

Touch for Health
Kinesiology Association

408 North Main Street, PO Box 392
New Carlisle, OH 45344

This year's theme, "Pathways to Wellness," affords us the opportunity to present an eclectic mix of ideas that bring greater vitality to our lives.

Our journal and accompanying conference presentations present practical suggestions to relieve physical, emotional and psychological imbalances and to realign ourselves to a more healthful state. Whether it is allergies that are plaguing us or our equilibrium askew due to physical compensations, our goal is simple: to assist you in achieving a greater state of wellness by introducing you to some key concepts of holism and the practical skills you can use on yourself or your loved ones.

Achieving a state of wellness means living a higher quality of life and experiencing a peace that goes beyond what material wealth and external situations can offer. In fact, those who "have it all," claim that there is no greater wealth. The state of wellness is priceless. Achieving wellness is achieving real wealth. It allows you to leave anxiety, drama and disease behind you. It connects you with the means to inner-peace, physical health and with positive like-minded people who help encourage and support your personal well-being. *Touch for Health* harnesses all that is wellness.

We trust that the articles contained herein will add to your understanding of the many pathways to wellness. By using *Touch for Health* principles and techniques to remain in balance, incorporating the new ideas found in this journal, and sharing your insights and skills with those you love – we grow our ability to thrive and live a state of wellness.

Thank you for joining us, and may we