therapeutic aspects of complementary sports medicine. Though the deviation from academic definitions is not so dramatic, the clinical emphasis allows for a more practical, patient-centered practice.

We should first distinguish between the definitions of *clinical* and *academic* as set forth in an older version of *Dorland's Medical Dictionary*: The word *clinical* pertains to the "observation and treatment of patients," and *academic* relates to the "theoretical and basic sciences." With few exceptions, the more clinical definitions are most useful when working with people, with an understanding and respect that there is also an academic component.

As complementary sports medicine is an undivided discipline, so too are many of the words used in this field. As such, many terms are defined in pairs; aerobic and anaerobic, health and fitness, function and dysfunction. Like the Chinese yin and yang, many paired terms relate to the need for balance within the body and mind, and not just that they are opposites or mirror images. In addition, the words within each pair of terms complement each other. For example, in most clinical situations there is a academic element. And for a practitioner to better understand academic information, he or she must be able to relate to it clinically.

Many paired terms also relate to other coupled words. This can be seen in the terms *art* and *science*, which is associated with *clinical* and *academic*. While art is more clinical, it is not without a scientific understanding of many of its parts. These delineations will be more easily seen in our definitions, beginning with the most basic of words, *health* and *fitness*.

HEALTH & FITNESS

As is the case with many terms, *health* and *fitness* are so casually and generally defined both professionally and publicly that many people are not clear on their precise definition. As a result, the two terms are often combined as one and their meaning interchanged.

Health is an ideal state one can strive for but not necessarily be able to obtain. It is more conditional and relative, and not merely the absence of disease or a subjective state of just feeling good. Simply defined, health is *homeodynamic*. Optimal health is the perfect balance and function of all the systems of the body working in harmony, including the nervous, skeletal, muscular, hormonal, intestinal and all other systems.

Fitness is more definitive, and relates to the individual's athleticism. It implies the ability to efficiently perform work. A runner who completes a marathon in under three hours is more fit than the one who finishes in three and a half hours. Fitness does not necessarily infer competition; the walker who exercises five days per week is more fit than the sedentary individual.

The most common misconception about health and fitness is that they occur simultaneously. Many believe that athletes possess more health because of their fitness training. While this may happen, it is unfortunately not always true. Proper sports training can and should provide great health and fitness benefits, but many people do not obtain them due to some disharmony in the process; pre-existing physical imbalances, overtraining, or not meeting the nutritional demands. Millions of people who began to exercise in hopes of getting healthy find out that they got more fit, but their health suffered as a result. Injury, ill health and other signs and symptoms that result from exercise imbalance are indications that their health has suffered. Moreover, during this health reducing process, fitness can improve. The athlete who develops himself to a world class level, only to find he is now fatigued, has allergies and chronic knee pain is the classic patient seen by complementary sports medicine practitioners. These individuals are fit but unhealthy. Ultimately, an unhealthy athlete will ultimately lose fitness, although this may take a long time. Often, a young athlete who sacrifices health for fitness does not show many signs or symptoms until years later. Consider the college

and professional football, basketball and hockey players as an example. But for many people with average fitness potential who take up tennis, running, or cycling, the same process can occur.

It is important, then, that *all the work done in training also be health promoting*. An important long term goal in all training, in addition to improved performance, is to increase the quality of a person's life. Not just for the moment but throughout their lifespan. This is accomplished by correcting and preventing an imbalance between health and fitness.

PREVENTION

Various professions define prevention differently. In many cases, modern medicine sees prevention as the process of *screening for disease*. Annual physicals, mammograms and blood tests check for diseases in their earliest stage. In a middle-aged overweight patient who wants to begin an exercise program, a physical examination is recommended - an important first step in that process. This evaluation screens for heart disease, anemia and other disease states but they don't usually consider the functional aspect of the patient. While this process may uncover a serious cardiac problem, for example, it does nothing for the majority of functional problems that already exist in the patient, many of which may be the precursor to a more serious future injury. These are the problems addressed by complementary sports medicine.

Sometimes prevention is defined as *avoiding* disease. Philosophically, this is the other extreme of the medical definition. Heart disease, cancer and other degenerative processes may actually be a normal wear-and-tear of aging. Avoiding them completely may not be a reality. But *outliving* them is a reality. Many persons are very functional through their eighties and nineties while maintaining relatively good function, and die from non-specific causes while having a history of heart disease, cancer or other conditions.

A preferred definition of prevention, the one used in complementary sports medicine, incorporates the functional aspect, and refers to the postponement or slowing of the onset of dysfunction and, in many cases, ultimately disease. Hypothetically, if we delay death from heart disease until we are 110 years of age, but we die of natural causes at 109, we have prevented heart disease from affecting us. Postponing dysfunction and disease occurs when we maintain a higher quality of life, throughout our lifetime.

TRAINING

One of the important mechanisms used to help the patient secure balance of health and fitness and prevent dysfunction is training. For a more holistic meaning, training should be defined with a concern for both health and fitness, where patients ultimately understand balance, and an appreciation of bodily function. When defining training, we must look at the whole process rather than just the actual workout time, which is usually the main focus. An equally important aspect of training is the rest phase. Training, then, includes the workout, plus the rest necessary for proper recovery. The balance of training can best be seen by defining it as an equation:

Training = Work + Rest

The work is the actual workout; the specific training routine which builds muscles and improves their efficiency, increases oxygen uptake, improves cardiac function, etc. This part of training is sometimes referred to as the *overload*, and with effective training comes a progressive increase in overload; all within the body's capabilities. In the case of a muscle, it must be worked slightly harder than it is normally used to in order to rebuild and improve its function. The most common cause of excessive training, called overtraining, is due to overloading the body to the point of trauma (abuse) or beyond the point where an effective recovery can take place before the next workout. For many more people, undertraining, or *training deficiency* is the lack of activity. The human body is made for activity and without it we can suffer imbalances and ill health.

The balance of training can also be seen physiologically as an equilibrium between anabolic (building up the body) and catabolic (tearing down) metabolism; training can be seen as a continuum of building up and tearing down. This balance is controlled by many factors, including genetics, type of training and hormonal activity.

In looking at the patient holistically, working out is not always limited to an athletic training overload. For many individuals, housework, working in the yard or office work, also is an activity that may evoke a physical overload, or other stress in the form of a chemical or

mental/emotional overload. This activity works the muscles, stimulates the metabolism and nervous system, and may even increase blood lactate. Although it may not necessarily help in a given athlete's specific training, it must still be considered part of the training program because it is work.

Rest is the other part of the training equation. It is the part of the training equation that balances the workout. During the rest phase the body recovers from training overload and prepares for the next session. During rest, there should be no real training, even from other lifestyle activities that induce overload. Included in this phase is the need for sufficient sleep. If this patient is unable to successfully rest and recover from their workout, the alternative is to reduce their workout time and/or intensity to maintain a balanced training equation. (The idea that anabolic steroids may significantly speed recovery has probably contributed heavily to their use.)

OVERTRAINING

An imbalanced training equation is the simple definition of overtraining. This may come from too much or too little working out, too little rest, or a combination of both as is most often the case. Unfortunately, many believe the only way to reach their potential is to train more, an attitude and obsession of "no pain no gain." And clinically, we know this attitude can lead to structural, chemical or mental/emotional injuries. It is the author's opinion that overtraining, including its mildest form, is found in 60-75% of the athlete population. It not only is a common precursor for injury, but the most common cause of diminished performance.

Overtraining must be distinguished from over-reaching. While overtraining produces imbalance, over-reaching is defined as a short term period of increased training volume and/or intensity. If the period of over-reaching causes a physical, chemical or mental/emotional imbalance in the individual, it has turned to a *overtraining*.

AEROBIC & ANAEROBIC

Two key words used in the sports world are aerobic and anaerobic. Their definitions form the basis of being both healthy and fit. Balance of both physiological states is a key goal of the complementary sports medicine practitioner.

These terms are frequently defined academically in relation to their oxygen relationships, with aerobic described as oxygen utilization and anaerobic as the absence of oxygen. However, these terms are clinically defined from a standpoint of the origin of their chief source of energy for ATP production; fats (fatty acids) being the potentially predominant source of aerobic energy and sugar (glucose) the primary anaerobic energy source. Aerobic is defined as the *increased* burning of fats, and anaerobic as the *increased* utilization of glucose by the body.

Even in those who utilize a high percentage of fat for energy, there is still a significant contribution from glucose, especially to maintain beta oxidation - the metabolic mechanism which maintains fat burning. This contribution from glucose may be relatively low if activity is minimal, or large during times of higher intensity workouts. (In very short term sprint and power sports, those lasting just a few seconds, glucose and creatine phosphate are the exclusive fuels.) As workout intensity increases, so does the demand for more glucose as the dominant fuel with less reliance on fats. In this instance our definitions are still useful; as exercise intensity increases, the individual becomes more anaerobic and less aerobic; low intensity workouts are generally more aerobic.

What makes these definitions more functional is the fact that many lifestyle factors can significantly influence our ability to burn fat for energy. Some of these include the macronutrient make-up of the diet, training intensities and stress. When this happens, body fat stores usually increase.

The usefulness of these definitions of aerobic and anaerobic, as opposed to the more traditional and academic ones, are important to both clinician and patient. For the average athlete, defining anaerobic as being without oxygen is not precise when relating to performance; during any activity, including rest, the body can not survive without oxygen for more than a couple of minutes. In the case of microorganisms, however, the definition of "without oxygen" would be most appropriate.

Individuals who are more aerobically developed are generally healthier and more fit. As aerobic function improves the patient's overall health improves.

Most of the well known benefits of exercise are attributed to the improvements in the entire aerobic system. This system includes the heart and lungs, blood vessels, aerobic muscle fibers and their internal functions, especially the ability of the mitochondria to convert fat to energy.

In addition, an increase in aerobic function can improve long term athletic performance, endurance and aerobic speed (these last two terms are defined below), and also prevents injuries; this is acquired by regularly building the aerobic system with relatively slower training and temporarily avoiding all anaerobic training. This training period is called the aerobic base. Improving aerobic function can also serve as a therapy for many injured athletes, and is an excellent weight control strategy.

ENDURANCE

If we define endurance as the time a given exercise intensity can be sustained, it still does not reflect the important aspect of endurance; fuel utilization. Clinically, endurance is also an expression of aerobic function, including the quality and quantity of that aerobic function, in an individual. Most importantly, with improved aerobic function and endurance is the ability to utilize more fats for energy. For the athlete, endurance is the ability to perform more work (such as a more rapid pace) while remaining at the same or relatively low level of intensity (i.e. heart rate). This is accompanied by increasing the percent fat utilization for energy and a reducing dependence on carbohydrate utilization.

Developing endurance is especially important for the person beginning an exercise program. In addition, it is vital during any rehabilitation, whether following hip surgery, a heart attack, part of a program for an obese patient or any other reconditioning. The need for increased endurance not only applies to so called endurance athletes - distance runners, cyclists, and swimmers for example - but those in all sports. Even the sprinter and power lifter will benefit from improved endurance. In addition, an individual's endurance should not only persist for many years, but continually improve well into the fourth decade of life and potentially beyond. Stu Mittleman, one of the author's patients, won the *World Champion Six-Day Running Race* in La Rochelle, France in 1994 at age 43 by running almost 100 miles per day for six consecutive days!

Traditionally, endurance athletes include runners and cyclists, mountain bikers, swimmers, skaters and cross country skiers, triathletes and duathletes. But others not usually thought of as endurance athletes also require high levels of aerobic function. These include basketball, hockey, football, soccer and baseball players, and even race car drivers. More importantly, those millions of people who are trying to lose weight and get more fit, and executives wanting to be more productive are endurance athletes; they attempt this through walking, aerobic dance, home exercises and other approaches. Many, however, perform activities which do not adequately build endurance or the aerobic system effectively and for a long period. These include weight lifting, abdominal exercises, irregular tennis or golf, and calisthenics.

AEROBIC SPEED

Through proper aerobic training comes more endurance, which was defined above as the ability to perform more work with the same or less effort. In the case of a runner, for example, this increased work capacity comes in the form of more *aerobic speed*. Using the heart rate as a measure of effort, let's assume this athlete can run 5,000 meters (3.1 miles) in 18 minutes. After four months of improving endurance he or she can now run that same distance in 17 minutes. This is also applicable to other sports. During the course of a game, the basketball player maintains the ability to run up and down the court faster with less effort (i.e. utilizing less energy) and fatigue. The distance cyclist, swimmer or cross country skier can go faster with the same or less energy and for longer periods. This aerobic speed is accomplished by increasing the utilization of fats for energy. This is distinguished from anaerobic speed, which is called sprinting - a short burst of energy is provided through glycolysis (and creatine phosphate) and is limited to two to four minutes.

BURNING BODY FAT TO LOSE WEIGHT

One of the most common problems facing people today is increased body fat. This can occur in active athletes, sedentary people, the young and old, male and female. We now have, in the industrialized world, an epidemic of overfatness. Complementary sports medicine addresses this problem with great success, using the same philosophy as discussed above.

Patients usually consider excess body "weight" and body "fat" as synonymous. The issue, however, is body fat as the patient's weight is influenced more by the body's water content. In addition, the obsession of "less is best" regarding body fat is often held by many people.

EXCESS FAT

Clearly, above normal levels of body fat are harmful to health, especially when it occurs in later adult life. Unfortunately, over a quarter of the US adult population is overfat, with that number increasing. This rate is higher only in Italy. Body fat levels above 25% in men and 35% in women may be considered obesity, although other estimates are used. Childhood obesity has also increased 20% during the last decade and is now prevalent in about 25% of US children. No "normal" body fat levels should be established due to individual variations (i.e. physical and chemical body make-up); rather, a "desirable" level should be considered. These optimal levels of body fat are approximately 15% for men and 25% for women.

Complementary sports medicine practitioners are as capable, if not more, than any other professional to treat most patients with imbalances causing excess fat. In many ways, these patients are metabolically similar to athletes with aerobic deficiency, and almost always have nutritional imbalances and adrenal dysfunction. As such, the recommendations for a patient whose goal is to lose fat is no different than any one else; the patient is treated and not the condition. A proper and extensive assessment is made, followed by the appropriate treatment, with the necessary lifestyle recommendations regarding eating and exercise.

It is important to avoid using the word "diet" with patients who may have been following many weight-loss diets which resulted in failure. True success in body fat balance occurs when there a reduction in stored fat to healthier levels without lowering lean body mass or inducing dehydration, *and this balance is maintained year after year*. The majority of weight-loss programs may succeed in reducing the number of kilograms or pounds, but this does not always reflect a relative body fat loss. More importantly, there is often a return of the lost weight, frequently with additional body fat gains. This is an example of the unhealthy aspects of "dieting."

ASSESSMENT OF BODY FAT

It is best to use body fat content as a primary assessment tool, with scale weight as a secondary measurement, if used at all. The waist-to-hip ratio may be the best single measurement which reflects *metabolic function*, and is described below. It is important to emphasize to the patient that measurements of body fat should not be taken daily or even weekly since fat loss takes place over a longer period of time. Frequent measurements may produce or maintain preoccupation as is often the case with patients who are on a diet and weigh themselves on the scale once or twice a day.

WAIST-TO-HIP RATIO

Measurement of the body can provide more information for the complementary sports medicine practitioner than only scale weight. While a patient's weight has some significance, it is mostly a measure of water content, not percentage body fat or fat distribution. The waist-to-hip ratio is a measure of body fat *distribution*, and may reflect body function and potential future health and disease status.

Two separate tape measures are required to obtain the waist-to-hip ratio: a) the first is a measure of the circumference of the patient's waist at the umbilicus; b) the second is a measure of the hip circumference. The ratio of a to b is noted (a divided by b). In men, a ratio greater than 0.9 and in women a ratio of 0.8 indicates *android body type*. The android body is larger above the waist compared to below, and sometimes referred to as "apple shaped" as opposed to a lower waist-to-hip ratio which constitutes the gynecoid body type or "pear shaped." In addition to inactive patients, many active trained athletes have elevated waist-to-hip ratios.

PERCENT MEASUREMENTS

The common devices and formulas used to measure body fat are very general, and neither precise nor comparable. For example, one study of bioelectrical impedance using 12 common formulas showed the formulas that performed well in one group gave poor results in another, and vice versa. Skinfold thickness, measured by calipers and using various formulas, may also vary in its fat content results. For example, two identical skinfold thickness may have significantly different concentrations of fat cells, and these external measurements of

subcutaneous fat do no consider internal adipose tissue content. When calipers are compared to underwater weighing for body density, one study found an error of 4.9% body fat - too large for accurate estimates. Even the use of more complex assessments, such as dual-energy X-ray absorptiometry, do not reveal *precise* measurements of body fat. Although more accurate, computerized analysis of magnetic resonance images also results in some variability, however, these tests are much less practical.

In all, most methods *underestimate* body fat content. The use of any device to obtain body fat content should be considered only a general measure, and the patient must understand that small changes are not relevant and may be due to error. In an office setting, a slight improvement in accuracy may be obtained if the same device is used in all evaluations, and by the same person (i.e. staff member, practitioner, etc.).

It should be noted here that in competitive athletes, restricting kilocalories as a means of losing body weight can result in diminished athletic performance. Athletes who restrict energy intake to promote weight loss can also decrease bone density. The problem in some sports, especially in wrestling and ballet, is the increased mental/emotional pressure to attain low body weights. As a result, many unhealthy habits are implemented by these athletes and at all ages, including food restriction, dehydration (fluid restriction), bulimic behaviors and others. Some programs, such as the *Wisconsin minimum weight program* restricts weight loss in wrestlers by including a minimal weight limit determined from percent body fat along with a nutrition education program. This type of program may serve as a healthy guide for those in sports.

Clearly, many athletes are more preoccupied with thoughts of eating and body weight, feel difficulty controlling their body weight, abuse laxatives for weight control, and report disordered eating more than non-athletes. For example, two-thirds of ballet dancers currently use at least one method of weight control.

DIET & NUTRITION

In addition to building the aerobic system through effective exercise, dietary and nutritional factors are clearly important to increase body fat loss. Although there are no special formula's for patients with excess body fat, some key points are noted here.

Dietary assessment should be made initially, to view the patient's style of eating along with their levels of nutrients. Note especially meal frequency, water intake and if there is an obsession about low-fat food items. A healthy eating plan can usually be structured for any patient around their likes and dislikes. Often, patients need encouragement to try foods and combinations they never tasted; spaghetti squash, Brussels sprouts, vegetables with breakfast, fresh ginger in salad dressing, etc.

Among the most common problems associated with increased body fat is the consumption of excess carbohydrates, especially refined ones including sugar. It is important to understand that about half of all carbohydrates consumed turn to fat and are stored. Patients eating a high-carbohydrate, low-fat diet usually burn less fat for energy (and store it) and rely more on sugar. In addition, high-carbohydrate, low-fat diets may lead to carbohydrate intolerance and insulin resistance. Lowering carbohydrate intake can substantially increase fat-burning. This may be due to the insulin lowering benefits of lower carbohydrate diets compared to other weigh-loss diets. Despite these and other clear indications which contradict low-fat, high-carbohydrate diets, they are still used for weight control. Unfortunately, the low-fat philosophy leads many patients to consume larger amounts of prepared low-fat foods, which are often made from high amounts of sugars elevating glycemic index.

It may, therefore, be important for many patients to begin the process of reducing body fat with a Two-Week test as described below. In addition, controlling the postprandial insulin peak and potential extreme glucose fluctuations are very important for two reasons; 1) this will help control any regression in carbohydrate intolerance, and prevent additional storage of fat (from dietary carbohydrate), and 2) it can control hunger, cravings and binge eating. Food frequency is also an important element in the dietary habits of patients seeking to increase fat burning. Spreading out the full day's food into many smaller meals rather than one, two or three large ones can significantly help produce a flatter postprandial curve and control insulin and glucose peaks, which can also have a positive effect on body weight control. Many diet programs restrict meals and substitute high

carbohydrate drinks or other snacks, which are often a major metabolic stress. It is important to emphasize that patients eat real food and real food products throughout the day rather than rely on convenience items which are usually unhealthy, especially in relation to the content of fats.

It should also be noted that the pungent principle of hot red peppers, *capsaicin*, may have a positive effect in those patients with excess body fat since it increases energy expenditure. This may be associated with increased sympathetic nervous system function, which is diminished in some patients with excess body fat.

THE TWO-WEEK TEST

(Excerpted with permission from *In Fitness and In Health* by Dr. Philip Maffetone.)

This test will provide you with two vital pieces of information: it will help you decide if you really have a carbohydrate intolerance. And if you do, it will start you on the right path to finding your optimal level of carbohydrate intake.

The Two-Week Test is a period of time in which your insulin levels remain relatively low because your carbohydrate intake is decreased. Here are the rules:

1. Before you start the test, *Ask Yourself* about the signs and symptoms of carbohydrate intolerance listed below. Write down the problems that you have from this list, along with any other complaints you have. After the test, you will ask yourself again how you feel regarding these complaints. In addition, weigh yourself if you are concerned about your weight. (This is the only instance I recommend using the scale.)

Questions regarding excess carbohydrate intake. If 'yes' is a frequent answer, you may be carbohydrate intolerant:

- are you sleepy after meals?
- do you get bloating after meals?
- do you have general mental or physical fatigue?
- do you have cravings for sweets or caffeine?
- are you always hungry?
- do you have too much body fat?
- do you have blood sugar problems?
- are you depressed?
- are you aerobically deficiency?
- do you have excess adrenal stress?

If your carbohydrate intolerance has progressed to insulin resistance, you may have some of these problems:

- high blood pressure
- high cholesterol
- high blood triglycerides
- diabetes
- heart disease
- breast cancer
- polycystic ovaries

2. For a period of two weeks, do not eat any of the following foods, except for breakfast where one slice of 100% whole grain bread or toast is allowed with your meal (but not as your meal).

Foods to avoid...

- ÿ bread, rolls, pasta, pancakes, cereal, muffins, rice cakes.
- ÿ sweets, including products that contain sugar such as ketchup, honey,
- ÿ and many other prepared foods (read the labels).
- ÿ fruits and fruit juice.
- ÿ potatoes (all types), corn, rice, beans.
- ÿ milk, half and half, yogurt.
- ÿ so-called healthy snacks, such as 40-30-30 bars and drinks.

You may eat as much of the following foods as you like:

Foods to eat...

- ÿ whole eggs, all real cheeses, cream.
- ÿ all meats (beef, turkey, chicken, lamb, etc.), but beware: many cold cuts are cured in sugar and should be avoided.
- ÿ all fish and shellfish.
- ÿ tomato, V-8 or other vegetable juice (such as carrot).
- ÿ all vegetables (except potatoes and corn), cooked or raw, and tofu.
- ÿ nuts, seeds, nut butters.

- ÿ oils, vinegar, mayonnaise, mustard, (no hydrogenated oils).
- ÿ sea salt is highly recommended, unless you are sodium sensitive.

Go Shopping. Before you start the test, make sure you have enough of the foods you'll be eating during the test. And, get rid of the sweets in your house, or you'll be tempted.

Do Not Go Hungry! There is a variety of food to select from so you don't ever go hungry. Eat as many eggs as you want, as much cheese or meat and as many vegetables as you need to feel full. Remember, this is only a test which will last two weeks. You will not be eating like this forever. Don't worry about cholesterol, fat or calories. Or the amount of food you're eating. This is balanced in the next steps.

The test should not be difficult, although it is probably a big change from the way you were eating previous. Many CI individuals have been on a high carbohydrate, low fat and low protein diet. If you've been eating lots of sweets or other carbohydrates, you may experience cravings for sugar for a few days during the test. (Some have referred to this as a carbohydrate addiction). Eat something on the acceptable list instead and stick it out.

Following the diet for less than two weeks probably will not give you a valid result. So, if after 5 days, for example, you eat a bowl of pasta, you will need to start the test over.

3. After the Two-Week Test, re-evaluate your list of complaints; do you feel better now than you did two weeks previous? Did you lose weight? If nothing improved, then you may not be carbohydrate intolerant. If you do feel better – some say they feel like a new person – especially if you've lost weight (which would be water weight), the test most likely indicates you have some degree of CI.

If the Two-Week Test improved your symptoms, the next step is to determine how much carbohydrate you can tolerate, without getting any of those symptoms. This is done the following way:

1. Begin adding *small* amounts of carbohydrates to your diet. This may be a slice of bread at lunch, or a half of potato with dinner. Whatever you add, make sure it's not a refined carbohydrate: no sugar containing foods, no refined flour products (like white bread, rolls or pasta), brown rice instead of white, etc.

2. Don't add a carbohydrate with back-to-back meals. Because the amount of insulin production is partly based on your previous meal, add a carbohydrate every other time you eat a meal or snack.

3. With each addition of carbohydrate, observe for any of the symptoms you had before you started the test which were eliminated by it. Look especially for symptoms that develop immediately after eating, such as intestinal bloating, sleepiness after meals, or depression. If your hunger or craving disappeared during the two weeks and now have returned, you've probably eaten too many carbohydrates. If you lost 8 pounds during the test, and gained back 5 after adding some carbohydrates for a week or two, you've probably eaten too many carbohydrates.

During the Two-Week Test and forever after, be sure to drink lot of water. Most people need at least 6-10 glasses (8 oz ones) per day. Generally, the more protein you consume the more water you will need between meals.

Below are some other suggestions for eating , food preparation and dining out which may be helpful during and after the Two-Week Test.

MEAL IDEAS

Eggs:

- ÿ Omelets, with any combination of vegetables, meats and cheeses.
- ÿ Scrambled with guacamole, sour cream and salsa.
- ÿ Scrambled with a scoop of ricotta or cottage cheese and tomato sauce.
- ÿ Boiled or poached with spinach or asparagus and hollandaise or cheese sauce.
- ÿ Add turkey or chicken slices if appealing.
- ÿ Soufflés.

Salads

- ÿ Chef – leaf lettuce, meats, cheeses, eggs.
- ÿ Spinach – with bacon, eggs, anchovies.
- ÿ Caesar – Romaine lettuce, eggs, Parmesan cheese, anchovies.
- ÿ Any salad with chicken, tuna or shrimp or other meat or cheese.

ÿ Salad Dressings:

ÿ Extra virgin olive oil and vinegar (balsamic, wine, apple cider). Plain or with

ÿ sea salt and spices to taste.

ÿ Creamy – made with heavy cream, mayonnaise, garlic and spices.

Fish & Meats

ÿ Pot roast cooked with onions, carrots and celery.

ÿ Roasted chicken stuffed with a bulb of anise, celery and carrots.

ÿ Chili made with fresh chopped meat and a variety of vegetables such as diced

ÿ eggplant, onions, celery, peppers, zucchini, tomatoes and spices.

ÿ Steak and eggs.

ÿ Any meat with a vegetable and a mixed salad.

ÿ Chicken Parmesan with a mixed salad.

ÿ Fish (not breaded or fried) with any variety of sauces and vegetables

ÿ Tuna melt on bed of broccoli or asparagus

Sauces

ÿ A quick cream sauce can be make by simmering heavy cream with mustard or curry powder and cayenne pepper, or any flavor of choice. Delicious over eggs, poultry and vegetables.

ÿ Italian style tomato sauce helps makes a quick Parmesan out of any fish, meat or vegetables. Put this over spaghetti squash for a vegetarian pasta-like dish. Or make a "lasagna" out of slices of eggplant or zucchini instead of pasta.

Snacks

ÿ Celery stuffed with nut butter or cream cheese.

ÿ Guacamole with vegetable sticks for dipping.

ÿ Hard boiled eggs.

ÿ Rolled slices of fresh meat and cheese.

ÿ Vegetable juices.

ÿ Almonds, cashews, pecans, sunflower seeds.

When Dining Out

ÿ Let the waiter know you do not want any bread, to avoid temptation.

ÿ Don't hesitate to ask for an extra vegetable instead of rice or potato.

ÿ Avoid fried food (it's usually laden with bread crumbs and bad fat).

ÿ Avoid iceberg lettuce. Choose a Caesar or spinach salad instead.

Dining Menu Options

ÿ Chinese; Steamed dishes, or Moo Shu (No rice, pancakes or sweet sauce).

ÿ Continental; Filet mignon or other Steak, Duck, Fish or Seafood.

ÿ French; Coquille Saint-Jacques, Boeuf A La Bourguignonne.

ÿ Italian; Eggplant Parmesan, Veal Marsala, Mussels marinara.

ÿ Vegetarian; Tofu or cheese and vegetables, egg dishes.

Many people find the loss of grains in the diet leaves the digestive tract sluggish, which may make you a little constipated. Adding plain unsweetened psyllium (available in health food stores) to a glass of water or tomato juice will keep your system running smoothly. Another way to add psyllium to your diet is to use it in place of flour for thickening sauces or in place of bread crumbs to coat meats and vegetables.

REALITY CHECK

Once you've found your body's ideal level of carbohydrate intake, it will be relatively easy to maintain your intake. You'll be able to eat almost anything you want once you know your limit. And you probably won't want to eat more than your limit because you'll become acutely aware of how bad your body feels when you eat too many carbohydrates. From time to time, you may feel the need to go through a Two-Week Test period to check yourself and make sure your tolerance has not changed.

Some people may become constipated during the Two-Week Test, or afterwards when a lower amount of carbohydrate in the diet is maintained. This may happen for three reasons. First, you may not be eating enough fiber. Bread, pasta, and cereals are significant sources of fiber for many people. But so are vegetables. And sometimes it's the cooked vegetables that are better for the intestines since they're partly broken down in the cooking process. So if you become constipated, it may simply be that you need to eat more vegetables. And once you learn how much carbohydrate you can tolerate in your diet, adding that will also help. Especially if you

can tolerate some fruit. If you require a fiber supplement, be sure to use the ones that do not contain sugar. Most fiber products contain sugar, so read the labels. Konsyl®, available in drug stores, is among the many sugar-free psyllium products on the market. One teaspoon per day is usually enough to maintain regularity.

Another reason for constipation at this time may be dehydration. If you don't drink enough water, you could be predisposed to constipation. During the Two-Week Test, you'll need more water; up to three quarts or more per day.

For some people, drinking gallons of water won't prevent the intestine from absorbing too much water, making you constipated. This is partly controlled by the prostaglandins, which come from our dietary fats. This is discussed in detail in the next chapters. For now, remember that in many people who are constipated, there is not enough oil in the diet.

Occasionally, some people will get very tired during the Two-Week Test. This can be a number of problems; *Ask Yourself*:

- ÿ Am I drinking enough water?
- ÿ Am I eating enough food?
- ÿ Am I eating as often as necessary (i.e. every two or three hours)?
- ÿ Am I eating carbohydrates without realizing it?
- ÿ If I am not sodium sensitive, am I getting enough salt (from sea salt)?
- ÿ Am I eating enough vegetables?

All vegetables contain some carbohydrates. Except for potatoes and corn, the amount are relatively small. Occasionally, a person is so sensitive that high starch vegetables like carrots or squash cause symptoms.

MAINTAINING YOUR BALANCE

Once you successfully finish the Two-Week Test, and add back the right amount of carbohydrates to you diet, you should have a very good idea of your limits. This is best accomplished by *Asking Yourself* about your signs and symptoms on a regular basis; energy, weight, sleepiness and bloating after meals, etc. You may want to keep a diary so you can be more objective in your self-assessment. In time, you won't need to focus as much on this issue as your intuition will take over and you'll automatically know your limits.

CONCLUSION

Complementary sports medicine, or sports kinesiology, is not a techniques, but an approach to patient care. It encompasses many facets, addressing the needs of the whole person, not just those related to sports. The use of muscle testing is a foundation of the assessment process, a method of determining functional imbalances and a way to assure that effective corrections have been made.

Dr. Philip Maffetone practiced applied kinesiology for over 20 years. During this time he treated and trained many world class and professional athletes, and helped many others begin an exercise program. Some of the athletes he worked with include triathletes Mark Allen, Mike Pigg and Wendy Ingraham, race car drivers Mario and Michael Andretti, baseball player Tom Seaver and others.

Dr. Maffetone was named *Coach of the Year* in 1996. He served as chairman of the *International College of Applied Kinesiology* from 1990-94. His two general audience books include *In Fitness and In Health,* and *Training for Endurance* (Barmore Productions: 607-652-7610; BarmorePro@aol.com), with a professional book, *Complementary Sports Medicine* (Human Kinetics: 800-747-4457) due out in early 1999. Dr. Maffetone writes and lectures extensively on sports, exercise, diet & nutrition and complementary medicine. He is currently President of the *MAF Group.*

Kinergetics: Kinesiology and Healing EnergyWorkshops

by Philip Rafferty

History • Useful Tips • Questions and Answers • Pain Testimonials • Hydration • Hydration Scan List • Finger Modes • Affirmations • Accessing Masseter Temporalis and T.M.J. • T.M.J. Suppression Scan List • T.M.J. Testimonials • Formatting • Stacking Multiple Circuits • Candida Balancing • Candida Testimonials • Kinergetics and RESET Testimonials • Workshop Content • Acknowledgements

History

For many years he received regular Reiki. After learning Reiki he experimented with combining healing energy and Kinesiology. Finding muscles which were unlocked, he sent energy directly into the related organs. The muscles locked. A simple experiment which proved that healing energy actually worked. He started using Reiki in combination with Kinesiology. He had seen a Chigung teacher, Richard Link, "hitting energy" into the heart chakra as a way of "locking in" the healing energy. All of a sudden all of his Kinesiology stopped working unless he "hit with energy" first. In the space of a week he was able to correct any circuit with energy. This was so easy and so powerful that he wanted to share it. Within a short space of time he had enthused people to learn this new technique, then realised there was a limiting factor. Any students first had to learn Reiki. His brain went into overdrive. He had to figure out a way of "switching on" healing energy. After weeks of frustration (patience is not one of his virtues) he finally realised that everyone has the innate power to heal. All we have to do is to clear the blocks to healing and the energy naturally flows. He discovered that to achieve this it was necessary to challenge the affirmation against the belief system (finger modes). His first workshop (one day) was in July 1991. Kinergetics now extends over eight and a half days. Each workshop is separate but must be taken in sequence. It is designed for both fast learners and slow learners. Slow learners can afford to repeat each level until they really own it, as the repeat fee is only 20% of the course fee. Fast learners are catered for by the amount of information in the workshops.

Richard Utt, the founder of Applied Physiology deserves special mention as some of his original ideas have been adapted and simplified. Kinergetics is a completely different way of working with Kinesiology - a new approach. For many people it is their first Kinesiology workshop. One that often inspires them to learn more.

Useful Tips

- Tapping along the client's corpus callosum

This is an important area of the brain that is the cross-over point for messages from both sides of the brain. Tap-

ping here accesses more than just saying something, therefore when we tap AND say something we have more information in the circuit, therefore we correct deeper. **Always tap gently. Do not tap on a baby's head.**

- Energising the kidneys for toxin release

Sending Healing Energy into the Kidneys may assist the body to release mercury and heavy metals. Stress is held in organs, muscles, glands and other places within the body. When a stress is released, toxins that were held in the same area may also be released. Heavy metals have an affinity for glands, so if the stress was held in a gland, then a small amount of heavy metals may be released. If you have EVER had amalgam fillings, then you will almost certainly have mercury in your glands.

Troubleshooting Tips

Common blocks to accurate testing:

1. Cervical vertebrae out of balance.
2. T.M.J. (Jaw) imbalance.
3. Dehydration of client.
4. Dehydration of Testor.

Psoas muscle(s) that will not lock:

1. Test the muscle and Pause Lock.
2. Energise the Kidneys for 5 minutes.
3. Follow the Hydration Scan List and correct any imbalances.
4. Monitor the I.M. as you slowly go around the T.M.J. with 5 fingers pointing into the jaw muscles. If the I.M. changes, send energy into that area until more mode shows clear.
5. Repeat step 2.

For all T.M.J. (jaw) testing: Test with client's eyes open and eyes closed, wearing a blindfold.

QUESTIONS AND ANSWERS

Pain - The Kinergetics pain release correction consistently achieves results. In July 1991, using only basic Kinergetics (or Kinergy, as it was then named) Philip Rafferty balanced 70 people at the Melbourne Healthier Living Show and received 60 testimonials. Philip has demonstrated and taught Kinergetics in 5 countries. At an average demonstration, at least 80% of people notice a significant reduction in pain - in an average time of less than 10 minutes.

How does Kinergetics work? Initially it was assumed that it was the healing energy, as the minimum correction is healing energy sent to where the client's computer wants it sent. Philip now believes that it is also what the healing energy does - hydrate the body - that makes a difference. When Kinesiologists first started using emotional corrections they found most imbalances had an emotional component - something missed by most healing modalities. What causes the emotional component? Maybe the cause is spiritual, and the emotion is the result. Using Kinergetics 7 and 8, many imbalances can be traced to a spiritual cause. If only the emotion is corrected, the body may simply create another imbalance.

How long does Kinergetics last? Many fast corrections have lasted for years. Usually, if a fast correction initially reduces the pain but doesn't hold, then more advanced corrections almost certainly will. The length of time the person has been in pain doesn't seem to be relevant. Kinergetics complements Touch for Health (it was designed to do so) and will assist corrections to last longer.

Dear Philip, It has now been 3 months since you gave me a 'quick fix' at the Kinesiology open day. For 25 years I have lived with a constant nagging ache in both ankles incurred in a trampoline accident. Since your treatment with Kinergy there has been no pain whatsoever and I have even regained all lateral and rotational movement in both ankles. P. Pappas Aug. 1994. Everything still 100% June 1996.

Does Kinergetics help all pain? No! Pain is a warning that something is out of balance. If Kinergetics does not alleviate the symptoms, maybe something serious is causing the pain.

How much training do I need to get results? Kinergetics Intro and 1 - 10 hours total and a little practice. Kinergetics 2 (7 hours) should enable you to achieve longer lasting corrections.

I have suffered from chronic pelvic inflammatory disease for 11 months. I have been on several courses of antibiotics. I have had ultrasounds that show nothing wrong. I have had exploratory surgery that also found nothing. The pain in my ovaries has been so bad that I have collapsed on several occasions. The pain was fairly constant,

despite several doses of Panadeine Forte. I have also had crippling pains in my chest that doctors could find no cause for either. After 1 session with Philip, I now feel no pain! Yippee!! D. Curekovic 1992.

My 17 year old son Zev suffered severe pain in his right foot. His symptoms were gross swelling, stiffness and at times unable to walk due to no cartilages between the bones. The medical profession informed us the solution was major surgery, to remove part of the hip bone and place it in his foot and fuse his bones together, leaving him permanently with a rigid foot. This seemed outrageous and unfair. We then went to Philip and after a half an hour session Zev has complete movement in his foot and the pain and all other symptoms are completely gone. He can now play sport and lead a normal life. G. Lander Mar. 1994. Still good 1996.

For over 20 years I have suffered constant pain from a knee injury. I had a 20 minute Kinergy session with Frank Bell and the memory of the pain has been erased. I have operated therapy clinics and have never seen such an immediate result from such a simple technique. B. Mitchell 1994.

In 1979 I went off work due to R.S.I., and in 1982 I was involved in 2 car accidents. I have suffered from chronic pain since having operations to fuse 2 vertebrae in my neck, and my spine fused from the base to L.5.. After my first Kinergy session, I have been walking 100% pain free. As a result of this treatment I have lost my depression, and am now starting to lose weight. L. Nichol Feb. 1993.

TESTIMONIALS FROM A FOUR DAY SHOW IN 1991

*I had a sore shoulder and arm for four weeks and Philip substantially reduced the pain. (GP)

*I have suffered from ankylosing spondylitis for a number of years. Five mins. with Philip have relieved the pain. (CT)

*I had chronic neck pain which Philip cleared in 6 mins. using crystals and kinesiology. (RP)

*I had left side pain in my upper and lower arms. It was helped greatly in a few mins. (JFV)

*Very interesting! Nagging pain reduced 80% very quickly without painful bone crunching or unappealing drugs. (AD)

*Have been in pain in left arm and shoulder for four months. Also suffer from migraine After 5-10 mins. with Philip my pain is gone. (BB)

*Arrived with a splitting headache. It went totally during the time I was treated. Thank you. (SM)

*Have had extremely painful neck for 10 months. Nothing helped. After 10 mins. work by Philip I am pain free. (LB)

*I have had a very sore back like a nerve going through. I feel a lot better. Thank you. (WdB)

*Thanks for a very successful cure to my back (FC)

*Certainly different and incredible-seems to work-pain definitely less. (AC)

*Nothing moves my headaches. This did. (JW)

*I had pain in my bowel for 30 years, also pain in my back, ankles and knees. After 15 mins. treatment pain eased and my bowel went from severe cramps to dull ache. (EM)

*My pain decreased until I was unable to make it start again. Thank you.(NDWB)

*Thank you for relieving my lower back pain. It feels wonderful. I am most impressed. (AMB)

*Gone from needing my ventolin and being in a panic because I didn't have it with me - to breathing more freely and calmly.

*Arthritis in heels, pain 50% gone (MR)

*Took away over 30% of pain in my knee (NM)

*Moderate pain before treatment - much improved afterwards. (MY)

*I have rather severe scoliosis and although I'm fairly fit, a nagging back pain is common. Well it's gone for today. (BO)

*Lower back pain definitely gone in 3 mins. (MN)

*Pain vanished. Thanks a lot. (D)

*I have had a stiff and painful neck for months. It now feels a lot better. Thank you. (CG)

*Had a whiplash injury for 5 years. Feel freer and less pain. Feel taller and more relaxed. (PD)

*The relief was not expected but very pleasant and surprising. Many thanks. (BW)

*After the treatment I was asked how the pain in my neck and shoulder was and I realised it was completely gone. (SB)

*The headache and tension I felt on top of my head has eased since treatment from Philip. (MD)

*After a short spell of treatment I had no pain in my neck, shoulder and a lot of the numbness left my arm and left hand.

*LH upper shoulder pain was much improved after treatment enabling me to continue to work. (AP)

*My lower back pain was relieved within 5 mins. of treat-

ment. Sincere thanks.
*I have had a tennis elbow for 4 years - now it is gone. It feels a lot freer.
*I have had pain in my shoulder for months and it feels a lot better. (CJ)
*My shoulder was very sore for a few hours, now the pain has gone.
*I've had a stiff neck for ages - now it feels fine. Thanks. (DM)
*Believe me there is a difference.
*It makes a difference, try it. Nothing to lose. Thanks.
*My insides were hurting, now they aren't. (MY)
*Pain in calves reduced considerably. (KL)
*Pain in neck and shoulders gone in 10 mins.
*Neck pain has gone now, much relieved.
*Pain in head and tight shoulders eased. (PP)
*Pain in shoulder gone within 2 mins.
*Pain in the head gone within 5 mins. (DG)
*Pain in my lower back left hand side disappeared in a few minutes. (BJF)
*In one session I felt great relief of my back pain.
*I had shoulder pain but after treatment it vanished. Lovely. (Mrs S)
*Sinus pain above cheekbones. Feels much better after treatment. (EK)
*My back feels a lot better after treatment. (GL)
*Pain less concentrated, definitely eased. (JMcM)
*I feel much better. I don't know why but I feel fantastic. (JA)
*Neck and shoulder tension seemed to disappear amazingly. (EK)
*I was sceptical but it really did help.
*Stiffness in hip gone, much relief. (CM)
*Pain in the leg and back has gone. (GZ)
*The pain in my lower back was released.
*In one treatment my bowel pain was gone
*Neck stiffness gone. Head much clearer. (MAT)
*Empowering healing. (D)
*I've had headaches periodically for the last 12 months. After months of doctors I met a man who relieved it in 5 mins. Very much appreciated. (BL)

HYDRATION

Dehydration is one of the main causes of disease. The main cause of dehydration is stress held somewhere in the body blocking the assimilation of water. With kinesiology formatting we have the skills to target a specific area of the body and locate stress held there. In Kinergetics we challenge the areas of the body most likely to affect hydration. This is why a hydration correction often corrects over 80% of the muscles in the body. There is also a connection between the T.M.J. and hydration. A T.M.J. correction will usually improve hydration and a hydration correction will usually improve the T.M.J.

Correcting "Water"

(This is a preferred hydration test).

1. Perform **Pretests** (Clear I.M. - Hydration - Say "Challenge permission to test").
2. Say "**Water**" as you **GENTLY** tap 5 fingers on crown of client's head.
3. If the I.M. changes - ***TAKE THE CIRCUIT (Pause Lock).*** **CORRECT WITH EMOTIONS, FAST FIX or use your correction method.**
4. If unable to correct, ask client to drink water.

Or Fast Mineral/Energy Correction of "Water"

1. Say "**Water**" as you **GENTLY** tap 5 fingers on crown of client's head.
   If the I.M. changes - ***TAKE THE CIRCUIT (Pause Lock).***
2. Say "**NUTRITION, MINERALS**", then **STACK.** I.M. Change **NOT** required.
3. Hold your hand next to client's cheeks, navel and throat until the I.M. changes.
4. Where the I.M. changes, send energy with your hand until **more** mode shows clear.
   Check "**Suppression**" and correct if necessary.
5. Say "**Water**". If "**Water**" still shows - ***TAKE THE CIRCUIT (Pause Lock).***
   Repeat the procedure from step 2.

The main Riddler points relating to hydration are over the cheeks, navel and throat.

"I had been awakened to the importance of hydration with Glynn Braddy's understandings made known to all who attended his IFA Programs. I have since used this knowledge to the benefit of all my clients. Now with the Kinergy and Sabotage Clearing there are outstanding new dimensions to hydration.

Philip came to his hydrating technique out of necessity. He had been working on detoxifying heavy metals in clients and had found that some of them were "spinning out" as he described their condition. He felt obliged to prevent this from happening and developed his Kinergy

KINERGETICS - HYDRATION SCAN LIST

1. Perform **Pretests** (Clear I.M. - Hydration - Say "Challenge permission to test").
2. Say **"HYDRATION".**
   Keep contact and *TAKE THE CIRCUIT (Pause Lock)* I.M. change **NOT** required.
3. Hold **priority** mode as you scan the list. **STACK** the first I.M. change.
4. **CORRECT WITH EMOTIONS, FAST FIX or use your correction method.**
5. Remember to check for **Suppression.**
6. Check **"Water"** and correct or top up as necessary.
7. Continue until all priorities are corrected.
8. **Verbally challenge MAIN FORMATS.**

Hydration is so important that it is preferable to CORRECT WITH EMOTIONS.

ORGANS
BRAIN
STOMACH
SPLEEN
HEART
SMALL INTESTINE
BLADDER
KIDNEYS
GALL BLADDER
LIVER
LUNG
LARGE INTESTINE
PANCREAS
REPRODUCTIVE ORGANS
UTERUS
EYES
EARS
MOUTH
NASAL PASSAGES
OESOPHAGUS
TONGUE

AURA
TOTAL ENERGY FIELDS

LIGHT BODIES
ETHERIC BODY
EMOTIONAL BODY
MENTAL BODY
ASTRAL BODY
ETHERIC TEMPLATE
CELESTIAL BODY
KETHERIC TEMPLATE

CHAKRAS
ROOT/BASE
CENTRAL
NAVEL
HEART
THROAT
BROW
CROWN
OTHER

GLANDS
PINEAL
PITUITARY
HYPOTHALAMUS
THYROID
PARATHYROIDS
PANCREAS
ADRENALS
SALIVARY GLANDS
SWEAT GLANDS
TESTICLES
OVARIES
BREASTS

ACUPUNCTURE MERIDIANS
CENTRAL
GOVERNING
STOMACH
SPLEEN
HEART
SMALL INTESTINE
BLADDER
KIDNEY
CIRC - SEX
TRIPLE WARMER
GALL BLADDER
LIVER
LUNG
LARGE INTESTINE

BRAIN
LEFT / RIGHT
FRONT / BACK
LIMBIC SYSTEM
CORPUS-CALLOSSUM

OTHER
LYMPHATICS
BLOOD VESSELS
MUSCLES
SPINE
SKELETON
TENDONS
LIGAMENTS
CARTILAGE
TEETH
NERVES
JOINTS
ILEO-CECAL VALVE
HOUSTON FOLD
THYMUS
DIAPHRAGM
SKIN
MEMBRANES
CELLS
INTERSTITIUM

MAIN FORMATS - Verbally Challenge.
KIDNEYS - CORTEX
KIDNEYS - MEDULLA
KIDNEYS - CORTEX - GLOMERULI
SMALL INTESTINE - VILLI
ADRENALS
LYMPHATICS
LUNGS - ALVEOLI

hydration technique to hydrate them very deeply before he commenced detoxification procedures. Once hydrated, all of the body's channels were opened for speedy elimination of the heavy metal.

So what else is new with Kinergy hydration? To my amazement, many of my clients who had been drinking adequate quantities of water along with good hydration formulas showed to be lacking hydration when challenged with the Kinergy procedures. Philip has developed a unique and simple way of opening up areas of the body blocked to hydration. It is not uncommon for clients to need 600 mls or more of good quality water either during or immediately after the Kinergy hydration procedure has been completed.

The response to this technique has been outstanding with my clients even though all of them had made great gains with previous hydration strategies. I have yet to find a new client who was truly hydrated in every part of his or her body and who could not benefit from the Kinergy hydration procedure." Malcolm Chaffer Sept. 1994.

KINERGETICS - FINGER MODES

Organ Mode
If the I.M. changes, energy is required over an organ. The flat of the hand is placed on the body except over the sexual areas.

Gland Mode
If the I.M. changes, energy is required over a gland. 5 fingers are placed on the body except over the sexual areas.

Chakra Mode
If the I.M. changes, energy is required over a chakra. The flat of the hand is placed in the chakra 20 cm (8 inches) above the body.

Inherited Belief System **Constructed Belief System**

Belief System Mode
If the I.M. changes, belief system is involved. Test each belief system mode individually.

More Mode
If the I.M. changes, whatever is being tested requires more.

Priority Mode
If the I.M. changes, whatever is being tested is a priority.

KINERGETICS - AFFIRMATIONS

Hold **chakra** mode and **åinherited belief system** mode as client says each affirmation. If the I.M. changes, Pause Lock and Correct. Correct each affirmation separately. Retest each affirmation holding **chakra** mode and **constructed belief system** modes.

Chakra Mode | Inherited Belief System Mode | Constructed Belief System Mode

1. MY HEART IS OVERFLOWING WITH LOVE NOW AND ALWAYS.
2. I _____ NOW CHOOSE TO BELIEVE THAT I CAN CREATE A REALITY THAT TOTALLY SERVES ME AND ALL HUMANITY.
3. I _____ 100% FORGIVE EVERYONE WHO EVER CAUSED ME STRESS OR PAIN.
4. I _____ 100% RELEASE ALL REGRET FROM MY PAST.
5. I _____ 100% DESERVE SUCCESS AND PROSPERITY NOW AND ALWAYS.
6. I _____ 100% DESERVE GOOD HEALTH NOW AND ALWAYS.
7. I _____ 100% DESERVE ROMANCE AND LOVE AND ALWAYS.
8. I _____ 100% LOVE MYSELF NOW AND ALWAYS.

This is the Affirmation to clear Healing Energy blocks:

MY BODY IS A 100%
CLEAR CHANNEL
FOR HEALING ENERGY
TO FLOW FROM MY HANDS
NOW AND ALWAYS.

KINERGETICS

ACCESSING MASSETER, TEMPORALIS & T.M.J.

1. Perform **Pretests**
   Client places palm of hand over navel, preferably skin contact.
   Client **CLOSES EYES** and preferably **WEARS A MASK** with a tissue underneath.
2. Ask client to **Clench teeth.** Touch all over the **Masseter** muscle.
   If the I.M. changes, Pause Lock, client relaxes jaw. C O R R E C T WITH EMOTIONS, FAST FIX or use your correction method.
   When the Masseter is totally corrected, touch all over the **Temporalis.**
   If the I.M. changes, Pause Lock, client relaxes jaw. **C O R R E C T WITH EMOTIONS, FAST FIX or use your correction method.**
   When the Temporalis is totally corrected, gently touch around the **Temporo-Mandibular Joint.** If the I.M. changes, Pause Lock, client relaxes jaw. CORRECT WITH EMOTIONS, FAST FIX or use your correction method.
3. Repeat the procedure for each of these jaw positions:
   Wide Open, Jaw Left, Jaw Right, Protract Jaw, Retract Jaw.
4. Repeat the entire procedure with the **EYES OPEN.**

Masseter **Temporalis** **Temporomandibular Joint**

For the last 5 years I have had one problem after another. First my foot seized up then I had knee and hip problems then my neck began to give way. I have been dancing for 20 years and thought that I must have just overworked my body. I had forgotten an accident I had had with my jaw which happened just before my body started collapsing. With Kinergy Philip was able to realign my jaw-and overnight my problems have started to disappear. I am now able to use my left toe which has been unmovable after 4 years and my back and neck pain has disappeared. My many thanks and gratitude. Nicole Malleo 1994.

KINERGETICS - T.M.J. SUPPRESSION SCAN LIST

Structural	Biochemical	Emotional	Energetic	Physiological
vertebrae	drug	Kinergetics 420 Emotions	radiation	Mental
muscle	vaccine	Kinergetics Dictionary	electromagnetic	Sensitivity
cranial	anaesthetic	PKP 5 Element Emotions	magnetic	Allergy
bone	vitamin	Behavioral Barometer	homoeopathic	Toxin
joint	herb	other dictionary	flower essence	Feeling

1. ADRENALS, SUPPRESSION.
2. HYPOTHALAMUS, SUPPRESSION.
3. ANTERIOR PITUITARY, SUPPRESSION.
4. POSTERIOR PITUITARY, SUPPRESSION.
5. PINEAL, SUPPRESSION.
6. THYROID, SUPPRESSION.
7. THYMUS, SUPPRESSION.
8. OVARIES/TESTES SUPPRESSION.
9. MASSETER, SUPPRESSION.
10. INTERNAL PTERYGOID, SUPPRESSION.
11. EXTERNAL PTERYGOID, SUPPRESSION.
12. TEMPORALIS, SUPPRESSION.

T.M.J. SUPPRESSION CORRECTION

1. Perform **Pretests**
   Client places **palm of hand over navel**, preferably skin contact.
   Client **CLOSES EYES** and preferably **WEARS A MASK** with a tissue underneath.
2. Say **ADRENALS, SUPPRESSION"** while tapping 5 fingers on crown of client's head. As the I.M. changes, ***TAKE THE CIRCUIT.***
3. Scan the **Suppression Scan List** to find the type of suppression - STACK.
4. **CORRECT WITH EMOTIONS, FAST FIX** or use your correction method. If no I.M. change, check for muscle jamming.
5. When all 8 are corrected with eyes closed, correct with eyes open.

Kinergetics & RESET - T.M.J. Testimonials

I have had an accident in my jaw caused from falling off a horse, being kicked in the face and resulting in bottom jaw bone being broken in 3 places. After 2 operations three metal plates and 12 months I had great, deep pain in top of back and in the joints of the jaw. After 2 sessions with Philip, 2 days apart, pain has been relieved in both places. His technique is very sound and logical. *A. May 1995.*

More than 5 years ago I went for the first time to a jaw surgeon. He then told me that I had to wait for at least 3 to 5 years before he wanted to do anything. My jaw was hurting all the time and clicking on both sides. There were a lot of things I wasn't allowed to do and I had to wear a plastic plate in my mouth to keep the jaws together. If it wouldn't be over in 3-5 years they were going to put them together with metal, so I couldn't move at all. I met Philip Rafferty in Melbourne and had 2 sessions with him. After the first one the results were amazing. After the second the pain was and still is gone! Thanks Phil. *Kyra Nov. 1994. (Still good 1996).*

I am 23 years of age. In October/November 1992 I was experiencing bad facial pain which I thought was an ear problem. After excluding that it was my ears, I was told that it was my wisdom teeth which were impacted and causing all the pain. I then went into hospital and had them all removed. When I came out of hospital I could not open my jaw at all. I was then told by my dentist I had a condition called T.M.J. I saw three specialists, took tablets, had physiotherapy, but when it did nothing for me I was told that it was due to stress and nothing could be done other than to go and see a psychiatrist to try and release some stress. I then decided that I would learn to live with this constant facial/neck pain. 2 Years later I decided I couldn't bear the pain any longer. I went to an alternative medicine festival where I met Philip Rafferty. I had one session with him which lasted around 20 minutes and he totally cured all my T.M.J. problems. I can open my mouth fully now without any pain or discomfort, something I haven't been able to do for two whole years. In my eyes it's a miracle come true. Thank you so much, I feel I have a new lease on life. *P. Wanders1994. (Still good Nov 1996).*

My 14 year old son, Caleb has been suffering a painful condition called Osgood-Schlatters disease for the past 2 years. The periosteum from the proximal end of his tibia had peeled off, looking like a fractured tibia on x-ray. There is no medical treatment available for the condition. His sporting activities were restricted due to the pain on exertion and the resulting cramping afterwards. We had given up on any relief being available when I took him to Philip to treat another problem. He made a jaw correction which instantly allowed Caleb to lift his knee up to his chest - he had been unable to lift his knee higher than his hip for the last 2 years. The pain disappeared completely. In the month since Kinergy treatment there has been no re-occurrence of the pain or the cramping. *M. Fitzgerald Aug. 1993. Still good 1996.*

For many years I have had problems with my jaw (T.M.J.) constantly clicking. in pain and with restricted movement. I had a very powerful healing in Melbourne with Phil for about 2 minutes. A three day healing and releasing of emotions followed. My jaw has been the best it has been for years and has held and maintained its balance. Many thanks. *Jen Luddington.*

For at least 2 years I have suffered pain (sometimes chronic) in both knees. I have been to Natural Health Therapists who have eased but not cured the problem. General Practitioners diagnosed arthritis. A specialist told me there was nothing wrong, just growing pains. Two treatments of Kinergetics have almost totally removed the pain and only an occasional ache remains. After countless medical and natural treatments I can begin to live without pain again. *Rebecca Oct 1995.*

KINERGETICS - FORMATTING

CARBOHYDRATE (CHO) DIGESTION:

CARBOHYDRATE DIGESTION
- MOUTH - SALIVA - PTYALIN - STARCH - MALTOSE

CARBOHYDRATE DIGESTION - STOMACH - GASTRIC JUICE - HCl

CARBOHYDRATE DIGESTION - SMALL INTESTINE - PANCREATIC JUICE - AMYLASE - STARCH - DISACCHARIDES

CHO DIGESTION - S.I. - INTESTINAL JUICE - SUCRASE - SUGARS - MONOSACCHARIDES
- MALTASE - SUGARS - MONOSACCHARIDES
- LACTASE - SUGARS - MONOSACCHARIDES

PROTEIN DIGESTION:

PROTEIN DIGESTION- STOMACH - GASTRIC JUICE - HCl - PEPSINOGEN - PEPSIN - PEPTONES

PROTEIN DIGESTION- STOMACH - GASTRIC JUICE - RENNIN - CASEIN

FAT DIGESTION:

FAT DIGESTION - S.I. - BILE - BILE SALTS - EMULSIFICATION OF FATS
- S.I. - PANCREATIC JUICE - LIPASE - FATTY ACIDS & GLYCEROL
- S.I. - INTESTINAL JUICE - LIPASE - FATTY ACIDS & GLYCEROL

PANCREAS:

PANCREAS
- HEAD - BODY - TAIL
- PANCREATIC DUCT - INTERNAL DUCTS
- HEPATOPANCREATIC AMPULLA - DUODENAL PAPILLA
- ACCESSORY DUCT
- ISLETS OF LANGERHANS
- ALPHA CELLS - GLUCAGON
- BETA CELLS - INSULIN
- DELTA CELLS - SOMATOSTATIN

PANCREAS - ACINI - PANCREATIC JUICE - ENZYMES

SMALL INTESTINE - SECRETIN - PANCREAS - PANCREATIC JUICE - SODIUM BICARB. IONS

1. Perform Pretests
   Say "CARBOHYDRATE DIGESTION" as you gently tap along the crown of the head - Pause Lock. NO I.M. CHANGE REQUIRED.

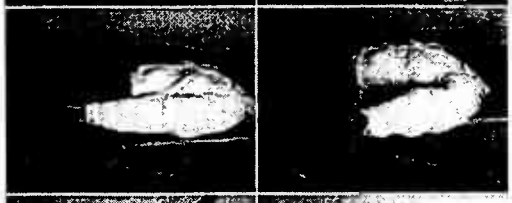
2. STACK - MOUTH - SALIVA - PTYALIN - STARCH - MALTOSE.
   If the I.M. changed, CORRECT WITH EMOTIONS, FAST FIX or use your correction method.

KINERGETICS - STACKING MULTIPLE CIRCUITS

MIDDLE TRAPEZIUS
Under wrist and on same Shoulder. Palm facing head. Thumb to floor.

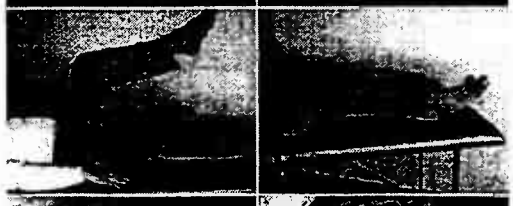
MIDDLE TRAPEZIUS
Inside wrist and opposite shoulder.

LATISSIMUS DORSI
In between wrist and body and on same shoulder. Palm facing out.



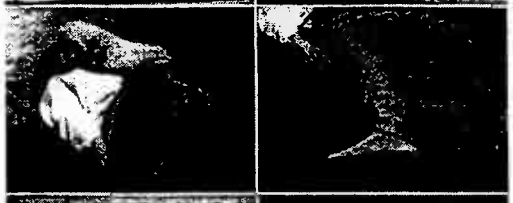
LATISSIMUS DORSI
Outside of wrist and opposite shoulder. Palm facing out.

QUADRICEPS
On thigh and on shin.



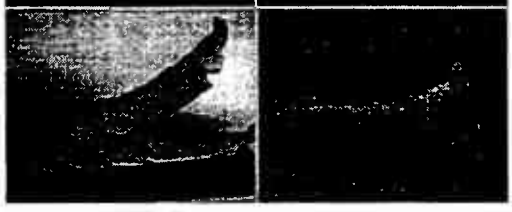
QUADRICEPS
Under ankle and under hamstrings.

PSOAS
Above ankle and on opposite hip.



PSOAS
Under ankle and on same hip.

TENSOR FASCIA LATA
Around ankle and on opposite shin.



TENSOR FASCIA LATA
Under ankle and on opposite shin.

1. Perform **Pretests**
2. Place a muscle in contraction and ask client to <u>slowly but firmly</u> push against yourresistance until the muscle reaches extension - **MULTIPLE STACK**. (Jaw stack several times quickly).
3. Repeat the procedure from extension towards contraction - **MULTIPLE STACK**. If the I.M. is now unlocked or changes when you challenge the Heart Chakra, the circuit needs correcting.
4. Say **"Suppression"** while tapping 5 fingers on crown of client's head. If I.M. changes, **STACK**.
5. CORRECT WITH EMOTIONS, FAST FIX or use your correction method.

KINERGETICS - CANDIDA BALANCING

TESTING FOR CANDIDA: DO NOT CORRECT YET.

1. Perform Pretests.
2. Scan homoeopathic vials of Candida and Formaldehyde over all the Organs, Glands, Chakras, T.W.10, St.36, Spine and at arms length above the body as you test the I.M.
3. Test with a LOCKED and an UNLOCKED muscle.
4. Test the following muscles - contraction and extension:

Middle Trapezius	Spleen
Latissimus Dorsi	Pancreas
Quadriceps	Small Intestine
Psoas	Kidneys
Tensor Fascia Lata	Large Intestine
Rhomboids	Liver

The above tests will give an indication of the severity of the ENERGY IMBALANCE.

CORRECTION FOR CANDIDA:

5. Correct Hydration Formats with priority emotional corrections.
   (Use Kinergetics 2 Hydration Scan List).
6. Beginning with **Middle Trapezius** - Place the muscle in contraction and ask client to slowly but firmly push against your resistance until the muscle reaches extension.
   MULTIPLE STACK. (Jaw stack several times quickly).
   Repeat procedure from extension towards contraction. MULTIPLE STACK.
   If I.M. changes continue from step 7.
   If no I.M. change - close circuit. Go to next muscle - Latissimus Dorsi etc.
7. Say "**Suppression**" while tapping 5 fingers on crown of head. STACK.
8. **CORRECT WITH EMOTIONS, FAST FIX or use your correction method.**
9. Retest from step 6 and continue correcting until I.M. no longer changes.
   Retest contraction and extension tests. Continue until all muscles are corrected.
10. Retest homoeopathic vials of Candida and Formaldehyde over all the Organs, Glands, Chakras, T.W.10, St.36, Spine and at arms length above the body as you test the I. M.
    Test with a LOCKED and an UNLOCKED muscle.
11. STACK any I.M. changes and **CORRECT WITH EMOTIONS, FAST FIX or use your correction method.**
    Continue correcting until Candida and Formaldehyde no longer show.
12. Say "**Candida Toxins**" while tapping 5 fingers on crown of head.
    If I.M. changes, STACK.
13. **CORRECT WITH EMOTIONS, FAST FIX or use your correction method.**
14. Test "**Water**" on client and self. (As needed during the correction and when you close the circuit). Correct and/or drink water as necessary.

KINERGETICS - CANDIDA TESTIMONIALS

I was on a very restricted Candida diet for 4 years. Tired all the time, continuous sore throats, bloating, taking large doses of vitamin C, lots of food sensitivities, tried everything. After 4 Kinergetics sessions with Lotti Young specifically for Candida I was eating bread, drinking good wine, and experiencing unbelievable good health. I have more energy now than when I was 20. I am currently 40 years old. Thank you for your extensive research in Candida Philip! *Sherril Jepson, Kinergetics Instructor - Tamborine Village, Qld. Feb 1998.*

In 1989 I was medically diagnosed as suffering from ME (myalgic encephalomyelitis) or Chronic Fatigue Syndrome for some 12 years or more, due to chemical poisoning from pesticides (245-T, Network, Roundup, etc.), mercury, aluminium and lead. After extensive medical tests I was told that I would never regain normal health due to the extent of the damage and the length of time I have been ill, and that I would be dependent on medical treatment for the rest of my life! At the time I wasn't able to work, couldn't sleep at night, found it very difficult to get out of bed in the morning, had no energy whatsoever, had a head full of cottonwool and had severe reactions to almost everything I ate due to a long term candida problem!

I met Philip Rafferty doing allergy testing in a health food store. As I knew what all my allergies were (including all the heavy metals) I thought I would put him to the test. You can imagine my surprise when in the space of a couple of minutes of using muscle monitoring, he was able to list not only all my allergies problems but was also able to tell me about some nutritional absorption problems I was also aware of. He told me at the time that Kinesiology strengthens the muscles in the body, and as the muscles are connected with the organs, puts the organs back into balance therefore allowing the body to assimilate nutrition and water properly. Philip explained that by putting the muscles back into balance the body is able to heal itself. He also told me that while the muscles are out of balance the body is using all its energy just trying to function, leaving no energy to do exercise or anything else. I was getting pretty desperate by this stage to get my health to some sort of reasonable level. It sounded like just what I needed!

My life at that time was still pretty much a struggle although I was a lot better than I had been after all the medical treatment I had had and due to being on good nutritional support which was making a lot of difference. I still felt as though I needed something else - some sort of fine tuning. I felt that what Philip was saying was making sense. Even after all the medical treatment I had had, I was still suffering from the fatigue, hypoglycaemia, candida, food allergies, poor concentration, short term memory loss, acne and I still had very little energy although some days were better than others. To cut a long story short, I went and had a couple of sessions of Kinergetics with Philip. You can imagine my surprise when I started feeling better than I had in a long time, was thinking more positively, sleeping better at night and had much more energy! After several sessions, Philip corrected my chronic candida problem along with my food allergies, the hypoglycaemia subsided, the acne on my face clearing up and I started to gain weight!

When I had been told by the medical profession that as my condition was so acute that I could not expect to live a normal life, I guess that's when I decided to prove them wrong and had started to look at all aspects of my life on the physical, nutritional, mental, emotional and spiritual levels. I came to realise that by working on myself as a whole, I was able to make many changes in my life. I also could have done what a lot of people with severe ME do and that's believe the medical profession and believe that I was incurable!

At the time I was seeing Philip he was about to start teaching Kinergetics and asked if I would be interested. After having such amazing results and having first-hand experience of what Kinergetics could do, I thought that it would be interesting to find out more about how it worked and why, so I enrolled myself into his Kinergetics One workshop. I found doing the workshop absolutely fascinating and started practising on friends who were willing to be my 'guinea pigs.' I went to several demonstrations that Philip did and took all my friends along. It was at one of these demonstrations that I decided that Kinesiology was what I really wanted to do. That was back in 1992! Every time Philip developed each level of Kinergetics, I attended the workshop and learned more and more about Kinergetics. I have now completed every level of Kinergetics to Level Seven about three times over. Now I am an Instructor teaching people Kinergetics.

Up until October of last year I worked full-time as executive secretary, seeing my Kinergetics clients in the evenings. I just love this work and seeing the life-chang-

ing results in my clients. Last year I decided that I had had enough of working for someone else. After learning so much about Kinesiology I realised that there was still a lot more to learn and I am now studying Kinesiology full-time at the Kinesiology College of Energetic Sciences. I finally feel that I am ready to work for myself in my own business and learn everything I need to learn in order to become a better Kinesiologist. The best decision I have made in my life! *Karen Winter, Kinergetics Instructor - May 1998.*

KINERGETICS AND RESET TESTIMONIALS

MEDICAL DOCTOR - Kinergetics is a fast system with simple corrections that work at a deep level with incredible results. I have incorporated the hydration and jammed muscle corrections into all my balances. The T.M.J. correction is simple, fast and effective. Kinergetics is a special tool with unlimited potential. *Maria Arias M.D. - Practising Kinesiologist Sept. 1995.*

KINESIOLOGIST - Kinergy has given me more confidence in dealing with physical problems such as sports injuries. Out of all the kinesiology courses that I have done Kinergy is the simplest system to learn and also the fastest system of correction. I think the hydration formats are brilliant and using them has completely eliminated problems of overload and switching when I work with clients. Mary Choo -Kinesiologist -One Brain Facilitator. Feb. 94.I have been a practising Kinesiologist for over four years and have done most of the advanced courses. The technique that I use the most for correcting imbalances is Kinergy. I find Kinergy quick, simple, efficient and very profound. It allows me to correct imbalances on a very deep level, which enables me to make significant changes just in the first session. It is so far, for me, the best method that I have used for correcting energies and vibrational imbalances in the body. A tool of the future. *Bernard Pantel. Aug. 1993.*

METHOD INSTRUCTOR - For many years I have been teaching and practising different forms of energy healing. After hundreds of Psychic and Personal Development classes, I was pleased with the results of my work and that of my students. However, amidst all of our successes, it is true to say that not everybody that we healed remained healed! After completing Kinergy 5 at the Ontos intensive, it quickly became apparent to me that at last we healers had a modality of healing which gives us the ability to correctly pinpoint and direct the energy that we channel. The wholistic approach of Kinergy (Body, Mind and Spirit), allows the corrections to be interactive between the Client and Consultant, which enhances the healing process and gives the Consultant access to the greatest source of information needed for any correction, The Client! In the short time that I have been using Kinergy the results have been nothing short of stunning. I will now recommend Kinergy to all students who are serious about healing. *Steve Meyers Method Instructor-Psychic Medium - Sept. 1993.*

REIKI MASTER - I have been a practitioner of Reiki (Reiki Master), Shiatsu and massage for the last 3 years. The week long Kinergy course has increased my healing potential ten fold and given me a system which accesses the body mind system directly to discover the original cause of the stress and bring forth healing. *Prasham. Sept. 1993.*

PODIATRIST/CHIROPODIST - Since completing your Kinergetics course last year I have been practising all aspects of Kinergetics including T.M.J. work and one lady who attended my clinic (podiatry) presented with a Vulgus right foot which I corrected with T.M.J. thus saving having to wear an inlay in her shoe.

When we did the T.M.J. work in Kinergetics 3 the gentleman who was working on me (a remedial therapist) noted that I had a problem with my psoas muscle. A few moments later, even though I was wearing a blindfold and lying down, I said it's gone back on it's own. When he looked, to his astonishment, it had. I have not needed any further work on this muscle since. *Frances M Cowper D PodM MChS SRCh May 1996.*

I am a 29 year old qualified chef, turned qualified carpenter who was looking for a new career path which I have now found in Kinergetics. I first experiencedKinergetics in June 1997 with Sherril Jepson. This enabled me to cope positively and lovingly with the stressful and emotional separation with my loving wife. I have personally found improvement in my confidence, in every part of my life's work, relationships, ability to cope with stress and emotions, family, sporting ability, improved vision, balance and co-ordination, injury prevention. Not to mention a fantastic improvement in my writing ability, reading skills and retention of information and comprehension. Life is now a Celebration thanks to Kinergetics. *Bradley Connor Sept 1997.*

At age 24 I stopped menstruating for no reason. After waiting some time to see a well known gynaecologist, I

was very disheartened to hear that he could not find any reason for the fact that I was not menstruating. After allowing two years to pass still with no menstruation, I became more and more concerned. I therefore chose to see yet another M.D. who, after the same set of initial tests, (even after my insistence that I was not pregnant) gave me a referral to an Endocrinologist. The Endocrinologist requested some rather rigorous blood & urine tests (which involved me spending 8 hours in a pathologist office). Again to no avail. The Endocrinologist then suggested there was nothing but to place me on the contraceptive pill, which would manufacture a period. In reality mask the problem. I decided this was not for me. This left me feeling lost and confused as no one could help me or at least explain why. Another year passed. Now aged 27 I decided it was time for alternative medicine. I gave Naturopathy a try. She was a little more understanding but also could not help. Then came you and Kinergy. After one 15 minute session I felt so relaxed and confident, consequently two weeks later to the day, my period arrived just as if it had never been gone. In one 15 minute session with you, you achieved what M.D.'s ultra sounds, blood tests, Gynaecologists, Endocrinologists and years could not. Today I am 28 years old and for the past 12 months my periods have been just like clockwork as they were when I was a teenager. Thank you again for how you've helped me to change my life. *Elissa Hines. March 1994.*

I have been suffering from osteoarthritis for a number of years in both knees and my left hip. All the doctor could give me to ease the constant pain was Panadeine Forte which I found to be detrimental to my driving capabilities. After 15 minutes of Kinergy treatment by Frank Bell I felt the pain leave my body and had no pain ever since. I received Kinergy treatment for my right ankle which used to swell up since being a prisoner of war in 1945. (I was given Lazorix tablets by the Doctors which released the fluid for that day). Now there is no sign of the swelling. *Frank G. Pinfold 1994.*

WORKSHOP CONTENT

KINERGETICS INTRO - 3 hours A pre-requisite. Healing energy blocks cleared. Simple muscle testing, stress and food sensitivity testing and the energy correction. Correction positions for organs, glands and chakras.

KINERGETICS 1 - 7 hours Clear energy blocks on other people to allow their energy to flow. More muscle testing skills for more accurate and efficient testing. Pain release and affirmations. Brain Integration which often improves mental clarity.

KINERGETICS 2 - 7 hours Locate and clear the priority stresses that prevent the body from utilising water. Hydration techniques - 80% of muscles taught in Touch for Health consistently corrected. Every stress ever experienced is located somewhere in your body. Stress release system using a scan list of 420 emotions. Optional dictionary with 2,000 listings. Clear priority stresses or find the emotional cause of pain, muscle imbalances, etc. Self testing. Intro, 1 and 2 provide the framework for the rest of Kinergetics.

KINERGETICS 3 - 7 hours Balance the proprioceptors to increase the flexibility of muscles. Great for sports improvement and muscle pains. Energise the lymphatics, blood vascular and meridian systems. Four different T.M.J. (Jaw) corrections. Correcting the jaw corrects 80% of muscles taught in Touch for Health, as well as improving hydration.

KINERGETICS 4 - 7 hours The simplest Kinergetics workshop. Learn formatting to access energetic physiology imbalances. 7 pages of formats for scanning. Scan anatomical charts and find some of the metaphysical causes of imbalances such as poor vision.

KINERGETICS 5 - 7 hours Touch for Health 1 is highly recommended but not compulsory. Testing 16 muscles in contraction and extension - required for the next step, accessing multiple circuits of a muscle - invaluable for frozen shoulders and chronic muscular imbalances. Clear the stresses from sabotage programmes - a necessity for lasting results of corrections. Surrogate testing enables children or people in wheelchairs to be tested. Advanced brain integration - often used on students if they feel overhwhelmed.

KINERGETICS 6 - 7 hours Homoeopathic test kit available as an optional extra. A different approach to Candida - the priority muscles/organs involved (from empirical testing of over 1,000 clients). Locate and clear the involved emotions. Strengthen the elimination system for toxin release. A simple system for clearing mercury and heavy metals. Session completion checks are useful as an adjunct to the corrections. Sample Kinergetics sessions for working with clients - incoroporating many of the techniques learned so far.

KINERGETICS 7 - 7 hours Blocks are cleared so

that the testor can access higher level energy frequencies. Locate and clear subconscious resistance to healing. Initially, the client is often not willing to correct. Find the reason why and end up with them being willing to correct. Similarly when they are checked for whether it is safe to correct, the answer is often no, usually because it would cause a healing crisis - find out why and support the healing crisis, then safely correct. Actively format deep level switching (often accessing 10 or more). Learn about the Light Bodies.

KINERGETICS 8 - 7 hours Advanced hydration, including hydration of the Light Bodies and extra chakras. Learn the Flower Essence Mode Correction that consistently brings to the surface deep level switching, shock and frozen emotions. Work with 6 extra chakras. Includes several scan charts.

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George Goodheart D.C. and David Walther D.C. - Applied Kinesiology. John F Thie D.C. - Touch for Health. Richard Utt - Applied Physiology. Dr. Bruce And Joan Dewe - Professional Kinesiology Practitioner workshops. Allan Beardall D.C. Frank Mahony - Hyperton-X. Reiki. Chris Rowe - Vibrational Body Balancing. Carl Ferreri D.C. - Neural Organisation Technique. Malcolm & Sue Chaffer - Sabotage & Goal Enhancement. Barbara Ann Brennan - Hands Of Light.

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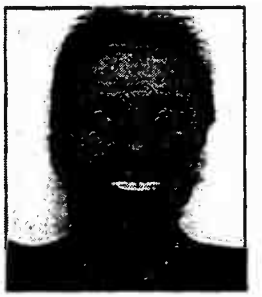

Philip Rafferty became a Touch For Health instructor in 1981, taught hundreds of people and organised 3 Instructor Training Workshops. He was the founding president of the Touch For Health Association of Victoria, Australia. He studied Hyperton-X with Frank Mahony and became an instructor. He studied Applied Physiology with Richard Utt, Don Viney and Dr. Charles Krebs. He also organised Applied Physiology workshops for Richard Utt. He studied P.K.P. (Professional Kinesiology Practitioner) 1 and 2. In 1988 he became a full time kinesiology practitioner.

HEART-FOCUSED PRINCIPLES AND TECHNIQUES

Walter H. Schmitt, Jr., D.C., D.I.B.A.K., D.A.B.C.N.

INTRODUCTION

Why do we have so many terms and phrases in our language that relate to the heart? Why is the heart considered by many to be the most important organ of the body? Is the heart nothing more than just a muscular pump or does it have neurological and energetic significance as well? The answers to these and many other questions are beginning to be understood as research conducted by the Institute of HeartMath in Boulder Creek, California continues to be performed and published.

In early June, 1998 I attended the ICAK-USA conference in San Diego where there was a presentation by Jerry Kaiser, the director of the Health Services Division of the Institute of HeartMath. The HeartMath research team, many of whom are M.D.s and Ph.D.s, have researched the math of the heart, or more particularly, the math of the electrocardiograph: (EKG). The results of their research have been recently published in cardiology and stress medicine journals.

Their findings show that the shifting feelings or emotions to the heart can have profound effects on the heart. But in addition to the heart, the entire autonomic nervous system is affected.

The heart produces 2.5 watts of power – this is 40 to 60 times more than the brain. In fact, electrically speaking, the heart is the most powerful organ in the body. (Some skeletal muscles are more powerful than the heart, but only when they are active. When the muscles are at rest, the heart creates the most power of any organ.) The reason our language contains terms like "heartfelt gratitude" or "heartfelt sympathy" or "take it to heart" or any of a myriad of other similar expressions may be because the language reflects the population's intuitive knowledge of how powerful the heart actually is.

OSCILLATORS IN NATURE

In nature oscillators tend to entrain themselves to each other. That is, if you swing two pendulums side by side, in time, they will swing in identical cycles. It is common knowledge that many women who are roommates soon begin having their menstrual periods at the same time. Any cyclical pattern tends to entrain with other cyclical patterns. It is commonly known that the heart and respiration will entrain to each other in a certain relationship if all is well, such as often occurs at rest or sleep.

It appears that the heart is the drill sergeant who is calling out the beat for all of the other oscillators, that is all the other organs, in the body. When the heart is functioning optimally, all other organs function better. This means that the heart is responsive to the various stresses in life and adapts to them appropriately. When the heart is not properly responding and adapting to stress, other organs are likely to function improperly.

The heart beat responsiveness to stress and changing conditions in the body is called the heart rate variability (HRV). In over 30 years of study, the best indicator of disease, any disease in any organ, is the HRV. This is a better predictor than cholesterol, smoking, obesity, poor diet, or any of the other variables that have been studied! This is most likely because all organs take their direction from the heart.

HEART RATE VARIABILITY

HeartMath researchers measure HRV based on EKG analysis. If your heart is beating 70 beats per minute, each beat is probably not exactly one seventieth of a minute. There is often a slight variation from one beat to the next. Over the whole minute, the average is 70 beats, but any one beat may not be exactly the same length as the next. This variability between beats, measured and calculated by high-powered computers for minutes or hours is the HRV. The greater the HRV, the greater the adaptability of the heart. This correlates with a lessened chance for disease developing, in the heart, or anywhere else in the body.

HeartMath studies have shown that several factors decrease HRV and others increase HRV. Stress, anger, or other negative emotions create a decreased HRV. Positive emotions have a positive effect on increasing HRV. But there are a few tricks to making the positive emotions have their positive effects. This paper will present a method of identifying and directing positive energy to and through your heart based on principles learned from HeartMath techniques. These heart-focused techniques may be performed at home, or anytime.

HeartMath research has shown that their techniques (listed below), performed for just minutes, have good effects on the HRV, respiration, adrenal hormone secretion, and even improves the immune system of the gastrointestinal tract. Certain HeartMath techniques have been shown to help these things for at least six hours if performed just once!

HEART-FOCUSED TECHNIQUES

HeartMath techniques include Freeze-Frame™, Heart Lock-In™, and Cut-Thru™ as stress reduction techniques. Note that these are trademarked techniques. The reader is encouraged to explore and study all of the HeartMath materials. The Institute of HeartMath has books, tapes, and classes available on many subjects and they may be reached at (408) 338-8700. Their e-mail address is www.heartmath.com. The publisher of their materials is Planetary Publications, 14700 West Park Avenue, Boulder Creek, California 95006, (800) 372-3100. The readers are strongly encouraged to avail themselves of these materials as this paper is based on only limited aspects of HeartMath principles.

Heart-focused or heart-directed techniques involve sending positive emotion to the area of the heart, anatomically speaking. An awareness of the location of the heart in the middle of the chest, slightly to the left, is important for performing heart-focused activities.

Here is a simple heart-focused technique that most anyone can perform. Send a feeling of appreciation (or other positive emotion) to your heart. This should be the feeling you feel toward someone or something that you appreciate. Feel the appreciation in your chest, in the area of the heart. Or send the feeling of appreciation to from your brain to your heart.

This is something that you can do on your own. It is one of several tools that you may employ using your heart as an amplifier to help all of the rest of the body's organs. Use the feeling of appreciation in your heart whenever you need an immediate reduction in the stress of the moment. This technique acts like a stress arrestor or a stress buster. If you can find five minutes to do this, the effects will last six hours or longer according to research conducted by The Institute of HeartMath. If you can only do it for 10 seconds or 30 seconds, it will still help.

AK FINDINGS RELATED TO HEART-FOCUSED ACTIVITY

In an attempt to observe for any effects of heart-focused techniques on muscle testing outcomes, this author began investigating various heart-focused procedures with before and after manual muscle testing used as functional neurological assessment. Anything that changes autonomic activity will be reflected in changes in somatic activity since the autonomic nervous system is hard-wired to the somatic nervous system. These somatic changes can be observed by manual muscle testing. Since it is clear from HeartMath research that these techniques have a direct effect on the autonomic nervous system, they should cause changes in muscle testing outcomes as well. The results of these investigations were presented and published at recent ICAK meetings in Orlando (January, 1998) and Washington, D.C. (June, 1998). (Schmitt, W. H. "Applied Kinesiological Implementation of Heart-Focused Techniques Based on HeartMath Principles" *Proceedings of the ICAK-USA Annual Meeting Volume I*, 1998-1999. pp. 191-198. Published by ICAK-USA, 6405 Metcalf Ave., Suite 503, Shawnee Mission, KS 66202-3929.)

The findings presented in this paper show that conditionally inhibited ("weak") muscles become conditionally facilitated ("strong") during the conditions of various heart-focused activity. In other words, sending a sense of appreciation to the heart area is accompanied by a profound strengthening response in conditionally inhibited muscles. Simply thinking (in the head only) about a sense of appreciation rarely affects the strength response of the weak-testing muscle. (See below.) Significant range of motion changes also occur during heart-focused activity, often with effects which persist after the heart-focused activity is ceased. This is an excellent tool to demonstrate to people the importance and power of heart-focused activity.

One exception to the muscle testing findings of heart-focused activity has been identified. In a person with small intestine problems (food allergies, poor quality dietary fat ingestion such as trans fats, excess saturated fats, dysbiosis etc.) the effects on autonomic nervous system function sometimes interfere with the normal value of heart-focused techniques. This author has even seen several severe

emotional reactions to performing heart-focused activity in patients whose small intestine problems were not corrected prior to instituting the procedures. This is the only thing to be wary of regarding heart-focused techniques, and it is quite rare actually.

An extremely valuable addition to heart-focused techniques has been developed by John R. Schmitt, D.C., the author's brother. ("HeartMath: Is This The Answer to Placebo Effect." *Proceedings of the ICAK-USA Annual Meeting Volume I*, 1998-1999. pp. 149-151. Published by ICAK-USA, 6405 Metcalf Ave., Suite 503, Shawnee Mission, KS 66202-3929.) It involves identifying the most powerful sense of appreciation using manual muscle testing procedures for functional neurological assessment. A weak muscle is identified. It is then tested again while the person thinks (in the head only) of various feelings of appreciation until one causes strengthening. The specific strengthening appreciation thought is used for heart-focused activity. The responses using this specific strengthening appreciation though appears to greatly amplify the effects of heart-focused techniques. In fact, using the strengthening appreciative thought as described below has had many positive effects such as dampening the effects of allergies and neutralizing positive emotional recall (muscle weakening) responses.

The following technique is adapted from the paper by Dr. John Schmitt described above. It is this author's version of applying John Schmitt's ideas.

When the strengthening appreciation thought has been found, use this appreciation to fill the area of the heart. Send the appreciation to the heart as if the heart is a glass, a cup, or a bowl, filling it up as if you are pouring the appreciation into the heart. When the heart is full, allow the sense of appreciation to spill over and flow out to the rest of the body. Feel the appreciation emanating from the heart, and flowing throughout the entire chest and abdomen, down the legs to the toes, down the arms to the finger tips, and to the top of the head. Continue sensing this metaphor until the entire body is filled with appreciation emanating from the heart. This may take seconds or it may take minutes. The important thing is to continue the flow of appreciation from the heart until is it felt throughout the body.

If we assume that this technique has similar effects to those techniques researched by the Institute of HeartMath, then the positive effects may last up to six hours. Therefore, using this technique three or four times a day should cover a normal day. However, the positive effects may be interrupted by the intrusion of some other stress. To keep the stresses of daily life from accumulating and depleting your physical and mental efficiency, perform heart-focused activity whenever you become aware that a stressor is having a negative impact. Some of the techniques developed by the Institute of HeartMath are specifically designed for distinct types of stressful situations. As mentioned previously, the reader should contact the Institute of HeartMath for information, books, tapes, and other training in these procedures.

HEART-FOCUSING AND VISUALIZATION TECHNIQUES

Another area in which heart-focused techniques can play an important role is in conjunction with visualization techniques for pain control, range of motion, and other physiological changes.

A time-honored visualization technique for someone with a localized area of pain is to have the person relate the pain to a color and a shape. The color and shape of the pain is then mentally changed. This sometimes results in a decrease in the pain. Using this or other visualization techniques can be greatly enhanced by directing the visualization through the heart.

For example, a person describes a pain in the foot as red and pointy, like a star. If the person is asked to mentally make the red star into a blue round ball, sometimes there will be a decrease in the pain. But if the person then sends the same image of the red star changing to the blue ball through the heart to the foot, this usually amplifies the pain reduction effect noticeably.

Similarly, in limited ranges of motion, ask the person to perform the impaired range of motion. Then have the person visualize a normal range of motion and perform the movement again. Note any changes. Finally, have the person once again visualize the normal range of motion, but this time have the person send the message of increased range of motion to the problem area through the heart. Or another method is to have the person see the normal range of motion in the heart. Then recheck the motion and compare.

Several dramatic changes have been observed by this author in low back flexion, knee flexion, and shoulder elevation in chronic patients with long term limitations simply by adding the above techniques. One woman with rheumatoid-type arthritis in the knees was able to do a complete knee bend for the first time in five or six years. Another man with chronic low back problems was able to bend at the waist and come within six inches of the floor compared with never going below the knees for many years. It appears that, for maximum effectiveness, the pathways through the heart should be cleared by the technique presented above or by some of the trademarked HeartMath techniques prior to the visualization through the heart.

HEALING, THE HEALER, AND HEART FOCUSED EFFORTS

Many caregivers have intuitively learned to amplify their efforts by using versions of heart-focused or heart-directed techniques. Many others have not. It appears that both the impact of care as well as the caregiver's own health may be benefited by employing heart-focused principles.

Two lay people who participated in healing circles were treated by this author on successive days. These two women were unaware of each other, but each had been praying and meditating with her respective group for a number of years and for a number of different sick individuals.

The first woman was asked to put herself in the mental mode of the healing circle and a previously weak (conditionally inhibited) muscle was tested. Nothing

changed. She was then asked to experience the same healing mode, but to sense the healing energy going through her heart. The weak muscle responded immediately with extreme strength.

When the second woman came into the office the next day, she was asked to put herself in the healing circle mode. A weak muscle immediately strengthened. I said out loud, "That's funny. Usually you must send the message through the heart for the muscle to strengthen like that."

"Oh," She replied, "we are trained in our healing circle to send our healing energy to the sick person through our hearts. I do that instinctively now."

Both patients later reported that they had shared the information about heart-focused activity with their healing circles. All who participated had experienced heightened awareness of healing energy when everyone in the group consciously focused their healing energies through their hearts.

Since that experience, it has been noted that any type of caregiver will almost always show dramatic strengthening responses of weak muscles when the attempts to promote healing are sent through the heart. Maybe the benefits to the care receiver may be enhanced if the caregiver amplifies his or her healing efforts through the heart, but it appears that the caregiver himself or herself will be empowered by the heart-focused caring experience!

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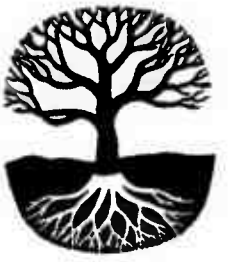
THE *HEALTH KINESIOLOGY* SYSTEM[1]

JIMMY SCOTT, PH.D.[2]



INTRODUCTION[3]

SOME HEALTH KINESIOLOGY HISTORY

After earning my Ph.D. in Physiological Psychology at the University of North Carolina in 1966, and spending four years doing research at the National Institute of Mental Health in Bethesda, Maryland, I found myself on the faculty of the University of California Medical School, first at the Davis campus, later at the San Francisco campus. During this time I published over 30 research papers in scientific and medical journals and developed an international reputation in both sleep research and biofeedback research. Of course my scientific training included maintaining a skeptical attitude, careful clear thinking, evaluation of available facts, and disbelief of anything not "scientifically proven."

When I first saw a demonstration of muscle-testing in the early 1970's I was both fascinated and highly skeptical. Over the next few years I observed several more demonstrations, some at professional meetings. I found them interesting, but on the basis of those demonstrations, I did not see how kinesiology could be useful for me. In the meantime I made considerable changes in my professional life. While still at the University, I became licensed as a Psychologist and started a professional practice doing biofeedback and relaxation training with clients. I became increasingly frustrated with academic / medical school politics, so I left the University about 1975 to pursue my private practice.

As a result of working with my clients, I became more interested in what "health" really is. Clients told me stories about how they were getting healthier in ways not obviously related to what we were doing, and I began to analyze what factors contribute to health. This led me into nutrition work, among other things, and the formation of a new non-profit health education foundation. One of the evening lecture programs sponsored by the new foundation was—you guessed it—Kinesiology. We somehow made contact with Chris Harrison, a chiropractor and a Diplomate in the ICAK (International College of Applied Kinesiology). His excellent presentation made it clear how I might utilize these unusual techniques – if they really worked!. Chris suggested I begin learning kinesiology by reading some Applied Kinesiology material and taking the Touch for Health (TFH) class (at the time there was only one TFH class).

Even before I took the TFH Instructors class in 1978 I was creating new procedures, the foundation of Health Kinesiology. I had soon discovered that existing kinesiology techniques, although powerful, did not fill my needs. For example, I not only wanted to identify which nutritional supplements a client needed, but also exactly which product would be the very best for them. I wanted another way to assess the progress a client was making, independent of their own subjective report. I wanted to know the most important therapeutic program for my client. I wanted to know the best time to do a procedure. I wanted to know the source of their energy disturbances. And on and on and on.

I soon found ways to use kinesiology to obtain information directly from the "body." At first I used it for nutritional testing. I stopped doing chemical hair analysis, because Kinesiology gave me equally valid information, on the spot. Nutritional supplement schedules became truly individualized, something we could only "guess" about otherwise. As a result my work became far more effective and popular.

My goals were to develop the most effective, robust, permanent methods for change that I could, using my scientific analytic training. With my new version of kinesiology I had a method

to compare procedures. I could determine which of two or more approaches was best, not just whether a procedure "worked." I soon discovered that many commonly used techniques, although temporarily affecting energy, do not seem to have much lasting effect.

Because the methods I devised were so simple, I did not at first believe how incredibly powerful and effective they were. However, as I continued to work with my procedures, they demonstrated continued effectiveness. Within a couple of years I had fully developed the HK Paradigm—an approach which allowed me to discover any information I needed from the client's own body to help them achieve greater wellness and functioning. Next was to systematize this material so that anyone could follow the same procedures and achieve comparable results. The basic structure of the HK System was in place by 1981. Since then many refinements and additions have been made, but the systematic, comprehensive, holistic approach is still exactly the same. Although careful readers will notice the philosophy underlying HK is similar to other, more recently published, material, HK did not "borrow" it's attitude. Except for some concepts from Traditional Chinese Medicine, muscle-testing itself, and some uses of various energy reflexes (all pre-dating kinesiology, itself), almost everything else about HK is original, created by imagination, clear, careful thought, research, and thorough empirical and theoretical analysis. HK is unlike all previous kinesiologies.

HK has produced numerous innovations, many of which have now been incorporated into other schools of kinesiology. A partial listing is shown in the *HK TimeLine*, Figure**** below. However, HK remains original and unique, and I think it is the most comprehensive, powerful, effective system of kinesiology ever devised. HK offers an approach, a method of discovery, a way of thinking clearly and logically, a philosophy: *The HK Paradigm, The Health Kinesiology System.*

HK Training

Most HK classes are four days long. The first five classes, called The Foundation Studies Classes, provide the basic materials needed to effectively practice HK. These classes carefully lead the student through successively more energetically difficult steps, each building on the other, laying a strong foundation for further development of skills and knowledge. This Foundation work generally takes about one year. With this initial training, along with the required experience (working on others plus HK work done by others on the student), a comprehensive written examination, and a practical examination, the student can receive Foundation Studies Certification. This Certification indicates the that student has demonstrated practical and theoretical knowledge of the basic HK skills and techniques. Throughout England all HK students may receive College Credit for their Foundation Studies.

The Advanced class series continues the work begun in the Foundation Studies, adding scope and depth to the HK menu. New material is added, giving the HK Practitioner a vast array of options to use as needed with any client. Not only are new techniques introduced, but also whole new approaches to analyzing what is needed by the client. The HK System is not a collection of recipes, but rather a dynamic and flexible system which allows for virtually every contingency. HK is a System which requires thinking ability rather than rote memory, skill rather than formula. Our best advanced students can literally handle anything.

Advanced Studies Certification is very difficult. It requires extensive experience (again, on others and self), difficult written and practical exams, learning other Kinesiology systems, extensive study in other related fields, and a Research Thesis. Also required are other HK classes such as Geobiology, Nutrition, Body Work, and Intrusive Energies. This work requires several years—a minimum of three just to attend the required classes.

Then there is the Master Consultant level. This person knows the trade secrets to making HKPapers™ and Life Transformers™; has many years of HK experience; has vast knowledge of

many fields; successfully handles situations which baffle everyone else; levitates; etc. Well, maybe not always the last item.

The HK Mandates

Several concepts are so basic to proper professional training and practice and ethical standards that we codify them and begin teaching about them in the first HK class. They are: *The Prime Directive, The HK Imperatives, and The HK Laws.*

The Prime Directive:

Maintain a Perfect Balance of Objectivity and Intuition & Validate Your Results

The HK Imperatives

Balance
Clarity of Concept
Permission

The Health Kinesiology Laws

We Always Do the Best We Can.
There Are No Secrets
Be Lazy
There Is Always a Way
We Set Our Own Limits

The Appendix gives a full description of each of these concepts.

How do we go about doing an HK Session?

When we begin an HK Session we have various available options. See Figure 1, *The HK Flow Chart.* First we ask *Conscious Permission* from the client. We will not work with anyone with out this Permission. After Conscious Permission is received we *Meridian Energy Balance* (MEB) the person. Our unique MEB procedure is described below. We will work no further unless the person is properly meridian energy balanced, because we have shown many times that the responses of an unbalanced system are different from the responses in a balanced system. We have no need for "pre-tests" because all those phenomena are characteristics of an unbalanced system. After complete balancing (all meridians & all muscles, which usually takes only a minute or so) we ask the body for *Energy Permission* to work. Without this Energy Permission to work we will continue no further. There is a reason the body does not want to do energy work at this particular moment and we honor that.

Our next decision is how we are going to approach the next thing to do with this person. We make sure Energy Permission is granted for any option indicated. We muscle-test to determine the body's preference of five major options:

1. *Body Priority.* We do whatever next item the person's body [1] wants. This might be an allergy correction, determining how much rest they should get, reducing some specific psychological stress, working out nutritional supplements, doing HK Body Work, or whatever.
2. *Issue Analysis* has two subcategories. Both involve the use of *Facets*, which are designed to make certain that no aspect of the Issue be overlooked, as we must muscle-test to ascertain each component of the Issue necessary for complete correction.

[1] BODY means the physical body and all the associated energy bodies and structures.

A. *Client Specified Issue Analysis.* The client tells us what they want to work on. My neck is sore. I'm unhappy at work. I don't sleep well. Anything. Many Client Specified Issues are surface, help–me–feel–better now Issues.

B. *HK Tested Issue Analysis.* Clients are often unaware of deep Issues, so our HK method of testing to determine Issues has great power. It takes proper training and experience to develop the skill to do this most effectively and powerfully, while not imposing "stuff" on the client. A skillful Health Kinesiologist can get right to the root cause of the most important Issues a person has even though that person is unaware of the underlying processes. This allows the person to undergo profound changes rather easily.

The *Facets* are:

Cause. This is *not* the actual cause of the issue, but rather what must be corrected in order to correct the result of the cause of the issue. We can never really be certain of the actual cause itself.

Process. This is what is usually thought of as the ongoing issue itself before more thorough analysis is done. If the other facets were not considered this facet would generally be the one considered.

Effect. What are the effects of this issue on the person? This is not the process itself, but rather includes whatever happens as a result of the presence of the issue.

Repair. The process may cause certain things to happen, but this facet has to do with what is needed in order to repair the resulting damage, rather than correct the issue itself.

Symptom. Since symptoms are not what is wrong, but only the result of what is wrong, if only the process is corrected then what has happened as a result of the symptoms may be overlooked.

3. *Meta–Analysis.* A different way of approaching the energy functioning of the person. This analysis uses the subtle energy bodies as a starting point, and determines various qualities about each subtle energy, including their degree of functioning, integration, blocking, coherence, etc. These measures are applied to each subtle energy body and also between the various bodies. These results of these measurements are used to determine how to do the appropriate corrections.

4. *MPQ Matrix.* Still another way of approaching the energy functioning of the person. In this case there are 16 **M**easures of the energy flow through the system, which have any of 14 **P**atterns and 15 **Q**ualities. A correction consists of an *M*, a *P*, and a *Q*. This means there are at least 3360 *totally different* possible corrections! Approximately one–third of these are already known. With the HK Paradigm it is not difficult to determine each possible correction, but it is time consuming! These *MPQ* Matrix categories are shown in Figure 2.

Even though there are different approaches, they all are just various ways of determining which energy patterns in the person need some work. For example, *all* necessary corrections can be accomplished with the first approach alone (Body Priority), if the Practitioner is aware of enough concepts. (All *Priority* determination is limited to the things the practitioner knows or can imagine.)

After one of these five approaches is determined, the details are worked out. Whichever of these approaches is used, the same six categories of *Factors* are involved. A *Factor* is a

specifically defined procedure, structure, or construct which immediately lets us know exactly what energy work to do. These six categories of Factors are:

ADJUNCTIVE FACTORS

These are not energy corrections but rather Factors which support the life and activities of the person. Included here are diet and nutrition, exercise, sleep, rest, work, play, leisure activity, habits, attitudes, body work, the need for social interaction, and so on.

ENERGY CORRECTION FACTORS

Probably the most powerful work of all involves the correction of "broken" energy pathways. The Energy Correction Factors are the core of HK. These are what allow HK work to help produce very profound and permanent change. HK energy corrections are simple, easy, and powerful. Factors include Psychological (Structures, Processes, and Critical Life Concepts, with many types), SET™ (allergies, intolerance, and detoxification), Temperament, Age Identity, Energy Flow Balancing (sensory and cognitive functioning), Cultural Demands, Psychophysiological (mind – body connection), Tissue Energy Blocks, Unification Structures, and The Energy Control System (the part that regulates the flow of energy rather than the energy itself). The Points / Operations Matrix is a process which allows the generation of any energy correction, hover unique. The P/OM is discussed below. Many HK energy corrections operate specifically on metabolic functions. We believe we can make specific metabolic changes in the cell nucleus, cytoplasm, organelles, membranes, etc. by use of the different energy correction factors.

ENERGY TONING FACTORS

Physical exercise tones the muscles. Using a pathway strengthens it. Energy Toning strengthens the functioning energy pathways. "Broken" energy pathways must be corrected first, before they can be strengthened, as they work poorly or not at all. "Turning on" an unused energy pathway so it can be strengthened is not the same as an energy correction. Homework exercises are commonly used here. Affirmations, Visualization, Meridian Tracing, HK Energy Toning Movements™, Life Transformers™, Reactivation, Emotions Training™, and Energy Practice are the common Factors.

ENERGY REDIRECTION FACTORS

Even though the energy system is capable of doing something it might not do so. Sometimes it must be instructed to find another energy pathway (which is operating perfectly well but habitually unused). We can instruct the energy system to Redirect the energy flow for a specific purpose. Energy Toning and Energy Redirection can produce some very rapid results, because they relate only to *energy* functioning rather than *physiological* functioning. Physical body changes are by nature slower than energy changes. Factors include Focused Energy Redirection, Tissue Energy Modulation, and Energy Reaction Transformation.

ENVIRONMENTAL FACTORS

Geobiology, electromagnetic fields, environmental toxins, light, sounds, the quality of the living and working space, Intrusive Energies, are examples of the Environmental Factors HK addresses. Environmental stresses can devastate the energy system, literally breaking down the structure of the energy system and preventing permanent

improvement. In severe cases (common!) regaining health is impossible unless the environmental factors are corrected.

This next category is not a set of Factors, but is used within many factors, including energy corrections, adjunctives, energy toning, and the others.

TOOLS

Many "tools" are used in HK. These can simplify corrections and make the entire energy work process more powerful and efficient. Tools include aromatic oils, woods, essences, homeopathics, magnets, colored lights, Life Transformers™, de-magnetizers, chemical elements, and sounds, and many others.

After we do whatever comes up from the menu, we go back to the beginning and repeat the process with a new Item or Issue. Before we finish a client session we always test to make certain it is OK to stop where we are, and to determine if the client has any home work, or practice to do before the next session.

Lets suppose the Energy Correction Factor came up next. We then would determine which factor — SET, TEB, Psychological, etc. If Psychological is the specific Factor, we then have three categories to consider: Structures, Processes, or Critical Life Concepts. If Psychological Structures is the proper category we have some 25 different options (plus a number of variations). We then ask which Structure. Knowing that we have narrowed the possibilities to only a few, and we can quickly determine the precise wording of the item. One of the qualities of HK is the precision with which we work, as that produces more robust, deeper corrections. Having determined the precise item we tst which reflex points to use for the correction. The person, in this case, thinks the item while we do the reflex points to produce the correction. Always sfter the correction is completed we retest the item to demonstrate completion.

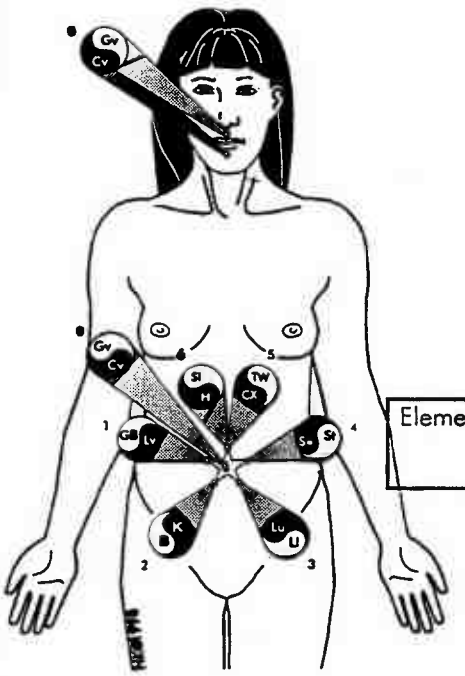
All this description of the various components of the process makes the procedure seem complex. It is not. Briefly, we meridian balance, obtain permission, determine the stressful item, do the correction, and then repeat the process for the duration of the session. It is that simple and very easy. With our systematic approach to determining the items, even novice students can produce amazing results with ease. There is not sufficient room here to describe all aspects of everything HK does, so suffice it to describe how HK does meridian energy balancing.

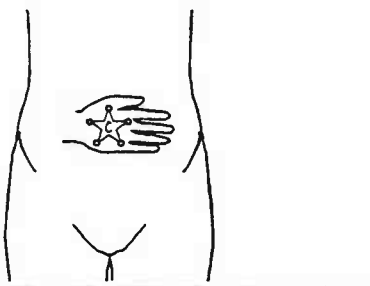
Early on I discovered that it is easier if we work on meridians in a particular sequence. I found, furthermore, that, for initial balancing, we (usually) only have to do one element (both coupled meridians) in order to balance all the meridian system. There are no pre-tests of the like, because those things are simply reflections of an unbalanced meridian system. They disappear when we fully balance the meridians. The whole process usually takes less than a minute.

This is the HK sequence:

HK Seven Element Sequence								
Element		0	1	2	3	4	5	6
Meridian	yang	**Gv** *Governing Vessel*	**GB** *Gall Bladder*	**B** *Bladder*	**LI** *Large Intestine*	**St** *Stomach*	**TW** *Triple Warmer*	**SI** *Small Intestine*
	yin	**Cv** *Central Vessel*	**Liv** *Liver*	**K** *Kidney*	**Lu** *Lung*	**Sp** *Spleen*	**Cx** *Circulation Sex*	**H** *Heart*

These elements are represented by reflex points around the navel. When one of the points is touched any functioning indicator muscle will unlock. These navel, and upper & lower lip reflexes are:





Element point star is centered on navel. Note size relative to palm.

We simply lightly touch each reflex point in turn, and test a functioning indicator muscle until we find the first reflex which unlocks the muscle. This tells us which element to balance. In order to determine how to balance that element we use our *Reflex Evaluation Points,* REPs. We next touch each REP, in turn, until we find what weakens the indicator. We now know which meridians and which reflexes to use for the balancing, all in just a few steps. For example, suppose element 3, LI/Lu, came up, along with the neurolymphatic REP. We then do the NL's for both LI and Lu meridians. This process virtually always balances all the meridians at the same time. All "weak" muscles are now strong. The REPs are overenergy test points. Here are the REPs.

Health Kinesiology is an extremely extensive system, even though each component itself is simple and easy to do. Some of the major keys to how HK works include:

- Empirical Structure. Things are included only when they work better than something else.
- Theoretical Development. Concepts about where, why, and how energy is.
- Extensive use of proper verbal questions.
- Carefully Systematized and structured. Menu system.
- Open Ended. HK grows as knowledge grows.
- Unlimited Scope. Truly holistic.
- Capability of comparing procedures and methods. Only robust methods are used.
- Iterative process. Everything is checked; more added if necessary.

The above is only brief introduction to Health Kinesiology. Our classes comprise over 90 days of basic instruction. This does not include other work such as anatomy & physiology, etc. We do not have classes focusing on specific topics such as relationships, learning disorders, allergies, etc., because once students understand the HK System they easily learn how to apply our procedures to any topic. We work on energy, as applied anywhere.

APPENDIX

THE HEALTH KINESIOLOGY SYSTEM
TIME LINE

(Abbreviated)

YEAR	DATE	EVENT
1978	mid	HK development began
1978	mid	Discovered "Yes" & "No" reactions
1978	mid	Began use of Verbal Questions
1978	mid	Using Kinesiology for testing dietary nutritional needs, supplement requirements.
1979	early	Began using Menu System
1979	early	HK Paradigm discovered, allowing development of the rest of the HK System
1979	mid	Began using Indexing and Percentage Scaling
1979	mid	First Phobia Correction, based on Systematic Desensitization
1979	late	Began development of Psychological Corrections and Structures
1980	early	Developed SET corrections (allergy)
1980	early	Recognized that energy corrections required deliberately induced stress
1981	mid	First deliberate SET *Candida albicans* correction
1981	mid	First HK Class
1981	late	Began using homeopathic materials for corrections with SET
1981	early	Tree Logo adopted
1982	late	HK Energy Model formulated
1982	mid	Health Kinesiology name formally announced
1983	mid	*Energy and Allergy* was published
1983	mid	Began to use "law of 7 elements"
1984	early	Points / Operations Matrix: Began using simultaneous multiple components for balancing: aromas, essences, homeopathics, magnets, light, sound, wood, etc.
1984	mid	HK Energy Model first presented at TFH Meeting
1985	mid	Distinguished Surrogate Testing from Substitute Testing
1985	mid	Developed Surrogate Corrections
1986	early	HK Allergy / Tolerance Tapping developed
1987	mid	Began Geobiology work
1988	April	*Cure Your Own Allergies in Minutes* was published
1989	mid	Differentiation between Energy Corrections, Energy Toning, and Adjunctives
1991	mid	Developed the "Hand–over–the–Navel" balancing procedure
1993	early	Differentiation between Energy Redirection and other Energy Factors
1998	early	Appointment of HK Board of Advisors

THE PRIME DIRECTIVE:
Maintain a Perfect Balance of Objectivity and Intuition & Validate Your Results

What is Objectivity?

It is the capacity of observing what is, rather than finding what we expect. Objectivity is the ability to test with a truly open, educated mind, free of the influence of expectations. When we are truly objective we can expect a result but easily find the opposite.

What is Intuition?

The ability to KNOW what is. The inspired hunch. The ability to know more than you have ever been taught. True intuition is a mental / spiritual ability, untainted by expectations, fears, desires, preferences, beliefs. When you have trained yourself well, ask the right questions, and are open to Truth, you are in position to receive intuition. However, you must be able to demonstrate your intuition is valid.

What is Validation?

Using cross-checks to confirm your results. Observing your results carefully. Finding opportunities to compare your results with other able and experienced energy workers. Finding agreement with results from other, totally different, approaches.

The HK Imperatives:

Balance
Clarity of Concept
Permission

What is Balance?

Balance is the smooth, even flow of energy throughout the meridian system. Before we do any further work we always ensure complete meridian energy balance. *Only then* can we be assured our work is precise.

What is Clarity of Concept?

Clarity of Concept is the precise understanding of an idea. The quality of our test results is proportional to our *Clarity of the Concept.* We must *always* clearly understand exactly what we are asking and testing. The body's energy system always answers; however, the precision and accuracy depends upon the clarity of our concept.

What is Permission?

Conscious permission is the person's verbal agreement to work with you. Energy permission, given through muscle-testing, is the confirmation that the person's body, mind, and energy system is ready, willing, and able to work with you now. Always obtain both levels of permission to work before you continue with the HK session.

The Health Kinesiology Laws

We Always Do the Best We Can.

This means we do the best we can personally, and we do the best we can given any limitations presented by the person we work with or the circumstances. We do not settle for "just good enough" but always work toward the optimal. It also means we realize that other people are doing the best they can. If they "can't" do something we do not blame them. If they wish we will work with them to effect change.

There Are No Secrets

This means that: 1) Although we are able to test and obtain all sorts of information about people, we do not do so without their permission. We *do not* invade their privacy; and 2) We do not withhold any information from the person which we obtain through testing. If there is anything we do not want to reveal to them we should not obtain the information in the first place. 3) A well trained, experienced Health Kinesiologist will zero in on important, relevant information, whether or not the client is conscious of it or willing to volunteer it.

Be Lazy

Doing HK is very demanding both mentally and physically, so we do only what is necessary. We know how much work is optimal for us, and do not exceed that amount. When possible, we sit rather than stand. We are as efficient as possible when working out corrections, and we do not do unnecessary corrections. We honor our own *Life Balance* and take care of ourselves, maintaining a wholesome balance of work, play, rest, and sleep, along with proper diet and exercise.

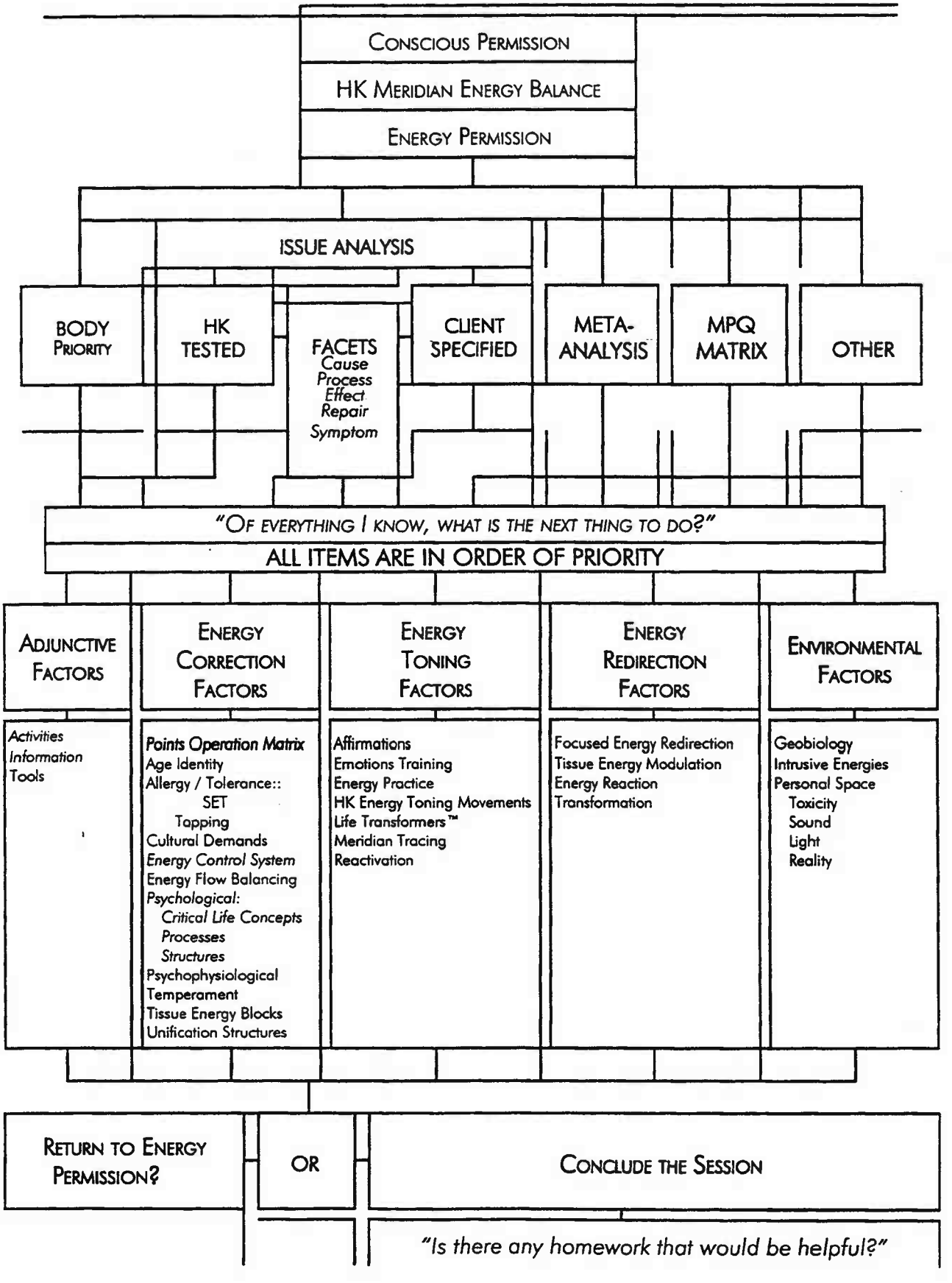
There Is Always a Way

There is *always* a solution to any problem, no matter how difficult or vexing it may first appear. Our own limits of imagination or belief are what keep us from finding a solution. If we think we cannot find a way, then look at the next Law. Not accepting this Law means we may not grow and develop optimally.

We Set Our Own Limits

Our own beliefs and attitudes about ourselves and the real world are the biggest limits to our capabilities—if we think we cannot do something it becomes true. What we truly want and envision, we can accomplish.

The Health Kinesiology System
Session Flow Chart
Stage 11



"Is there anything else to do before we stop?"
"When may our next session be?"
"Is there something to know about the next session?"

Figure 1

MPQ MATRIX COMPONENTS

MEASURES			PATTERNS	QUALITIES
Abbr.	**Measure**	**Location**	**Name**	**Name**
C	Compare	Energy Control System	Clear	Authenticating
T	Tune		Confused	Blocking
I-M	Intake	Meridians	Defective	Bonding
L-M	Level		Developing	Distorting
FW-M	Flow		Fragmented	Entraining
FL-M	Fluidity		Hidden	Functioning
C-M	Coherence		Inverted	Integrating
TO-M	Transfer out		Mismatched	Interfering
I-T	Intake	Tissues	Natural	Isolating
L-T	Level		Possessing	Limiting
FW-T	Flow		Prevent	Modulating
FL-T	Fluidity		Recognizing	Motivating
C-T	Coherence		Sabotaging	Stabilizing
C-I	Coupling in	Energy Control System	Variable	Strengthening
S	Strength			Utilizing
C-O	Coupling out			
MBEI	Mind to Body Energy Integration	Energy Control System		
BBEI	Body to Brain Energy Integration			

16 Measures X 14 Patterns X 15 Qualities = 3360 *different* corrections (approximately 1/3 are known)

Figure 2

THE HK POINTS / OPERATIONS MATRIX, P/OM

From Webster's Unabridged Dictionary:
matrix *[LL. matrix, the womb, source, origin...from mater, mother.]*
1. originally, the womb; the uterus.
2. that within which, or within and from which, something originates, takes form, or develops;...

The Points / Operations Matrix *is* Health Kinesiology Energy Corrections in a nutshell. Almost all corrections combine reflex points with some kind of energy, whether from thought, body position, or sensory input. Knowing this underlying structure, your work is only limited by your experience and your imagination.

Many frequently occurring combinations of points and operations have been given names for ease of identification and communication. For example, by definition TEB's (Tissue Energy Blocks) are always "Self–Touch & Reflex Points"; Psychological items are always "Think & Reflex Points".

When P/OM comes up as the next priority, it means that the energy correction needed next is different from all the more frequent, named corrections. Some corrections that are done under P/OM will be similar to named corrections, but not exactly the same. For example, a magnet and a thought is not a named correction, but frequently appears under P/OM. Use the P/OM to work out these items.

The P/OM is a simple springboard for developing energy corrections. It is kept as spare as possible to make it very easy and flexible. It is not a system for categorizing HK corrections. For example, on a P/OM chart, "Psychological" and "EFB / CSEI: Thinking Mode" corrections look alike.

OPERATIONS / REFLEX POINTS	Think	Self Touch	Do	Body Position	Traditional Sensory	Additional Sensory	Other
EP (End Points)							
NL (NeuroLymphatic)							
NV (NeuroVascular)							
SED (Sedation)							
ACT (Activation)							
MC (Mechanism Control)							
CD (Cultural Demands)							
...							
COMBINATIONS							
SPECIAL							

In this chart "..." refers to any type of reflexes or acupoints not listed, such as alarm points, ear points, Lo points, Lower Ho points, etc. "Combinations" refer to the use of two or more types of points simultaneously, such as endpoints plus neurovasculars. "Special" means otherwise uncategorized points, usually acupoints, such as bilateral H 3 plus Cv 6 together.

THINKING:
Internal mental activity: a specific thought, feeling, inner experience, imagination, visualization etc.

SELF TOUCH:
Touching one's own body with one or both hands, feet, or any other part of the body. Determine the specifics of how and where to touch.

DO:
This involves physical movement: walking, singing, laughing, swinging the arms, breathing in a special way (fast, slow, quick in & slow out, etc.), eye movements (opening & closing the eyes, looking from side to side, up and down, etc.).

BODY POSITION:

This is a static body position: sitting, lying down, standing on one foot, holding arms out to one side, holding a sideways twist, holding the breath (after inhaling / exhaling), eyes (shut / open / fixed in a certain direction). This includes the *kinesthetic* sense.

TRADITIONAL SENSORY:
Stimulating the physical senses with light, sound, smell, taste, touch (including touching something specific, being touched *by* someone specific or by anyone, or being touched in some particular way or place). Determine specifics: where to shine light on the body, how loud the sound is, etc.

ADDITIONAL SENSORY:
Energy input normally imperceptible to the five senses: magnets, Life Transformers™, gizmos™, flower essences, homeopathics, crystals, etc. Determine what the stimulus is and how / where to use it.

OTHER:
Anything not covered by the above categories.

The following charts depict some examples of P/OM energy corrections.

Psychological:

OPERATIONS	Think	Self Touch	Do	Body Posture	Traditional Sensory	Additional Sensory	Other
POINTS							

Psychophysiological:

OPERATIONS	Think	Self Touc h	D o	Body Postur e	Tradition al Sensory	Addition al Sensory	Other
POINTS							

Energy Flow Balancing (Sensory Integration, sensory feedback):

OPERATIONS	Think	Self Touch	Do	Body Posture	Traditional Sensory	Additional Sensory	Other
POINTS							

Energy Alignment:

OPERATIONS	Think	Self Touc h	D o	Body Postur e	Tradition al Sensory	Addition al Sensory	Other
POINTS							

1 Health Kinesiology began development in 1978 and was formally named in 1981. The term has been Copyrighted since then, along with the Tree–Logo. The tree shape is approximately the form of a super–ellipse, a mathematical construct often used in the design of parks, and the layout of streets, among other things.

2 Dr. Jimmy Scott may be reached at:

Health Kinesiology, Inc.
RR 3
Hastings, Ontario K0L 1Y0
Canada
Tel: 705.696.3176
Fax: 705.696.3664
Email: hk@subtlenergy.com

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6 This paper is an abbreviated version of a full length document to be made available later.

Dr. Jimmy Scott, the founder and developer of Health Kinesiology, received his Ph.D. in 1966 from the Department of Psychology, University of North Carolina, Chapel Hill. He served on the staff of the University of North Carolina School of Medicine, the National Institute of Mental Health, Bethesda, MD, the University of California, Davis, School of Medicine, and Psychology Department, and the University of California, San Francisco School of Medicine. During that time he published over 30 research papers and developed an International reputation in the fields of psychophysiology, sleep research, and biofeedback. He has always operated on the cutting edge of knowledge and technology and has strong skills in creativity and critical thinking.

Integrative Kinesiologie ©
by
Rosmarie Sonderegger and Bernhard Studer

Integrative Kinesiologie is a form of Kinesiology with its own Faculty and its own competence.
Integrative stands for a Kinesiology that

- respects the professional background of a person as well as his inner wisdom
- is open to all other developments in Kinesiology, integrating new information into the Curriculum
- abides by the Code of Ethics of the IKC

History

Integrative Kinesiologie was founded in September 1985. It was a one year program (150 classroom hours) and was offered in different modules (every Tuesday evening or once a month either from Friday evening until Sunday afternoon or Monday until Wednesday lunchtime).
The program was offered from 1985 until 1989. 71 students completed the study.

The students asked for a continuation of the course and this is why the program was extended, first to two and in May 1987 to 3 years.

Up until July 1998 this Professional Kinesiology Program called Integrative Kinesiologie with 450 classroom hours has been completed 16 times.
323 students have finished the full program.
At the moment, 8 programs in Integrative Kinesiologie are taught simultaneously, 6 in Zürich, 2 in Lucerne. This means that 150 students are presently involved in the course.

The courses for Fall 1998 as well as those in 1999 (3 classes with 22 students) are fully booked. More than 150 applicants are on the waiting list.

The program in Integrative Kinesiologie ends with a diploma workshop of 50 hours (7 days). This graduation workshop is optional.
The students qualify for the Diploma-workshop if their attendance over the 3 years period was at least 90% and if a written Diploma work containing:
a. a report of self-development during the 3 years (minimum 40 pages),
b. a description of the group process,
c. a report of limits and boundaries of Kinesiology, as well as
d. 30 casehistories (3 times 10 hours)
This has to be delivered one month prior to the Diploma-workshop.
201 students attended the 22 Diploma-workshops so far and 175 graduated with the Diploma.
In July 1998 30 students have signed up for the Diploma-workshops planned until the end of the year.

Organisation of the Professional Kinesiology Program in Integrative Kinesiologie ©

	1st year	2nd year	3rd year
Weekend courses	8x2 ½ days Fr eve to Sun. and 5 days Intensive Study external	7x 2 ½ days Fr eve to Sun and 7 days Intensive Study external	8x2 ½ days Fr eve to Sun and 5 days Intensive Study external
2 ½ day courses/Halfweek c.	8x2 ½ days Mo to Wedn. and 5 days Intensive Study external	7x 2 ½ days Mo to Wedn and 7 days Intensive Study external	8x 2 ½ days Mo to Wedn. and 5 days Intensive Study external
Week courses	4x5 days and 5 days Intensive Study external	3 ½ x5 days and 7 days Intensive Study external	4x5 days and 5 days Intensive Study external

Prerequisites for the Professional Kinesiology Program in Integrative Kinesiologie ©

Personally:
- Willingness to discover and activate the innate talents
- Inclination to work with people
- Normal physical and emotional health
- Willingness to be part of a group and cooperate and grow together
- Willingness for insight

Professionally:
- The students have to have a profession or a University degree.

Kinesiology:
- TFH I, II, III and Brain Gym I, II or equivalent
- To complete or have completed a Massage and Anatomy course of at least 60 hours

Homestudy

An average of 150 to 200 homework hours/practice time is required.
The Diploma work (between 80 and 200 pages) as well as the preparation time for the written, oral and practical exam is calculated with an additional 400to 500 hours.
Average number of students completing the full program: 95 %
Average attendance of the students: 93%

Special values of this program

The group of 22 students is consistent for the full 3 year course. Trust is established and allows openness to share and work on very delicate issues. The group stands in many ways for the childhood family and is a strong and safe place. New experiments and experiences are possible that nowhere else can happen.
Living through the ups and downs in contact with the co-students, the student learns to deal with difficult issues and is capable as a kinesiologist to handle difficult cases.
Furthermore the student reflects on his/her own limitations and talents, balances and gets balanced. This allows improvement of his personal and professional relationships.
A winner concept can be established!
The Diploma-work as well as the Diploma workshop offer a stressful but rewarding selfevaluation (supvervised videoed practice session). It transforms the student into a mature and professional kinesiologist.

Contribuition to research

175 Diploma works containing 5250 hours of casehistories are available for evaluation.

Teaching body

Anatomy, Physiology, Pathology, Archetypes	: Dr. P. Altrichter, MD
ISO-Kinesiology	: Alice Bieli, nurse, TFH, BG instructor Liselotte Fassbind, physiotherapist, TFH, BG instructor, Supervisor Assoc. For Prof. Kinesiologists SBVK
Learning styles	: Jacqueline Meyer, teacher, TFH, BG instructor, member of the TFH assoc. German speaking Switzerland

Directors of the course in Integrative Kinesiologie in Zürich:

Rosmarie Sonderegger, graduated in Psychology and Socialwork, Faculty IKC, ITW Trainer, Faculty EDU-Kinesiology Foundation,Faculty Wellness Kinesiology, Teacher PKP I, Teacher Emotional Kinesiology, member of the Swiss Professional Association for Kinesiologists SBVK

Content of the Professional Kinesiology Program Integrative Kinesiologie ©

1st year

Kinesiology
- TFH I, II, II in depth, TFH IV
- Brain Gym I, II in Depth
- EDU-K in Depth
- Physiology for Kinesiologists
- 5 day intensive course: 5 Elements of TCM
- Reactivity
- Stress release/resolving Trauma
- PKP I
- Nutrition

Issues for personal development:
- Yin/Yang concept
- Values/inner direction
- Communication skills
- Learning patterns

Practical work:
- Elements of a private session
- Practical work

2nd year

Kinesiology:
- EDU-K-in Depth
- ISO-Kinesiology
- Vitamins, Minerals, Trace minerals, Dr. Riddler points
- Psychopathology

Issues for personal development:
- Ethics of a kinesiologist
- Stress-Management
- Drama/Success-Triangle
- Integration of the senses
- Life cycles
- Personal behavioral patterns

Practical work:
- Elements of a private session: Active listening according to C. Rogers
- Intervision
- Working with different agegroups

3rd year

Kinesiology:
- PKP I (more techniques)
- Elements of Applied Kinesiology
- Additional muscles
- Vision

Issues for personal development:
- Archetypes
- Developmental Psychology
- Partnership patterns
- Re-Mothering, Re-Fathering
- Sexuality and Kinesiology
- Congruence and competence of a kinesiologist
- Cooperation with other professionals
- Possibilities and boundaries of Kinesiology

Bernhard Studer, graduated in Socialwork, Faculty IKC, Chancellor IKC, ITW Trainer, Faculty EDU Kinesiology Foundation, Teacher PKP I-IV, Teacher Emotional Kinesiology, Teacher of AK, Boardmember of the Swiss Professional Association for Kinesiologists SBVK

in Luzern:

Richard and Katrin Frank, Nurse and Heilpraktiker, Instructors for TFH, Brain Gym, Wellness Kinesiology, Emotional Kinesiology, Boardmember of the TFH association of German speaking Switzerland

Texts/Teaching materials

Texts and manuals are handed out to the students for every session.

Teaching facilities

We have 3 teaching rooms, each room approx. 65 m² with carpet and big windows. A terrace of 125 m² for the students to practice or spend time during the breaks and lunch. Students from far away have the possibility to spend the night (sleeping bag) at the Institute for a minimal charge.

Costs for the Professional Kinesiology Program in Integrative Kinesiologie

For 3 years, with Diploma, Teaching materials/texts included, approx. SFr. 15'000.— (US$ 10'000.--).

Approval

This program is already approved by I-ASK and more than 50% of the health insurences in Switzerland are paying for Kinesiology sessions of Integrative Kinesiologists.

Certificates

Students having completed the full course with a minimum attendance of 90% receive a Certificate as BegleiterIn (Facilitator) in Integrative Kinesiologie. The title is Integrative KinesiologIn IKZ ©

To students having in addition successfully graduated from the Diploma workshop a Diploma Certificate is issued. The title is dipl. Integrative KinesiologIn IKZ.

Experience with the program

The overview over the classroom hours held will give an idea of the amount of hours of learning that were possible so far with this program.

Overview of the total classroom hours of Integrative Kinesiologie since 1985:

05 programs in Integrative Kinesiologie (150 classroom hours)	10'650	classroom hours
16 programs of 3 years (450 classroom hours)	145'350	
08 programs in process	33'750	
22 Diploma workshops	10'050	classroom hours
Total classroom hours taught in Integrative Kinesiologie	**199'800**	**classroom hours**

Outcome/Vision

1. A fulltime study in Integrative Kinesiology will start in October 1998. The course is booked out. (24 students)
2. The members of the Professional Association for Kinesiologists SBVK (mostly Integrative Kinesiologists) and members of the TFH Association of German speaking Switzerland have organized an International Kinesiology Conference in October 1997 at the University of Zürich.
   From the 739 participants at the Conference, **508 participants were Swiss**, many of them Integrative Kinesiologists.
3. **The 1st Conference in Integrative Kinesiologie will take place from September 22 to 24 at the University of Zürich in the year 2000.**

Life issues to be considered - Integrative Kinesiologie

1. Right to be independent
2. Positive, valuable energy
3. Open heart self/others
4. Life cycles
5. Being special/ordinary
6. In charge/powerless
7. Violence/manipulation
8. Senses
9. Sexuality
10. Moving/success

1. Right to live
2. Saying yes/no
3. Developmental stages
4. Learning styles
5. Ego stages (TA)
6. Family quotes
7. Re-Mothering
8. Miniscript/destructive messages
9. Family structures
10. Values

1. Right of own authority
2. Individuality
3. Male/female, Yin/Yang
4. Own territory/roots
5. Protecting/defending
6. Health
7. Re-Fathering
8. Dissociating/ being open
9. Needs
10. Archetypes/selfimage

1. Peace/Harmony
2. Partnership-Profile
3. Clarity/own eyes
4. Addiction/defensemechanisms
5. Stability/flexibility
6. Change for the good
7. Resignation
8. Ability to heal oneself
9. Stress management/body stress
10. Managing emotions

1. Selfworth (true)/Selfrespect
2. Guilt/reconciliation
   Praising/punishment
3. Transference/Projection
4. Sabotage
5. Drama/success Triangle
6. Roles under Stress/Reactive roles
7. Responsability/expectance
8. Self fulfilling prophecy
9. Pain/accident
10. Mourning

Three In One Concepts

By Gordon Stokes

Every one of us, child or adult has an image of Self – what we are, what's expected of us and what we expect of ourselves. We build this image on how we feel about "things" plus input from our peers, parents, teachers and people to whom we grant authority or influence – not to mention our genetic blue-print which, of itself, determines our basic matrix of behavior.

The experiences we have reinforce this Self-image, for "good or bad" as the case may be. Actually, we (mentally) talk ourselves into what we believe true about ourselves. And this Self-Talk cycle turns us into "self-fulfilling prophecies."

We then accept only the input that reinforces our self-image, which is really a lie, and we begin to act out this role as if it were true.

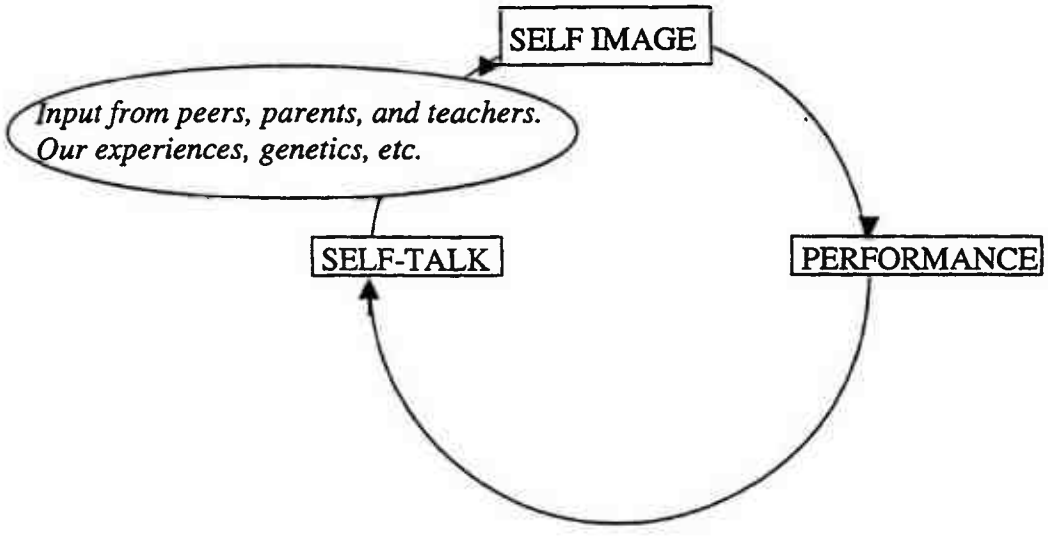
Here's how the process works. Just follow the diagram:

We talk to ourselves based on how we judge the experiences we have. How we judge the experience reinforces Self-Image: "I'm good!" or "I'm bad!"

We act according to our Self-Image.

Then we judge our next performance, talk to ourselves about it, reinforce our Self-Image and act accordingly.

Round and round this Self-Talk cycle goes until it becomes a self-fulfilling prophecy. "Sure enough," If we do *that* then *this* will happen. "I don't do it well" becomes "I can't do that" which in turn becomes "I *won't* do that!"



Let's take this concept into the school system. How children perform results from the Self-Image they've created: what they believe to be true about themselves. If this image of self is that of a poor reader, then they'll *continue* to read poorly.

Taking this a step further: If you think of yourself as a poor speller, you'll look at words closely, remind yourself you have a problem with spelling, then try to "get it right" and fail to do so – which reinforces your Self-Image as someone who "can't spell." Naturally, this also means that you're a "a poor reader."

When teachers and others in authority who are "good spellers and readers" explain something to those of us who believe we can't understand the *written* word, chances are we've also come to believe we can't understand *the spoken word* because of who speaks it.

Not being able to read and write is embarrassing, so we don't want anyone to know and we AVOID reading and writing. In fact, we'll go to great lengths not to be put in a position, which would reveal our ignorance.

Worse, to cover our tracks we DENY our emotional embarrassment and "act out" being tough or a loner, or dumb. Alas! When we act out "dumb" the assumption is everyone knows how "dumb" we are – so there's no need to hide it. We just give up and get "dumber."

This carries on into our adulthood and the world as we see it is an exact reflection of what we believe to be true. Our projected thoughts, feelings and expectations outward are perceived as the outside reality.

Using Specialized Kinesiology (muscle-testing) to gain bio-feedback from the body (and thus bypass the conscious mind) we help people identify exactly which person or experience first triggered our image of being a poor speller – or, for example, "dumb."

Working with children labeled as "learning disabled" or "dyslexic" or slow learners," we often ask: "Do you think you're dumb?" Almost always they answer. "Of course I am, why else would I be in this special education class?"

Obviously the *causer* of this Self-Image didn't happen yesterday, It's been on-line for quite a while.

Well, no matter how much we want to forget past traumas, no matter how we've repressed them, the memory of past events is still alive, stored in our unique memory system. And even though we may not consciously recall them when making choices in present time, those past memories unite with our present experience of life. Our past determines our emotional reactions today, and we based our decisions on how we <u>feel</u>.

What we'd do now: Age Recess the person (via muscle—testing) to the *causer experience* which resulted in the "dumb" self-image or a current relationship problem, or a stress related problem such as bed-wetting, etc.

At the Age of Cause we use a battery of skills to identify the kind of energy blockages that took place and put them in balance. Then the emphasis goes to defusing the negative emotion that is attached to the person/event involved. Then returning to Present time we make sure that any remaining negative emotional "charge" has also been defused.

With 0% Negative Emotional charge in the past (at cause) and in the present, the individual is free to make positive new CHOICES where none seemed to exist before.

When the Negative Emotional Charge is defused from the energy field, we lose the "magnetic" charge that draws to us those experiences. Unpleasantness is only drawn in response to what we've denied or judged against. Our CHOICE to *deny* our emotions (to "stuff" them) is what gives the experience its unpleasant qualities because to deny that, we feel, puts us into a denial that there is no other CHOICE available. Locked into limitation, we can only reinforce what we already believe to be true.

DENIAL OF EMOTION
↓
ON THE CONSCIOUS LEVEL
↓
PUTS A NEGATIVE JUDGMENT
↓
ON THE EXPERIENCE
↓
WHICH GOES
↓
INTO SUBCONSCIOUS AND IS
↓
MANIFESTED ON THE BODY LEVEL

Denial of emotion takes root on the SUBCONSCIOUS level and eventually blossoms on the BODY level. What we plant from the CONSCIOUS level, we reap in our body – all too often in the form of physical "symptoms, allergies or problems."

Yes, It's been our experience that the emotions we try to deny (or "stuff") crop up again as "Physical problems." After all, the negative emotional charge we're denying on a Conscious level doesn't just evaporate because we "did not like the experience." This leaves the body to deal with the effect of held-in emotions. Since we denied expression of the emotion, the physical body ACTS OUT the negative emotional charge it is holding and illness becomes the only expression it has available for CLEARING ITSELF.

The scientific establishment uses surgery and drugs to repress such symptoms. As a matter of fact, it views the body as a machine. If the body clogs, dope it up or use a roto-rooter. If that doesn't work, plumb around the blocked part. And if that doesn't work, replace the part. It's viewed like a watch. If something doesn't work – replace it.

To us, that's pure insanity if the CAUSE of the symptom is denied emotion – and in our experience, nine times out of ten it is! At the very least physical symptoms are supported by, or aggravated by, our "emotional state."

Too often, we forget that the body is a complete part of us. It has an intelligence that far surpasses anything we could do consciously or scientifically for it. And the body is in complete communication with itself. The heart communicates with all the cells in the body whether they are in the liver or the brain.

Experience is meant to teach us, to help us evolve. Repeated experience is only meant to go on as long as needed. When understanding comes, the repetition is no longer necessary and we are free to move on.

OUR POTENTIAL

We all have 100% potential, on the basis of our genetics and awareness level, for doing what we want to do. None of us is using 100% of our potential. And the only person responsible for this is ourselves. We put the limitations on ourselves, maybe not intentionally, but we do. Then we usually pin a label on his limitation that reinforces it.

So if you believe you're dumb, you'll act dumb. If you believe you're angry, you'll act out your anger.

Once we identify and defuse the denied emotions at the Age of Cause, related Body "symptoms" most often vanish – so do the related Self-Image "symptoms" (such as "dumb"). We find ourselves free to make more effective CHOICES.

Defusing our emotions in the past really does change the present, and since our feelings in the present create the future, we can change the future, too.

This is exactly what we do at Three In One Concepts.

Clearing our denied emotion releases the limitations we placed on ourselves. These limitations are made up of our denials, judgments, and the conditions we place on accepting ourselves. If we hold something within that is not allowed FREE movement or free expression, we draw a reflection of this to ourselves from the outer world. When we defuse our denials, we no longer draw to ourselves the kind of experience we don't want to have. "Unpleasant" experience comes in response to what we deny within ourselves.

We actually do this all the time. It's called WORRY.

WORRY

1. We visualize what we don't want – an undesirable outcome.
2. We think it might or could happen.
3. We feel fearful, anxious, trapped.
4. We dwell on the mental outcome, and keep it going over and over in our mind.
5. The more we visualize it the more real it becomes as a possibility.

WHAT'S YOU GOAL?

The subconscious does not reason nor question the data you feed it. It merely processes it and reacts appropriately to it.

Our journey to full consciousness and full awareness is the most exciting journey we will ever take.

The best way to have the future you want is to create it!

THE BEHAVIORAL BAROMETER

Unique to us, the Barometer forms the spine of ALL our work at Three In One Concepts. Daily, we find more and more appreciation for its power.

The Barometer is so exact, so incredibly specific, that it almost seems to have a life of its own. You can pretty well discover where you are on the Barometer just by looking it over while you think about any given issue because the Barometer's Major headings and Subheadings tell a complete story. Its words have a nearly magical significance – one of them will attract you as being the right one.

THE THREE LEVELS OF AWARENESS

As you can see, the Barometer has three primary levels - Conscious, Subconscious and Body.

CONSCIOUS means exactly that: you're consciously aware of what's happening in the Present Time/Right Now. Our conscious mind is the most powerful in that it sends messages to the Subconscious either as a denial, affirmation or belief.

SUBCONSCIOUS represents the Past Experience that relates directly to how (and why) we react the way we do in specific Present time situations based on our denials, affirmations or beliefs. The subconscious has a direct influence on the Body level.

BODY refers to your entire life experience from Conception up to now – every microsecond of it. In effect, BODY is as close as we can come to a person's Essential Self, the genuine truth about that person's overall experience.

How we react in the Present (Conscious) relates directly to the CHOICES we've made in the Past (Subconscious) when similar events took place – as based on our overall experience of life from the moment of conception (Body). Each of these Levels of Awareness interrelates directly with the other two. Because of this three-level interaction, the Barometer always offers you a three-dimensional view of any issue.

Once you identify exactly where you are on one of the levels (CONSCIOUS, SUBCONSCIOUS or BODY) and then identify the Major Category – ENTHUSIASM/HOSTILITY and the Subheading – (Trusting/With-holding) you know exactly where you are on the other two Levels as well. That's right, the Barometer always gives you "three for the price of one."

Now put the information from all three Levels of Awareness together. You can then read it as a story.

In Present Time you went somewhere (or to someone) where your INTEREST led you. You wanted to feel Welcomed. Alas, that didn't happen, so RESENTMENT overwhelmed you and you felt Used/Abused and Confused instead. Based on your Past Experience, you know the kind of GRIEF that causes – not to mention the GUILT which comes from not being interesting enough for "them" to find *you* of Interest! Naturally you found the whole situation totally Unacceptable. Once again, no EQUALITY. Another blow to your sense of Purpose!

And all of it reinforced by your longtime track record of feeling that you had NO CHOICE in the matter that you were at "their" mercy.

Your story will of course read differently.

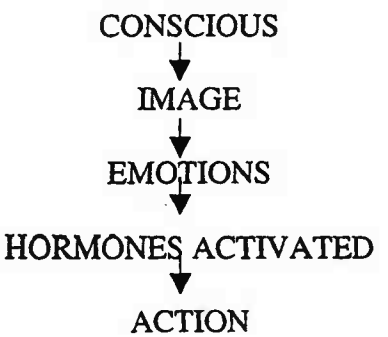
NEGATIVE and POSITIVE EMOTIONAL CHARGE

NEGATIVE EMOTIONAL CHARGE – SELF DOUBT

This insight came to me when I was doing a workshop in Australia quite a few years ago. I was so excited that immediately upon arriving home I changed all of our manuals to include it.

YOUR POWERFUL CONSCIOUS MIND

The conscious mind is more powerful than the subconscious mind in directing your life. In the conscious mind you get the spark of an idea. As you hold on to this idea, the imagination takes over and expands this idea into possibilities. This triggers the emotions in the body. These emotions can be either positive or negative depending on what your focus is. When the emotions get strong enough, they turn on the hormones and the adrenal system. Once these chemicals are turned on, the body moves into action. Now, the action can be to your benefit or not, depending on what you imagined in the first place.



When we're really motivated in reaching a goal we usually do the following steps:

GOAL SETTING

1. We visualize what we want.
2. We think it might be possible.
3. We become enthusiastic about it.
4. We dwell on the mental outcome, and we keep it going over and over in our mind adding more and more details.
5. The more we think about our goal and visualize it, the more real it becomes as a possibility.

Once the person has an issue and we test for "what the Barometer tells about this issue", we find out the Percentage of Negative Emotional Charge (NEC) attached to that issue.

Why? Because knowing the NEC% attached to an issue before the defusion gives you a way to measure the success of the defusion. For example: if you had 97% NEC prior to defusion and 0% NEC after the defusion, then obviously the defusion made a positive change for the better. This is the best indicator we have that "the work" *works!*

NEC is always identified in Present time AND during Age Recession.

POSITIVE EMOTIONAL CHARGE – MOTIVATION FOR CHANGE

Energy is energy. The emotional label assigned it determines whether its effect is positive or negative. For instance, ANGER and WILLING use the same actual energy. It's all a matter of perception and how you choose to use the energy. WILLING and ANGER are the same energy because that is the same vibration. Two sides of the same vibrational coin.

This is true of stress as well. Some stress is good for us. It brings us to a state of alertness when we're challenged to run a marathon, or give a talk to a group of people or have an important business appointment. The body turns on the adrenal system, ready for the challenge. This stress is a healthy stress for the entire system as it keeps the body in a balanced state. This stress we call POSITIVE EMOTIONAL CHARGE.

In every defusion, we're as interested in Positive Emotional Charge as we are in Negative Emotional Charge. When similar issues come up in the future, we're much more likely to make the CHOICE for *positive change.*

THE BEHAVIORAL BAROMETER

CHOICE

ACCEPTANCE

Choosing to · Approachable
Optimistic · Acceptable
Adaptable · Worthy
Deserving · Open

WILLING

Receptive · Adequate
Prepared · Answerable
Encouraging · Refreshed
Invigorated · Aware

INTEREST

Fascinated · Tuned-in
Needed · Welcomed
Understanding · Appreciated
Essential · Caring

ANTAGONISM

Attcked · Bothered
Questioned · Burdened
Annoyed · Indignant
Opposing · Inadequate

ANGER

Incensed · Furious
Over-wrought · Fuming
Seething · Fiery
Belligerent · Hysterical

RESENTMENT

Hurt · Embarrassed
Wounded · Used/abused/confused
Unappreciated · Rejected
Dumb · Offended

CONSCIOUS

SUBCONSCIOUS

ENTHUSIASM

Amused · Jubilant
Admirable · Attractive
Delighted · Excited
Alive · Trusting

ASSURANCE

Motivated · Daring
Protected · Bold
Brave · Considered
Affectionate · Proud

EQUALITY

Lucky · Co-operative
Involved · Purposeful
Reliable · Concerned
Sincere · Productive

HOSTILITY

Trapped · Picked-on
Put-upon · Frustrated
Deprived · Sarcastic
Vindictive · With-holding

FEAR OF LOSS

Let-down · Not-heard
Bitter · Disappointed
Threatened · Over-looked
Frightened · Unwelcome

GRIEF AND GUILT

Betrayed · Conquered
Discouraged · Unacceptable
Self-punishing · Despondent
Defeated · Ruined

BODY

ATTUNEMENT

In tune with · Congruent
In balance · Creative
Perceptive · Appreciative
Tender · Gentle

ONENESS

Quiet · Safe
Calm · At peace
Unified · Completed
Fulfilled · At-one-ment

INDIFFERENCE

Pessimistic · Immobilized
Rigid · Numb
Stagnant · Unfeeling
Destructive · Disconnected

SEPARATION

Uncared for · Unloved
Unacceptable · Loveless/unlovable
Unimportant · Melancholy
Morbid · Deserted

CHOICE/NO CHOICE

Wellness Kinesiology

by Wayne W. Topping

When I first heard of Touch for Health, back in 1976 as a geology professor in Pasadena, California, I was very skeptical. One of my friends had informed me that a woman he knew was going to a chiropractor (Dr. Thie) who determined which vitamins and minerals she needed through muscle testing. My response: "Whose leg are you pulling? You can't do that!" My friend was going to attend a free introductory lecture on Touch for Health that evening at Dr. Thie's clinic. Was I interested in going? "Sure: This is something I have to see for myself." During the presentation Richard Durée asked for a volunteer with one shoulder higher than the other. No one volunteered. Richard had everyone stand up. The rest of the class volunteered me! My right shoulder was apparently higher than the left. He then proceeded to test my latissimus dorsi muscles. The muscle on the right unlocked. "I wasn't ready. Do that again." I said. He did. Same result. "Are you sure you're using the same pressure?" I responded. He assured me he was. "That can't be: I'm right-handed." "That has nothing to do with it" replied Richard. Then Richard proceeded to drill a hole into me between the seventh and eighth ribs below the nipple on the left - or at least that's what it felt like. I didn't know that point was so tender. I now knew that Richard was on to something. When he retested the right arm, it was now strong. "Are you sure you're pulling as hard?" I said. I guess skepticism dies hard. What really made me a believer, however, was when people exclaimed: "Wow, look at that: Wayne's shoulders are level." Six months later the latissimus dorsi was still strong on the right. I was now a true believer and I was hungry to learn as much as I could about Touch for Health!

I took a basic class in 1976 and an instructor's class in 1977. Touch for Health led me into classes in nutrition, herbs, foot reflexology, massage, etc. By 1979 when I was a visiting professor of geology teaching at Western Washington University in Bellingham I recognized it was time for a career change. I loved geology. However, I had to be honest: I now loved wholistic health more. Consequently in the fall of 1980 I decided to take three months training in Biokinesiology from John Barton to be certified as a Biokinesiology Instructor.

In 1984 I was invited over to Sweden to teach a six day class summarizing what I had learned during my three months training. This led to invitations to teach in Denmark, Holland and England and the writing of a book *Biokinesiology Workbook* to support that six day biokinesiology workshop.

Modifying the Emotional Stress Release Technique

As an avid Touch for Health Instructor working with clients privately I found I was using the emotional stress release (ESR) technique more than perhaps any other technique. It could be modified and applied creatively to many diverse situations.

I found it to be particularly valuable as a form of psychological first aid. I'll give two examples to illustrate the sort of results I was getting.

One woman, about 35 years old, came to the Wholistic Health Center where I was working in Bellingham about 1981. Her muscles were "spasming" uncontrollably all over her body. She informed me that three close relatives had all just died in separate incidences within the space of 10 days; her grandmother was expected to die within the next few days, and her alcoholic mother was treating her is if she were a fifteen-year old girl. With

such a heavy emotional overload no wonder her physical body was on the verge of giving out!

We used the ESR technique on her for each death, in turn, and within the hour she left, pain free. This woman came in for a checkup a week later so that I could check the effectiveness of the ESR work she had done for herself since her first visit. She had successfully worked on several problems during that week including the death of yet another relative.

On another occasion, a man came to the Wholistic Health Center as an "emergency" during our off-hours. He felt that he was headed for a nervous breakdown (he had had one previously) as a result of his guilt over having "caused" the death of his wife who was about two months pregnant and his twelve-year-old son. He recounted how he had had a violent argument with his wife shortly before boarding a plane to fly to New York. A friend contacted him en route to advise him that his wife and son had been killed in a head-on collision with a drunk driver. We used the ESR technique on: hearing his friend giving him the bad news, his wife's death, his son's death, the death of the fetus (the girl (?) they had hoped for), his feelings towards the drunken driver, etc. Within an hour we had worked our way through each of those "problems" and he took with him a tool that he could use to continue reducing his stress load. A few days later, he canceled his following week's appointment because he was feeling so great!

Even though we got some amazing results, I found that ESR did not always seen to be 100% effective. Sometimes clients used ESR thinking about the upsetting situation, the indicator muscles were now strong or locked, yet the body evidence or behavioral evidence suggested that there was still some unresolved stress. How could we access that distress?

Soon after I first met Bernie, my ex-wife, I found out that she had a fear of dogs extending back to a situation when she was nine or ten years old. At that time, a boy that she had a crush on was attacked by a German Shepard. As he was running away the dog tore into his calf muscles. As a result the boy was laid up for the summer. Bernie hadn't seen the event, hadn't seen the injuries, just the scars at the end of the summer but that was sufficient to create within her an intense fear of dogs. We used ESR to eliminate Bernie's fear of dogs. The fear was now gone with one exception, whenever she went running. Why was the ESR not 100% effective? What were we missing?

Some time later I was doing some kinesiological work with Bernie. The indicator muscle (I.M) remained strong when she thought about seeing dogs coming towards her, touching a dog, getting in touch with feelings regarding being around dogs, etc. However, when I said "hear a dog barking" the indicator muscle unlocked. Apparently we still needed to do some stress release involving the auditory component.

Research in Neuro Linguistics Programming has shown that we move our eyes into different directions depending upon how we are processing information: auditorially, visually, kinesthetically, dialoguing internally, etc. I was curious to find out which particular eye direction accessed the part of the brain where Bernie stored memories of the sounds of dogs. When Bernie thought about dogs her I.M. switched off only when she looked down to her right. She did ESR while thinking about dogs and looking down to the right. When the I.M. was retested it remained locked (1) when she imagined hearing dogs, and (2) when she visualized dogs while looking down to the right. Now when she ran her fear of dogs was gone. Subsequent research showed that whenever someone thought of a specific stressful subject or incident there were many different eye directions that would allow a strong I.M. to unlock, presumably each accessing a part of the brain where a stressful memory was stored regarding the subject or incident being focused in on. Doing ESR while

the eyes were held in those

positions eliminated the stress without us having to determine exactly what the situations were.

After about six months of this work we realized the brain was smarter still: doing eye rotations first in one direction then in the opposite direction while doing ESR and focusing on a stressful situation eliminated the stress.

Taking the ESR Technique to a Deeper Level

A few weeks after Bernie and I developed the eye rotation technique we discovered a way to intensify its effect. This was by the placing of metal under the back of both heels and over the lower central forehead. We used aluminum foil for convenience, although other metals would also work. This idea for using metal to find imbalances came from my biokinesiology training where we placed metal on various parts of the body depending upon whether we wanted to check for hidden problems with intervertebral discs, parasites, teeth, periosteums, etc.

Using the metal made the stress release clearing so much more effective that we used it most of the time except when the situation we were working through was (or had the potential to be) so emotionally charged in which case we would do simple stress release, then add in the eye rotations, then finally repeat the process using metal. This way the process was "chunked down", the distress removed in layers as it were.

During July, 1986, we found a way to achieve this deeper level of clearing without the use of metal. A fellow Touch for Health Instructor and friend, Ray Gebauer, suggested that I might want to do the ESR while the client held tips of thumb and ring finger together (the ring finger is the "emotional" finger of Allan Beardall's research). At first we experimented with the arm opposite the gestalt brain then later settled for holding the emotional finger mode bilaterally.

By the Fall of 1986 we had dropped the use of metal to elicit a deeper response. Using fingers was simpler and we were finding it was more effective. When I published the first edition of the *Stress Release* book in 1985 we described the use of metal and we included an appendix where we had many pairs of statements pertaining to Weight Loss, Self-Esteem, Serious Illness, and Habit Change. Each pair consisted of a positively worded statement, and a reprogramming statement in a double negative format. For example:

"I want to live".	"I no longer don't want to live".
"I eat to live".	"I no longer live to eat".
"I like my body".	"I no longer hate my body".

In the stress release work we used primarily four different approaches: ESR with eye rotations while: (a) client focuses on negative experience; (b) client imagines the opposite positive situation, e.g. being successful, at their new desired weight; (c) client makes positively worded statement; or (d) client says double negative statement. Each is a different way to provoke stress which can then be defused and we used them interchangeably as seemed fit during the session.

Once we began using the emotional finger mode, rather than the aluminum foil, we found we needed to use fewer reprogramming statements and we had to do less age recession. More was being accessed and cleared more quickly. So we gave up using the metal. I'm all for changes that can keep the techniques as simple as possible, without

compromising on effectiveness, because my goal is to keep the majority of techniques simple enough that clients can use them on themselves and their friends at

home.

I also understand that kinesiologists being a creative bunch will be trying to modify all techniques, in part to feel ownership of the methods, but I don't want people to learn techniques that have lots of bells, whistles, flashing lights, trappings, that look impressive but are not really needed.

Brain Integration

Freud had coined the term *subconscious* to describe that part of the brain that operated below consciousness. The split brain research of the 1960s that earned Robert Speery a nobel prize clearly showed that the two cerebral hemispheres could have opposing goals. I have seen on film, for example, a woman whose corpus callosum had been cut so that the two hemispheres could not communicate with each other. One hand was attempting to take the red coat out of the closet, while, at the same time, the other hand, controlled from the opposite brain, was attempting to put that same coat back into the closet! The two brains were literally pullling the coat in opposite directions.

We found we could have the client make a statement, muscle test one arm, have them repeat the statement then retest the other arm. When both arms unlocked, both brain hemispheres were stressed and we could defuse the stress by having the client do eye rotations clockwise, then counter-clockwise (or vice versa) while continuing to say the statement aloud. Sometimes one arm would lock, the other unlock indicating incongruence between the two brain hemispheres. The correction involved the client extending their arms horizontally out to the sides, palms forward. They imagined one brain hemisphere in the left palm, the other in the right palm, and said the statement audibly while imagining both brains coming together into integration as the palms are brought together and fingers interlocked. I developed the brain integration technique with insight arising from the visual squash technique of neuro linguistics programming and the integration metaphor technique from Dr. Paul Dennison's "Dennison Laterality Repatterning" procedure.

Muscle testing while the client made statements was a simple yet very effective way to identify areas where the client was stressed bilaterally or had incongruence and the ESR with eye rotations and brain integration techniques, both used with the emotional finger mode, provided fast, simple, effective ways to defuse the stress. The clients received the results they wanted with techniques simple enough they could understand them and use them at home.

However, again occasionally these techniques didn't work. Why not? Back to the drawing board.

Personality Traits/Limiting Beliefs

Throughout our lives, but particularly during our first six years, we internalize thousands of different "truths" or beliefs in order to understand our world and to survive. Later in life when we choose to experience situations in ways that run counter to some of these more entrenched beliefs, our bodies are thrown out of balance and will attempt to bring us back in line with the beliefs. We have been able to correlate health problems with many of these beliefs. Let's illustrate by exploring the *Migraine Personality Trait.*

Researchers have shown that up to 80% of migraineurs are women. Migraines often begin with puberty and disappear with menopause. They are very common around menstruation and are usually absent during pregnancy. It is obvious,

therefore, that migraines can be triggered by the female sex hormones or issues of femininity. However, millions of women don't get migraines, so migraines probably have a multiple origin.

Certain food and non-food items are known to trigger migraines, especially chocolate, tyramine-containing foods, red wine, caffeine, etc. However, many people can eat these substances without getting migraines, so they alone should not trigger migraines.

Others have already noted that migraineurs are more likely to have certain characteristics. They are often people-pleasers, perfectionists, and have difficulty expressing emotions such as anger. Our research found that a majority (perhaps 85%) have a limiting belief— "I don't want to confront differences." Most are people-pleasers.

People-pleasing women who eat chocolate (and when do they eat chocolate? Often around menstruation time!) are probably more likely to get migraines. Many times we have found that once the migraine personality trait has been reprogrammed or dismantled, the individual can eat chocolate, drink alcohol, etc., without having them trigger migraines.

However, doing eye rotations on the statement "I no longer believe I don't want to confront differences" was not sufficient to change the belief. During 1986 primarily, Bernie and I developed a method to eliminate or reprogram the belief. It involved doing ESR with eye rotations on four statements:

1. "I no longer believe **I don't want to confront differences.**"

2. "I no longer feel **insignificant** when I no longer believe **I don't want to confront differences.**"

3. "I feel **motivated** (to/when I) confront differences."

4. "I feel **joy** toward others."
   "Others feel **joy** towards me.
   "I feel **joy** toward myself" or "I feel **joy** within myself."
   (Generally only one statement in #4 needs to be reprogrammed.)

The statements required to reprogram other beliefs have a similar structure. The first statement is a simple letting go of the belief. The second statement dissociates the belief from the negative organ emotion that is triggered whenever the client tries to behave contrary to the belief. The third statement has a special type of emotion (termed a "mood" in biokinesiology) and gives the brain a new way of being in the formerly stressful situation caused by going against the limiting belief. The fourth statement is a more generalized reprogramming involving one of ten plexus or energy center emotions.

After doing eye rotations on each of these four statements at present time, and occasionally at specific times in the past the body/mind is often temporarily thrown out of balance as a result of the reprogramming. Usually we identify specific brain emotions that need to be worked with to restore balance. Generally the client needs to continue doing eye rotations on all four reprogramming statements for one, two, or three times a day for at least three weeks.

Here is a letter written in May, 1991, by one of the students I taught in Scotland in September, 1990.

> "I had suffered from migrained (sic) headaches intermittently for most of my life and was pleased to work on this trait during the workshop. I continued with this as directed for several weeks afterwards.
>
> It was some time later that I actually realized that I had not had a headache since the class.
>
> The trait that Dr. Topping connects to migraine is the dislike of confronting differences and I was amazed one morning when I appeared to be developing a migraine headache to realize that I was in just such a situation. I did some stress release on the situation then carried it through and my headache did not develop further. This happened on two further occasions and each time I was able to avoid the headache by tackling the situation on hand.
>
> I have since carried out some more reporgramming of the trait and have not had a headache since that time."
>
> *G.M., Scotland May 1991*

In another letter written within a month of the workshop the same student writes: "I find the personality traits extremely powerful and effective. In fact I've been working on my own Learning Disability Trait for over 3 weeks now and can't believe the difference it has made."

We get lots of feedback, including from psychologists, that the Defusing Negative Personality Traits (or Defusing Limiting Beliefs) is a very powerful way to bring about change for clients. And it is reproducible.

The Migraine Personality Trait Research Project

In January 1995 I initiated a research project involving the Migraine Personality Traits. I had hoped 20-30 practitioners in up to 12 countries would get involved. Only 3 of us did. Obviously those of us in this field keep ourselves very busy.

The primary goal of this study was not to eliminate migraines using kinesiological approaches (which could have resulted in a higher success rate). Rather it was to dismantle the migraine personality trait (if present) to see how many people had no further migraines, how many had fewer migraines, less severe symptoms, etc. after two therapy sessions. Other kinesiologically-based procedures such as temporal tap, anchoring, role-playing, that would normally be used to support a personality trait change were allowed, but nutritional corrections, and allergy corrections were not allowed.

Between the three therapists involved: Sjoukje Van Hellemond from the Netherlands, Hanne Iveresen from Norway, and myself we had 15 case histories (13 women and 2 men). All 15 had the migraine personality trait which was reprogrammed during the first session.

By the second session two were already free of migraines. (Three months later they were still migraine free and the one who had been taking medicinal drugs was no longer on medication). Six of the remaining 13 participants were having less severe migraines. Some of these 13 needed to continue doing the reprogramming procedures. One had misunderstood the procedure and was using an opposite statement. Between sessions one and two she had 4-5 migraines. When checked two months after using the correct statements she had had no further migraines. Obviously no placebo effect here! Another participant, because she was experiencing fewer migraines, was forgetting to do the

growth work. This woman had been having up to 12 migraines a month, and during a six week period during the three months after the initial session had no migraines — "which is exceptional" for her.

At the third session, approximately three months after the first session, five of the 15 were now migraine-free, and nine were experiencing less severe migraines (less intense, fewer symptoms, and often less frequent). Only one of the 15 was still experiencing migraines as intensely and frequently as before the study. (She has subsequently had a small "accident" and no longer experiences migraines. For purposes of this study she is recorded as having experienced no positive changes regarding the migraines, although she acknowledges significant positive changes in her life as a result of her two therapy sessions).

The study proved that 14 out of 15 migraineurs got complete elimination or significant reduction of migraine headaches. Addressing nutritional factors such as water intake, avoiding excessive sugar intake and the subsequent low blood sugar levels, increasing the magnesium content of the diet if needed, correcting allergies that are triggering the migraines, etc., would go far to total elimination of migraines for essentially all clients.

Contributions from Biokinesiology

While discussing personality traits (limiting beliefs) I mentioned without comment different types of emotions: organ or LAN emotions, moods, plexus emotions, and brain emotions. Now it is time to describe where they originate. Most of my early training was in Biokinesiology and I have taught some aspects of it in at least 19 countries. So, let's backtrack and see how Biokinesiology originated.

In the early 1970s John Barton was working for IBM in the Los Angeles area helping to design the first computers. In his spare time he was very actively involved in massage, midwifery, acupressure and nutritional counseling. A demonstration of muscle testing on television piqued his curiosity and led him to a TFH class. Later he took a weekend seminar with Dr. George Goodheart during which Goodheart worked on John's chronic sacral imbalance. It didn't correct, so John set out to solve the problem himself; and he hasn't stopped since. In 1972 the Biokinesiology Institute was founded. The vast amount of research from John, his wife Margaret, and his many students over the years, have contributed to many Biokinesiology publications. (Refs. 1-5).

Let's now examine some of the major contributions made by Biokinesiology. Probably the major one has been how different emotions affect different parts of the body. In TFH we generally hold neuro-vascular points for 20-40 seconds. John would often hold these points for up to 10 minutes at a time. It can be rather boring holding points for so long in silence so he used to whistle tunes out loud as he held them. He discovered accidently that negative emotions in the lyrics he was whistling were not balancing the neuro-vascular points but instead throwing them further out of balance. He then proceeded to circuit localize a specific NV point while stating out loud negative emotions to determine which would throw it out of balance. This research led to one of John's earliest books - *Biokinesiology Vol. 2 - Neurovasculars.* (published February 1979, Ref. 2) - where he describes the locations for 214 neuro-vasculars, their related meridians, cranial nerves, symptoms, and negative emotions. He estimated that there would be approximately 1,400 such neuro-vasculars. Believing the human body to be divinely created he logically reasoned that some of these NVs would be more important than the others. Eventually he located 20 major NVs (labeled A-T), which he termed LANs,

or Loving Affirmation Nerve points. These correlated with the 12 regular and eight extra meridians of Chinese acupuncture. One of the research projects tackled

during my 3-month class at the Biokinesiology Institute was to find the positive emotions that were paired with the 183 negative emotions that had already been correlated within these 20 meridians. Many of these can now be recognized in the Professional Health Provider Five Element Emotion Chart. John also identified four LANs - V, W, X and U - that were correlated with the blood circulation, nervous system, lymph system and the brain - corpus callosum and their related 39 pairs of emotions. John believed that there would be one major input center into the brain and a fellow Biokinesiologist, Doug Wickham and I were able to locate it on the governing meridian directly above the ears (LAN Y).

Probably most people in different kinesiologies have not seen the full implications for this research. For example, if you go to the average physician presenting with pain in the lower right quadrant you are most likely to receive a diagnosis of appendicitis. I have friends who each lost their appendix and still have had the pain after the surgery because it had been a misdiagnosis. In one case the pain was coming from the ileocecal valve, in another from the small intestine. A study that showed that three quarters of all appendices removed in Germany were normal suggests that many people have received a similar incorrect diagnosis. Because different organs are affected by different emotions the positive emotion that puts an imbalanced point back into balance will let us know whether we are dealing with an imbalance in the appendix, ileocecal valve, cecum, ascending colon, transverse colon, small intestine or one of the abdominal muscles. Whichever positive emotion
temporarily balances the point being circuit-localized is then the emotion to be worked with therapeutically.

In Biokinesiology we have the positive emotions, nutrition and biokinetic exercises to correct thousands of individual tissues, many of which cannot be manually tested but can be identified through circuit localization. Many other forms of kinesiology work just with those muscles that can be manually tested. Thus in Touch for Health we have just one muscle test for the heart meridian, i.e., subscapularis. In the Biokinesiology Institute's book *The Quick Ready Reference* (Ref. 5), by contrast, we have 54 separate muscles, tendons, and ligaments associated with the heart meridian. Clearly, therefore, a client could be having an imbalance in the heart function in the body and yet have their subscapularis muscle tests be in balance.

Biokinesiological research has also shown that sometimes what we think we are manually muscle testing has been misidentified. For example, much of the time when we believe we are testing a weak latissimus dorsi muscle it is actually the tendon instead (Ref. 7). The latter correlates with pancreas blood sugar function and the spleen meridian and corrects with the NL and NV points shown in the *Touch for Health* book. The latissimus dorsi muscle correlates with the heart meridian and has different NL and NV points to balance it (Ref. 13). A knowledge of Biokinesiology is, therefore, very helpful when regular Touch for Health or Applied Kinesiology muscle testing does not seem to be working.

The Eight Extra Meridians

In my first book *Balancing the Body's Energies* (Ref. 7). I describe how it was knowledge of the LAN emotions from Biokinesiology that enabled me to correlate intermediate level pulses at the wrists with the eight extra meridians (Ref. 9). The Biokinesiology Institute had already described 398 tissues related to these eight extra

meridians. I selected 35 of these that could be easily muscle tested and discovered where their NL and NV points were located. I selected eight of these as indicator muscles and showed that much of the time balancing these also corrected imbalances in the 12 regular meridians (Ref. 7). In most foms of kinesiology only the 12 regular meridians and the central and governing are worked with. In Biokinesiology we also work with the remaining six extra meridians that happen to correlate with organs such as the hypothalamus, anterior and posterior pituitary, thymus, spleen, parotid gland, adrenal medulla, adrenal cortex, pineal.

This gives you an idea as to how some of the coursework in Wellness Kinesiology evolved. The eight extra meridian work involves large contributions from Chinese knowledge of the acupuncture system, wrist pulses, and balancing with Key Points and Coupled Points. Biokinesiology contributed the 35 muscle tests I decided upon. TFH contributed with ideas on NL and NV points, and balancing by tracing meridians. I did tens of hours of research to locate the NL and NV points identified, and intermediate level pulses at the wrist. The balancing is done using NLs, NVs, meridians, nutrients, key points, and emotions (plexus and organ emotions from Biokinesiology; using procedures developed in Wellness Kinesiology).

Nutrients and Allergies

In Biokinesiology we have always taken a wholistic approach to balancing the body using emotions, nutrients, and physical procedures such as biokinetic exercises, acupressure points, and massage, wherever possible.

We have used a two part specific response test (SRT) to determine which nutrients are not useful, beneficial, and very beneficial for any imbalanced part of the body we can circuit localize. However, that is only the first part of the equation. Many chiropractors and others using muscle testing assume that if a particular muscle test or localized part of the body strengthens with a nutrient then that is the nutrient that he/she needs to take. True, the local part of the body may want the nutrient but it could cause an allergic reaction or imbalance elsewhere in the body or brain. Biokinesiology has long recognized this and developed the Brain Response Test (BRT) by 1977 (Ref 1, 3) to determine whether the nutrient is going to be in harmony with the entirety of the body. Many people using kinesiology have yet to recognize the very real need for such a test. The BRT is also a fast way to determine what an individual's allergies are going to be.

It is not normal to be overtly allergic to pollens, animal dander, sunlight, wood, wool, feathers, plastics, good foods, etc. In biokinesiology the premise has always been that provided the environmental factor or food is good (i.e. not rancid, poisonous, etc.), passes the 3-part BRT on other people but not on the client, then the client's system is out of balance in a way that can be both identified and corrected. *Allergies: How to Find and Conquer* lists different foods, vitamins, minerals, environmental factors, and the tissues that are potentially out of balance and causing the allergic reactions.

Most people recognize that people can be allergic to pollens, dust, animal dander, and dairy products. However, most people are not familiar with the concept of universal reactors, people who are essentially allergic to everything. Nor are they aware that the symptoms of allergies can span the entire spectrum of human discomfort including vague malaise, irritability, heart palpitations, skin rashes, constipation, diarrhea, asthma, swelling of the limbs, lung problems, sinusitis, hay fever, eczema, itching, digestive problems, headaches, backaches, fatigue, colds, even the need for sunglasses.

In Wellness Kinesiology we check a number of possible causes for allergies/sensitivities including factors such as: inadequate water intake, HCl

deficiency with consequent incomplete break-down of proteins, B-complex deficiencies especially pantothenic acid, solar plexus imbalance, the balance between adrenal and immune function, etc., before going to the *Allergies* book.

Two case histories to illustrate what is possible. The first is from one of my kinesiology students in Southern California.

> "I had been allergic to honey for approximately 15 years when I had a correction with Dr. Wayne Topping in December of '92. As soon as I would eat the honey, my mouth would begin to itch, then my throat would itch. Then as soon as it hit my stomach I would vomit it up.
>
> We were using the book *Muscle Testing, Your Way to Health Using Emotions, Nutrition and Massage* by the Biokinesiology Institute during a classroom session. I chose number 65 "Sunglasses-Light bothers eyes" to work on. I have had to wear sunglasses for approximately 15 years also (since about 1977). If I lost or forgot them I was in a panic and if I was closer to a store than my house I would go out and buy a pair. The tissue mentioned in #65 just below the ankle, was also sore, although I didn't know it until Wayne touched it.
>
> After the balance I was still a little skeptical. Wayne said I would be able to eat honey again and that I would see my sensitivity to sunlight gradually decrease. This would be the true test, as I was still not sure kinesiology was for real. Although I was intrigued enough to learn about it. But I felt, if this works, then I will learn all I can and help as many as I could with this non-invasive, all natural and gentle type of therapy.
>
> I was doing the 'growth work' as instructed, and planned on eating honey at the end of the three weeks when I was finished with the statements. When one day, everyone was gone and I was cleaning house. My young son did not eat his peanut butter and honey sandwich. So as I was cleaning I would take a bite every now and then, forgetting that it had honey in it. When it finally dawned on me, I had eaten half of it! I stood there waiting to get sick to my stomach. Nothing. My mouth didn't even itch! So I stood there and ate the whole thing. 'Surely if I eat it ALL I'll get sick.' I thought. Nothing. I was truly amazed and convinced of the authenticity of Biokinesiology.
>
> That was six months ago, as of this writing, and I now do not need to wear my sunglasses as I did. In fact, if I put them on out of habit when I am driving, I begin to realize that they are irritating me and will remove them. And I enjoy eating honey whenever I want to without hesitation.
>
> Although these were not life-threatening problems they did limit me at times. What a joy to have them corrected!"
>
> *—E.F. May 1993*

The second example is from a client I worked with in Pasadena, California.

> "I am writing to let others know what your treatment methods can accomplish for allergy sufferers.
>
> Let me begin with my case history: About 8 months ago, I began to experience the classic symptoms of contact dermatitis and severe systemic allergy. I itched constantly, over my entire body. I could not sleep through the night without waking up five or six times in a frenzy of scratching. I was sleep deprived, and each day was a horror as I worried more about itching than I did about dealing with the

day's tasks. During the day I often had to leave the room (whether it was at work, at school, or at a friend's house) because of the intensity of the allergic reaction. Before long, I was covered with raised red and white welts and I soon developed excema along my arms and thighs.

I consulted a physician and discovered that during these allergic attacks my blood pressure dropped as low at 50/35. I was told by my doctor that this reaction bordered on anaphalectic shock and possible death. In short, my allergic reaction had progressed from mere discomfort to a potentially life-threatening situation. I had to find the allergen and eliminate it, fast! Through a careful process of elimination, I traced the allergy to the commercial laundry detergent "Surf", which I had begun using at the same time the symptoms began.

When I switched to a new detergent and re-washed all my clothes, the itching was reduced. Nevertheless, whenever I came in contact with anything that had been in the vicinity of this detergent, the welts would begin to form, and I was in for several hours of itching and hives. I dealt with this for over a month by taking antihistamines, which, though effective, would leave me drowsy and ineffective at work. I lived in constant fear that I would meet someone whose clothes had been washed in Surf, or that there was something in my closet that was still contaminated.

Fortunately, it was around this time that I met you. You took a careful case history, and introduced clothing that had been washed in Surf. Initially, I reacted to the clothing at a distance of five feet. Within five minutes of your treatment, however, I was able to stand the clothing actually touching my face, with no ill effects whatsoever!

What is even more amazing is that I then went to the grocery store (where I had previously been unable to even walk down the detergent aisle without itching unbearably), and I actually bought a box of Surf. I went home and put my hands into the detergent. Absolutely nothing happened!! Thanks to you, I am no longer worried that I may be accidentally exposed to this substance and possibly die as a result. You have made a true believer out of me. Thank you, Dr. Topping!"

— by K.M., Pasadena, California December 1992

Because I believe in the Touch for Health synthesis, I remain an active TFH Instructor and have resisted the urge of taking the "best" of TFH and reworking it and disguising it as part of Wellness Kinesiology. TFH classes are therefore prerequisites to some of my courses. However, I have seen part of my mission as taking materials (particularly the wealth of knowledge regarding emotions, allergies, biokinetic exercises) originating in bio-kinesiology and introducing them to the larger TFH family. As an example, at the 1985 Annual TFH Conference I described a method to determine the priority emotion to be worked with when doing a TFH balance (Ref. 14).

Muscle test the 14 indicator muscles, check the alarm points for overenergy meridians, and plot the results on the wheel or the five element chart. Take an educated guess as to what the top priority meridian will be. Point the fingers of one or both hands into LAN Y (on the governing meridian above the ears) and state out loud to the client "You feel....(whatever the positive emotion is for the meridian you consider to be top priority; drawn from the umbrella emotions for LANs A-T of biokinesiology).." Retest the formerly weak I.M.s to see if they all now lock. If so, you have identified the meridian to be worked with and could use that emotion or maybe a more specific sub-emotion for that

same meridian as part of your therapeutic work, using procedures developed in Wellness Kinesiology.

This is a relatively simple procedure. Yet it balances the I.M.s and meridians and allows the therapist or facilitator to work with relevant emotional issues in a way that confirms to the client both the relevance of working with emotions and your particular approach.

Why Wellness Kinesiology?

When Dr. John Thie designed the Touch for Health Synthesis Tree in 1992 the kinesiological classes I was teaching appeared under the umbrella of Stress Release, the name of my entry level course and one of my earliest books. I have been actively teaching TFH for 21 years, biokinesiology for 18 years, and Brian Gym® for 12 years, keeping course content pure. I have seen many different kinesiologies originate and separate out of TFH, so I resisted forming my own school of kinesiology to further fragment the field. I believed we could make a bigger impact on the world by being more united. However, with the passage of time it became more obvious that I needed a label to describe what I did. I began looking at the alphabet soup of K's that already existed: AK (applied kinesiology), BK (used twice: biokinesiology and behavioral kinesiology), CK (clinical kinesiology), Edu-K (educational kinesiology), HK (health kinesiology), etc. I began looking at letters of the alphabet that had not been used — 'W' was a possible candidate. And after many months it suddenly dawned on me — Wellness Kinesiology. Wellness was what we were all about. It was wholistic, positive, and had the right focus implying prevention. It was broad enough to cover our current and anticipated classes.

The course offerings are still evolving. However, a brief description of the various classes will serve to give an overview of our current offerings:

Stress Release I

An entry level class introducing muscle testing as a biofeedback tool to identify what is causing distress and to confirm when it has been defused. The emphasis here is on tools that can be used as psychological first aid to eliminate stress.

Stress Release II

The emphasis here is two-fold: Additional tools to defuse stress; and decreasing stress by increasing through the three factors contributing to stress hardiness: control, commitment and sense of challenge through working with goal setting, time management and procrastination, etc.

Stress Release III: Defusing Stuck Emotions

We begin by looking at the Callahan model and how it addresses phobias, anxiety and addictions, show how it relates to the Law of Five Elements, then expand into other stuck emotional states such as temper, rage, hostility, embarrassment, mournfulness, grief, loneliness and depression.

Stress Release IV: Working With Emotions

Learn how to balance the body with positive emotions via the biokinesiology organ reflexes or the 14 indicator muscles of Touch for Health (gamma-1 and gamma-2 testing). How to use emotions to eliminate pain.

Energy Centers

What are energy centers? Their symptomology. Learn five methods to identify energy centers and five ways to balance them.

Nutritional Testing

Learn how to determine which nutrients your body needs and whether your body can handle those nutrients. How to prioritize your nutritional needs.

Allergies

The Brain Response Test to identify which foods, nutrients and environmental factors you are sensitive/allergic to. How to identify the tissue that is related to the allergy and how to balance it with emotions, nutrition and biokinetic exercises. Different causes for multiple allergies.

Weight Loss

The physiology and psychology of weight loss. Uncovering hidden motivations for remaining overweight. Find out why people are eating more yet still feeling hungry. Learn the three things that almost everyone in our culture who wants to lose weight is doing that actually promotes weight gain. Determine the nutritional factors that can help an individual lose weight.

Overcoming Addictions

How to use six proven strategies for uncovering an individual's underlying motivations for addictive substances. Learn specific techniques for stopping smoking, losing weight, ending addictions to alcohol, caffeine, tranquilizers and illegal drugs. How to prevent weight gain in individuals who stop smoking. Preventing or minimizing withdrawal symptoms. A key factor in preventing psychological relapse.

Biokinetic Exercises

Discover the power of easily-learned biokinetic exercises to balance hypotonic or hypertonic muscles. Biokinetic exercises to address low back pain and neck and shoulder tension. Biokinetic exercises for 16 indicator muscles used in Touch for Health. Using muscle testing to identify optimal positions and optimum time to use each exercise.

Eight Extra Meridians

Discover how to balance all 20 major meridians using indicator muscles for the eight extra

meridians. Balancing those muscles with emotions, nutrients, neuro-lymphatic points, neuro-vascular holding points, meridians, key points and coupled points. Learn muscle tests related to hypothalamus, anterior and posterior pituitary, thymus, pineal, parathyroid, etc.

Defusing Negative Personality Traits

Find out 7 major ways people acquire limiting beliefs (or personality traits). Understand how certain of these beliefs can make you more susceptible to migraines, learning difficulties, cancer, alcoholism, and rheumatoid arthritis. How to determine what these beliefs are and how to dismantle them.

Currently we have Wellness Kinesiology Instructor Training Workshops to certify people to teach Stress Release I, II, III, & IV; Energy Centers, Biokinetic Exercises, Eight Extra Meridians, and Defusing Negative Personality Traits.

Wellness Kinesiology Around the World

As of June 1998, Wellness Kinesiology has four faculty members: **Aria den Hartog**, from the Netherlands, a former nurse who has been actively teaching Wellness Kinesiology in the Netherlands, northern Germany, Hungary and Zimbabwe; **Dominique Monette**, in Belgium, a former medical doctor who heads up our work in the French speaking world; and **Rosmarie Sönderegger** in Zurich, Switzerland who is actively teaching to the German-speaking world; and myself **(Wayne Topping)** teaching in 20 countries. Wellness Kinesiology instructors currently teach in Australia, Belgium, Brazil, Canada, England, France, Hungary, Italy, the Netherlands, Scotland, Southern Ireland, Switzerland, United States, and Zimbabwe.

For further information or to be placed on our mailing list, contact:

Topping International Institute, Inc.
2622 Birchwood Avenue #7
Bellingham, WA 98225
U.S.A.

Phone/Fax: 001-360-647-2703

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THE APPLIED PHYSIOLOGY APPROACH

by Richard D. Utt

Hello from Tucson, Arizona and the International Institute of Applied Physiology. This is Richard Utt to give you a perspective as a Touch For Health Board Member on the state of **Touch For Health** (TFH) around the world as I perceive its interrelationships with **Applied Physiology**(AP). The first thing I would like to announce is that all New AP Association Members (USA or International) automatically become members of TFH USA! We challenge all the other branches of the great Applied Kinesiology "tree" to participate in kind and support the root of all kinesiology, **Touch For Health**.

As I travel around the world I see TFH burgeoning by leaps and bounds with the support of people like Mac Wolontis in Sweden, Dominique Monette in Belgium, Alfred Schatz in Germany, Charles Krebs in Australia, Rita and Joël Prévost in Bern, Switzerland as well as many others. Being the core of kinesiology, Touch for Health has spread like wildfire throughout the world, including Asia and Russia. It is AP's intention to help TFH become a solid organization here in the United States where it originated.

I would like to thank all of the Applied Physiologists for their support and their continued support for TFH as it grows throughout the USA at the same rapid pace it is growing worldwide. I look forward to seeing you all in Orlando at the TFH Annual Meeting for a high powered collection of kinesiology potpourri. In health and love, I'll see you there!

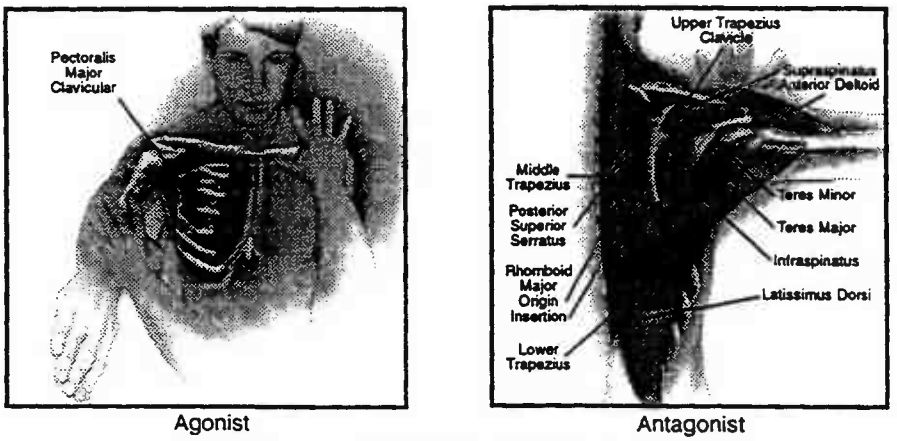
P.S. Don' t you dare miss the First Annual Frank Mahoney Memorial Karaoke Blow-out. Bring your best voice and I'll provide the tunes, loony or not!

Richard D. Utt, President

International Institute of Applied Physiology

The Applied Physiology Approach

Applied Physiology (**AP**) is a living paradigm that can empower human beings, assist in healing the human body and nurture the human spirit because it provides a powerful holographic model that unites the physical body with the metaphysical body. The result can be physical homeostasis and spiritual harmony. It is often classified within the investigative and healing field as a type of Specialized Kinesiology because, as in many related disciplines that are classified this way, information about the body's energy condition and vitality are gathered through a series of muscle observations usually referred to as *"muscle monitoring"*. Muscle monitoring addresses the way specific muscles of the human body respond to touch and monitoring methods. This is an avenue of communication, a common language you might say, between a trained ***Stress Observation Specialist (SOS)*** of **Applied Physiology** and the unseen biological and or spiritual world of a client. In **AP**, we use an advanced muscle-monitoring system that allows us to communicate with a specific neuroelectric circuit *(made up of agonist muscles, its synergists and its antagonist muscles, see Figure #1)*. The "readout" we get from this muscle- monitoring conversation with the body allows us to rapidly "zero - in" on imbalances within the physical and metaphysical body, from the innermost workings of a single cell deep in the tissues of a vital body organ to the outermost forces of attitudes and thought-forms that motivate emotion.



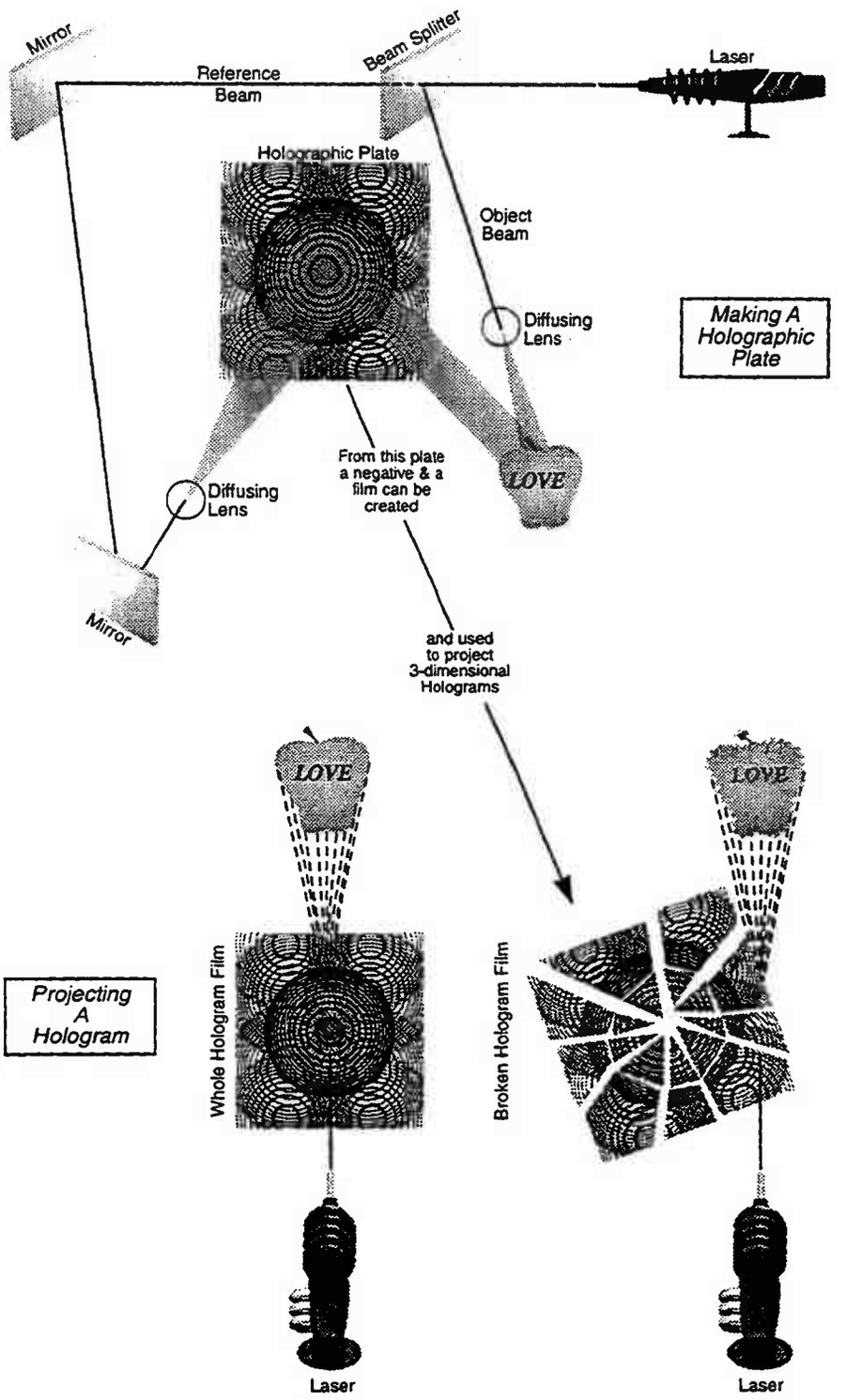
Agonist Antagonist

Pectoralis Major Clavicular

Figure #1

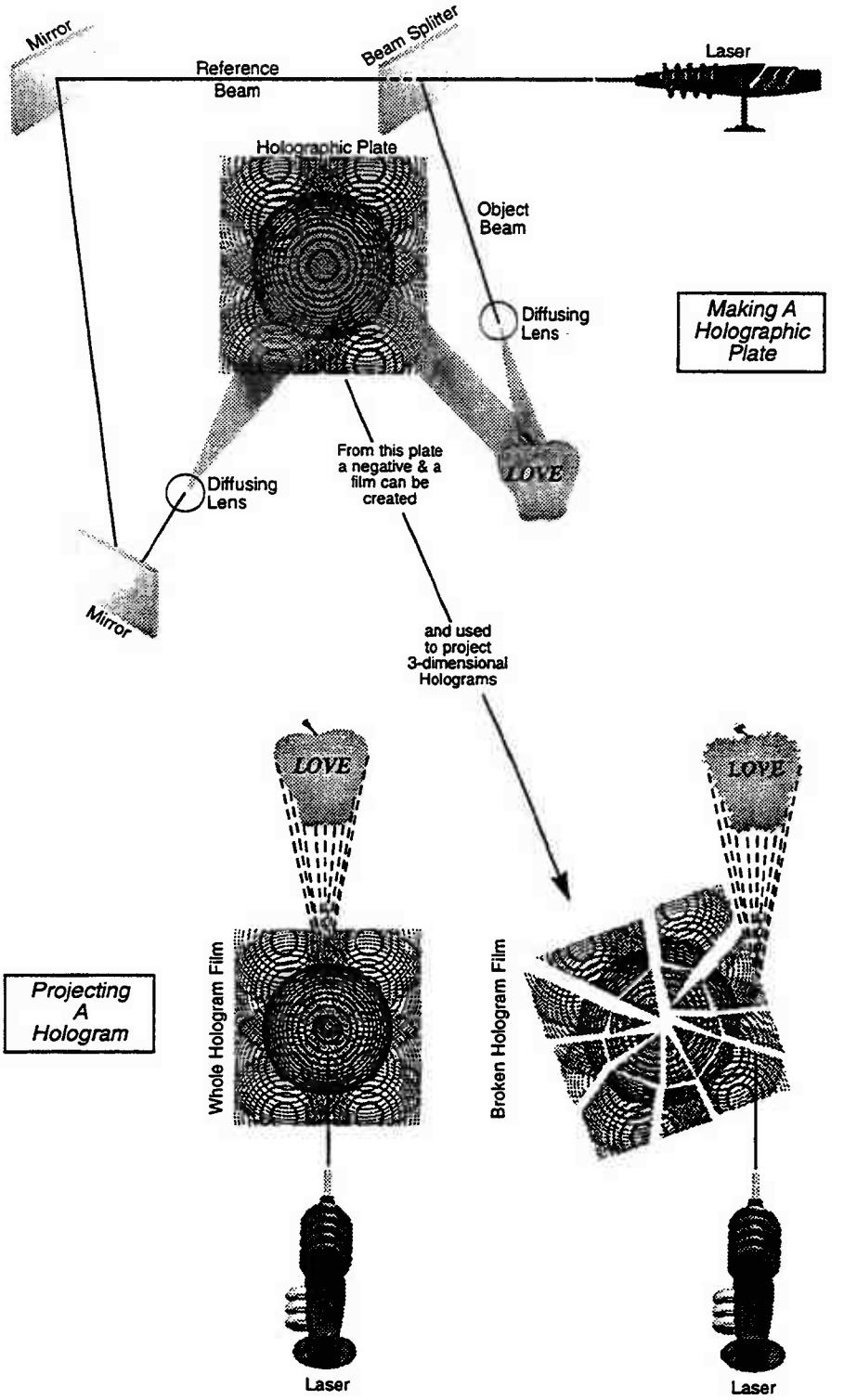
The Holographic Supertheory

Figure #2



The Holographic Supertheory

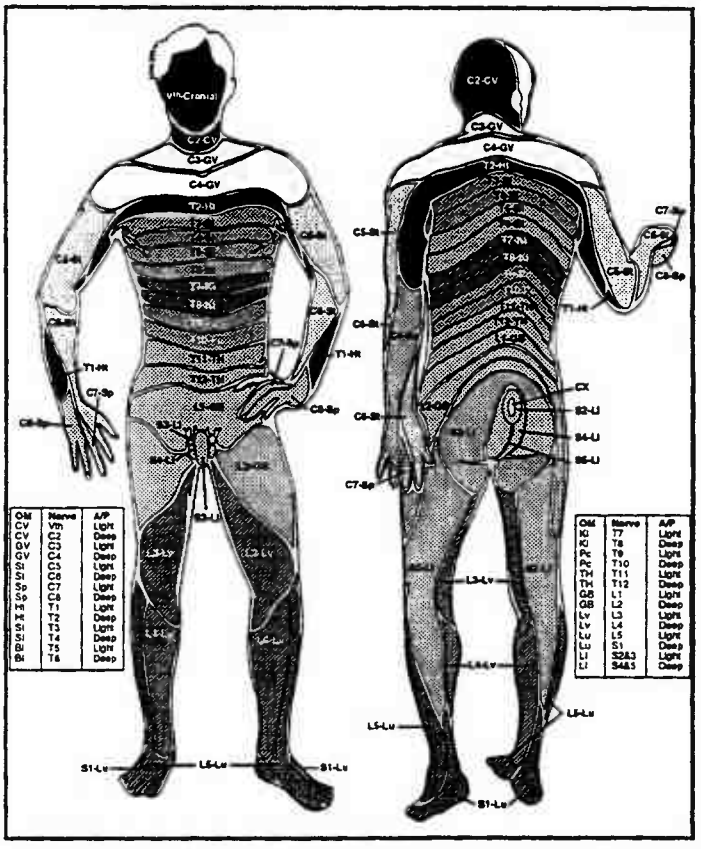
Figure #2



One fundamental unifying principle in the **Applied Physiology** paradigm is the **Holographic Supertheory**. This view of the universe has emerged from the work of a number of distinguished scientists who believe that " everything in the universe is part of a continuum... animate and inanimate matter are inseparably interwoven.... consciousness and life are ensembles enfolded throughout the universe... every portion of the universe enfolds the whole...every cell in our body enfolds the cosmos" (Talbot 1991). In essence, reality is a projection of a universal order which can be found in every atom, the entire solar system or a human cell - within each microcosm is contained the information of the macrocosm and vice versa. Perhaps you have heard that a holographic plate (which can be used to project those amazing 3-dimensional holographic images) can be broken, and even a small piece of the plate itself can be used to create an entire holographic image - the image produced may not be as "dense" as the image produced by the entire unbroken plate but it is still a very convincing hologram *(see Figure #2).*

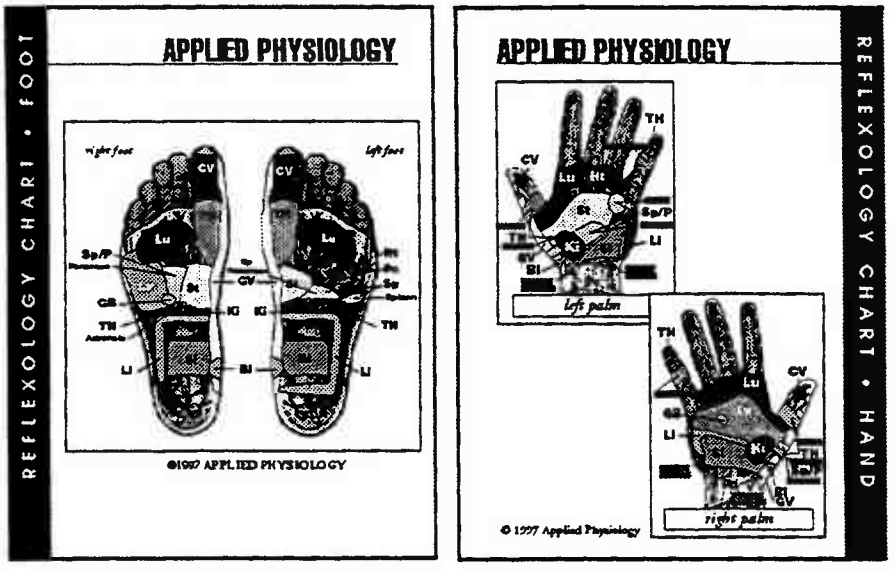
The holographic aspect of the **AP** paradigm is experienced in several ways - first, we can gather information about the stresses which result from bodily imbalances in a very non-intrusive way by using **Applied Physiology's** advanced muscle-monitoring system (this particular technique is first taught in the many AGAPE QUEST courses held throughout the world); information can be gathered about parts of the whole body by consulting only small "pieces" of the body itself - from the holographic picture of the skin, foot or hand reflexology (for example) when combined with muscle monitoring *(see Figures #3, #4, & #5).*

This same holographic principle works in the holographic model (since it is all part of the Holographic Supertheory) employed by **Applied Physiologists**. Another interesting holographic aspect of the **AP** paradigm relates to the fact that it always takes two beams of light (LASER light, actually) to create a realistic 3-dimensional holographic image. One of the beams is called the object beam and the other is called the reference beam. The combined effects of these two beams creates the holographic picture - in **AP**, muscle monitoring data is used to identify an object meridian



Applied Physiology's Dermatomal Map

Figure #3



The Foot & Hand Reflexology

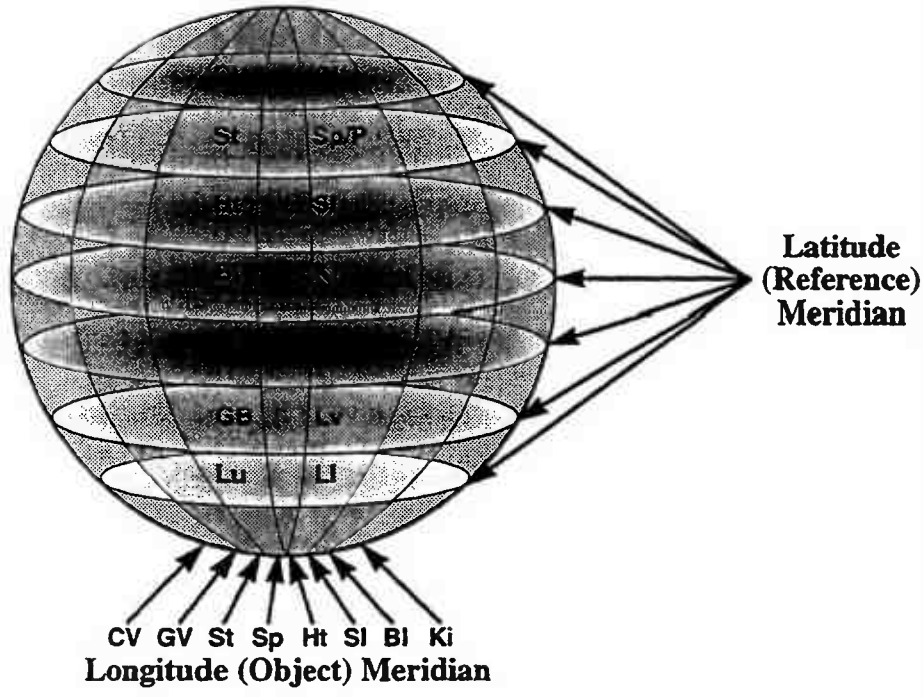
Figure #4 & #5

and a reference meridian. The word "meridian" refers to the ancient energy meridians described by Chinese acupuncturists which are still used throughout the world as part of a powerful healing system. The **AP** paradigm incorporates and builds upon our current understanding of Chinese meridian therapy in many ways, and we owe much to the observations of many past and present energy investigators.

When an **Applied Physiologist** identifies an object and reference meridian through the circuit localization of Alarm Points, the information will point to a very specific area of stress and imbalance in the body - this may remind you of the way that when longitude(x-axis) and latitude (y-axis) data are combined they always point to a very specific place on the planet *(see Figure #6)*.

The Fourteen Meridians of Applied Physiology

Figure #6



Once we have the identified area of stress or imbalance, a number of modality holographic systems (z-axis) can be employed to encourage balance and homeostasis (in **AP**, we refer to this

dynamic balance in the physical and metaphysical condition of the body as "homeo-sta-stress"). One of the many contributions that **AP** has made to the healing arts is the exhaustive research which has

HOMEO-STA-STRESS =
the dynamic balance in the physical and metaphysical condition of the human body.

resulted in 28 "holograms" to date - every one of these holographic systems has a "mapped-out" set of coordinates (expressed as Object and Reference meridians) which allows the **AP** technician to use their hands like LASER beams to peer deeply into the cells, tissues, organs and feelings of the client's body identifying and projecting to areas which deviate from "homeo-sta-stress". Identifying these areas is the first step in understanding, acceptance, learning and trustfully even healing.

As we said before, it takes two LASER beams (actually split from the light emitted from a single LASER) coming together on the photographic plate to create the complete 3-dimensional picture. In the analogy of the client/therapist hologram, the client represents the Object beam or LASER light bouncing off the object under scrutiny within their essence. The "SOS" **Applied Physiology** therapist represents the Reference beam which also directs the LASER light onto the holographic plate. **Applied Physiologists** believe that the metaphysical "Law of Attraction" will bring together therapists and clients to form a powerful partnership with unique holographic results. Different therapists will inevitably activate and uncover their own unique client/therapist holograms, each with their own revelations for the client. This is where "like-mindedness" and "like spiritedness" are drawn together through the metaphysical "Law of Attraction". When the client is lost and doesn't know what to do, he or she can be compared to incomplete wavelengths searching for answers much like the electron in the atomic structure which behaves like a wave until it is observed. Observation is the key to

physical reality. "The teacher will appear when the student is ready" is truly appropriate to represent the meeting of the Object and Reference beams converging to create a picture of reality. The two LASER beams meet using the indicator muscle and **AP** language to create the observation solicited from the innate wisdom of the client's body. This innate wisdom is available because the co-ordinate system used in **AP** dispels most of the prejudice which can arise during muscle monitoring by creating trust as the answer is looked up in the x, y and z axis information.

Another aspect of this truth is that we know in quantum physics that an electron is only a wave until it is observed. In **Applied Physiology** we adapt to this quantum physics model by way of the thought-form and attitude hologram. When these words are presented to the client it produces a trigger of past memory which is the syllabus for the 3-dimensional image of their reality.

A fundamental force in the healing strategy of **Applied Physiology** is to activate the power of "All Encompassing Love". According to Richard D. Utt, "All Encompassing Love" is the "total and complete acceptance and implementation of all the physical and metaphysical laws of the universe, known or unknown". When an **Applied Physiologist** is centered and seeking the state of "All-Encompassing Love" while approaching a client, they bring to their investigation and balancing procedures a healing energy as powerful as the cosmos and in harmony with the innate wisdom of all the physical and metaphysical laws of the universe.

ALL-ENCOMPASSING LOVE =
the total and complete acceptance
and implementation
of all physical and metaphysical laws
of the universe known or unknown.
— Richard D. Utt

One physical law, The Law of Attraction (opposite charges attract while like charges repel) creates order in the physical realm

of atomic, molecular and cellular structure. The equally important metaphysical laws, including the metaphysical Law of Attraction (like attracts like while opposites repel) creates order in the metaphysical realm of attitude, thought form and spiritual energy.

Applied Physiologists dwell and work in a paradigm ruled by polarities. The ancient Chinese philosophers and acupuncturists knew it well, using the terms yin and yang to describe the eternally relative and polar nature of their own energy system and healing work. The yin translates roughly as the "shady side of the slope" and the yang as the "sunny side of the slope" - all things have their yin nature and their yang nature when compared with other things. For example, the roots of a tree are yin relative to the trunk of the tree which is yang. The trunk of the tree is yin, however, relative to the yang branches. These same branches are yin relative to the leaves. This "relative polarity" extends to the human body as well. The nucleus of a cell is yin relative to the cell membrane which is yang. The bottom of the feet are yin relative to the top of the foot but the top of the foot is yin relative to the "yang" top of the head! As we mentioned earlier, it is a polar and relative universe. In the human body, the unseen atomic worlds of elements, ions and molecules are in constant flux. Order is imposed by the interactions of positively and negatively charged particles - the condition we perceive as homeo-sta-stress is a unique and special balance of these polarities. The **SOS** and **Applied Physiologist** are trained to utilize energy holograms to manipulate these polarities, carefully encouraging constricted or dilated tissues which are distorted to different degrees acknowledged by the powers of stress (or deeper levels of stress) to return toward balance and "homeo-sta-stress". In "homeo-sta-stress" these tissues (their organs, organ systems and holographic human structure) will function optimally as they were designed to do so by their creator. These same forces work in the metaphysical plane, manifesting as stressful attitudes, painful thoughts or lessening of the loving spirit. The **Applied Physiology** system can restore "homeo-sta-stress" to the metaphysical aspect as well. At a very deep level, **AP** nurtures the consciousness of "listening" to the physical body. If we listen to our maladies, they can be a great gift that brings us enlightenment about our state of phys-

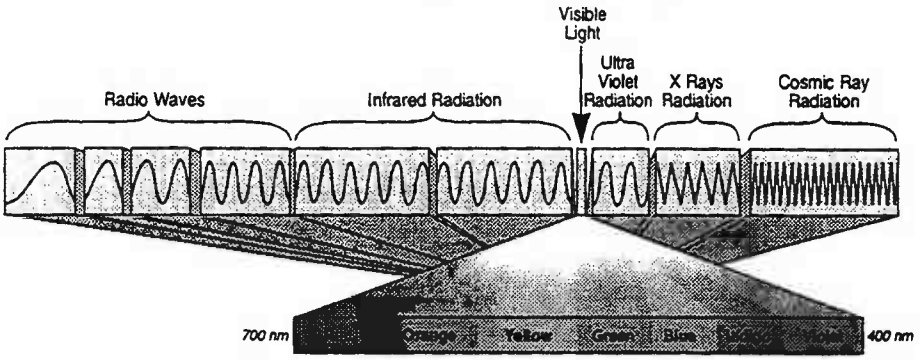
ical or metaphysical being. Through the power of "All-Encompassing Love", we may experience the "shift in awareness" that brings acceptance, growth and eventual healing. **AP** recognizes that "feeling good" isn't necessarily our right in this life, though many people are more than willing to share their wealth to feel better. One of the principal goals of AP is to help practitioners and their clients to discover the "intestinal fortitude" to become empowered in the physical and metaphysical plane - as a result we realize that "getting cured" isn't what it is all about (though we often do then find ourselves miraculously cured!). Seeking a "cure" does not necessarily motivate forward growth, if we expect it to come from outside our self. **AP** believes in the teacher/student healing relationship that finds ourselves shifting back and forth from teacher to student depending on where we need to be at a particular time for optimal health. After all, aren't we always both a teacher and a student in a relative sense? Remember, when the student is ready the teacher will appear and when the teacher is ready the student will appear.

Our focus or attention is always so important. It has been estimated that when we focus our "vision" on something, we are only perceiving a small fraction (0.00001%) of the visual universe available to us. In our peripheral vision all the rest (99.9999%) is out there but not part of our conscious awareness. This is like the "tunnel vision" which so often characterizes illness (after all, 99% of the time those things we focus in on - our fears, our worries about the future - never even materialize!). **Applied Physiology** can empower the client to make that "shift in awareness" from the focused vision (less than 1% of reality) to peripheral vision (more than 99% of reality!) which represents the view from a detached observer's perspective. When we can master the art of seeing our issues and problems from that "unattached perspective", we experience true peripheral vision. This might be compared to the "visible spectrum (Red, Orange, Yellow, Green, Blue, Indigo, Violet) which is just a small fraction of the electromagnetic spectrum which surrounds us, bombards us and affects us *(see Figure #7)*.

When our focusing on physical or emotional pain, we have a tendency to become attached to its intensity to the point where it

The Electromagnetic Spectrum

Figure #7



eventually motivates us to do something about it. The **Applied Physiology** system will help us to "widen our perspective", cultivate detachment from this pain and achieve a state of "lesson-mindedness" where the body becomes our measuring device that allows us to see our state of health as a classroom. **AP** also provides the link between states of stress and the tools to progressively move towards a state of "homeo-sta-stress" more smoothly and with less friction.

An **Applied Physiologist** employs a number of holograms, also known as modalities, to delve deeply into the innermost physical and/or metaphysical realms of the human experience. Each provides a unique perspective. If you had a few of these holographic avenues, you would have a limited ability to explore the clarity of the overall stress picture of the body. Imagine if you were in outer space and could only see one perspective of our planet with the continents of Asia and Africa. Would this, in fact, be a picture of the whole earth? Of course not. From a different perspective you would be able to view different continents and realize that your original "picture" was incomplete. There are other ways we might arrive at an incomplete perspective. For example, think about a picture created by a "dot - matrix" printer where the image emerges from a pattern of black dots - the more dots you print per square inch, the better the resolution of the overall image. It's as if each hologram represents one set of the dots - as holograms are added into the "balancing picture" of the **Applied Physiologist**, a more complete picture is revealed. Each hologram can offer the trained **Applied Physiologist**

a greater clarity on the client's state of stress. Once the hologram has "pointed" to a specific meridian combination (remember the longitude/latitude analogy earlier?) then the modality will allow greater resolution from the physical or metaphysical reality. This metaphysical picture has been compared to the atmosphere of the planet - above the longitude/latitude point while the physical body's energy picture has been compared to the inner earth - with its geological structure and molten rock - below the longitude/latitude point. The chart provided below (see figure 8) give us a glimpse at this view of the "z-axis" but by no means is a total or complete list of modalities.

The Applied Physiology Model
of the Physical and Metaphysical Body

Figure #8

Tibetan Figure 8's

Light (photon) *Polarity*

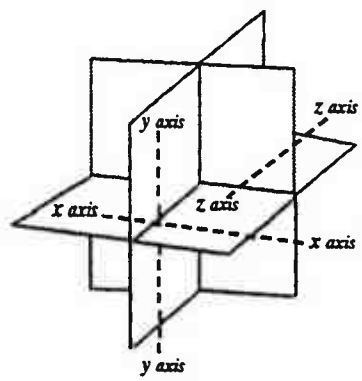
Sound *Thoughts*

The "atmosphere" above the body

Chakra *Attitudes*

Electromagnetic *Spirit*

Aura



ACUPUNCTURE - the surface of the body

Muscle *Organ*

Skin *Hand & Foot Reflexology* *Blood*

Atom and Molecule *Teeth & Tooth*

Feelings *Thoughts*

The "solid interior" of the body

Auricular *Organelle*

Sight - dyslexia *Neuro- Vasculars*

Tissue *Neuro - Lymphatics* *Hair - Nail*

Cell *Bone*

How is it possible for an **Applied Physiologist** to delve deep into the seemingly solid structures of the body and affect homeo-sta-stress? The body is not as solid as you might think - the fundamental particles of the body are atoms, and recent advances in understanding the structure of atoms strongly suggests that they are mostly empty space! I suspect that you are familiar with the basic "subatomic particles" which make up the atom - protons and neutrons in the atomic nucleus and electrons "in orbit" (in energy levels or electron shells) around that nucleus. Sometimes this model is called the planetary model of the atom because it seems to resemble a solar system like ours, with planets in orbit around a central sun. Chemists remind us, however, that there is a tremendous amount of space (in a relative sense) between the atomic nucleus and these orbiting electrons. In a relative sense, the amount of space can be compared to the distance between planets and their moons or the earth and the sun! It has been suggested that if the atomic nucleus was as large as a grain of sand sitting on the floor of the Sistine Chapel, then the nearest electron would be as far away as the ceiling. What, then, creates the "illusion of solidness" we associate with the physical world of muscles, organs and cells? The solid nature of matter is created by MOVEMENT. Electrons are moving so fast (2000 meters per second) in their orbits that (as hard as it is to believe!) they appear to be everywhere at once, forming solid "shells" around the atomic nucleus like layers of skin around an onion. We know that, at first glance, this sounds too amazing to be true but you are more familiar with this phenomena than you think. Imagine an airplane propeller. When it is standing still you can easily identify the very solid metal blades and the very empty space in between the blades. What happens when you turn it on? When at low speeds, when you can still see the blades as a solid mass and you can no longer identify where the solid blade and empty space begins. It appears to be solid. You would never try to put your fingers in between the blades or a disastrous injury would occur. At higher speeds, the blades will completely disappear and you will be able to see things behind the whirling blades quite clearly, although they will be distorted by the movement of the blades. Are they gone? Of course not! Again, if you attempted to pass something

through these moving blades you would discover they were very solidly there, just invisible. And, as you can now visualize, they behave as if they are everywhere at once, like the electron. The illusion (potentially dangerous illusion in this particular case!) of solidness is created by their speed of movement, and surely they are not moving nearly as fast as an electron. Did you know that the engineers who designed the early fighter airplanes could synchronize the firing of a machine gun so that it fires right through the whirling propeller of the vintage aircraft? They did! If a trained "engineer" understands the relationship between speed and synchronicity, they can devise a strategy to "shoot right through" something that appears quite solid, like a radio wave that passes right through the walls of your home to manifest as a magnificent symphony on your radio receiver. A trained **Applied Physiologist** understands the relationship between the "speed" of the mind and the nature of reality and can use modality tools to create the synchronization which will allow her/him to "shoot right through" the solid physical body into the areas where stress threatens the fundamental organization of "homeo-sta-stress". What exists in all that "empty space" in the atoms we have been discussing? As Sheldon Deal has recently written " empty space is really not empty. It is a reservoir of non material intelligence, and ultimately responsible for the material, the expression of both the mind and the body" (Deal 1998). How can we gain access to this innate wisdom?

Using sound, color, acutouch, flower essences, reflexology or other powerful balancing systems, the **Applied Physiologist** can empower the body to activate its own wisdom to restore "homeo-sta-stress" to cells, organs, attitudes, thought-forms and all the other physical and metaphysical levels. An Applied Physiologist can activate the "delicate web of intelligence that binds the body together" (Chopra 1989) creating quantum healing. **Applied Physiology** can expose the thought forms, attitudes and feelings which can be used to divulge the areas in our life where we are "stuck" in the past or concerned about the future and are thus prevented from living in the present, where reality exists.

The possibilities for personal empowerment and expression through the practice of **Applied Physiology** are unlimited. New

holograms are being revealed, researched and catalogued every day at the **International Institute of Applied Physiology** and by individual **Applied Physiologists** worldwide. The ripples created by "All Encompassing Love" and all aspects of **Applied Physiology** work throughout the world are helping to manifest a new age of health, vitality and harmony for the human experience. If these ripples have resonated in your spirit, we encourage you to learn more about **AP** and participate in forming this new holographic paradigm which unifies the physical and metaphysical reality of our human opportunity.

Applied Physiology's Holographic Life Enhancers

The Following "Holographic Life Enhancers" may be entered by using the AP Love Mode deep touch. The hand position for this mode is: index, middle and ring fingers touching medial side of thumb with baby finger extended *(see Figure #9)*.

Figure #9

Procedure:

1. Circuit established in Pause Lock (P/L).

2. Deep Touch Love Mode.
   I/C P/L PS P/L

3. Check Priority A/P for both light touch and deep touch.
   I/C P/L PS P/L

4. Repeat until no A/P (light or deep touch) appear.

5. These are the "Holographic Life Enhancers" needing improvement for the healing of the circuit employed.

CV light - **1.** Observe and review your thoughts, attitudes and feelings for each 24 hour period.

CV deep - **2.** Drink plenty of pure clean water.

GV light - **3.** Eat a majority of your diet of living foods (with life and enzymes still in them).

GV deep - **4.** Average 8-10 hours of quality sleep per day.

St light - **5.** Physically exercise the entire musculoskeletal and cardiovascular system every day.

St deep - **6.** Meditate for 20 minutes at least 3 times per day.

Sp light - **7.** Listen to your feelings and learn to mentally describe them at the moment of expression.

Sp deep - **8.** Take responsibility for the projections of your thought-forms and attitudes either inward (physiology) or outward (emotional effusion).

Ht light - **9.** Detach from the concept of ownership in relation to other people.

Ht deep - **10.** Detach from the concept of ownership in relation to material things and property.

SI light - **11.** Strive to get to a place of nothingness where all knowledge and wisdom exists.

SI deep - **12.** Recreate yourself either through procreation and/or manifesting others to want to emulate the love in you.

Bl light - **13.** Stay in tune with the physical and metaphysical laws by making it a point to manifest "All

Encompassing Love" as often as possible.

Bl deep - **14.** Do unto others as you would have them do unto you.

Ki light - **15.** Develop the ability to receive graciously and with gratitude.

Ki deep - **16.** Train the ego through the eyes of humility.

Pc light - **17.** Trust in your developing intuition of what is universal will.

Pc deep - **18.** Learn to recognize and love the uncomfortable situations for they are the greatest teachers.

TH light - **19.** Honor the temple by maintaining the equilibrium of all the senses by natural methods.

TH deep - **20.** Learn to recognize and trust your balanced 5 senses - this is ultimately the manifesting of the 6th sense.

GB light - **21.** Make your profession what you love to do.

GB deep - **22.** Remember that family is the first of all professions.

Lv light - **23.** Develop, to the best of your ability, all natural given talents - if only you devote just a few moments of each day/week/month to each talent.

Lv deep - **24.** Keep conscious contact with your higher power everyday.

Lu light - **25.** Surrender your SINs (Self-Imposed Negatives)

Lu deep - **26.** Challenge all of your cant's with big open cans.

LI light - **27.** Speak of only the good in others and hold your tongue of the rest.

LI deep - **28.** Surrender judgment to the innate wisdom of the nature of God.

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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. After 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 special 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 serious 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 appreciation 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 evolution. 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 long 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 home owners, 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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William F. Whisenant, Ph.D.
910 Kahili Street
Kailua, Hawaii 96734-4045
1-808-262-7740
E-mail whiz@lava.net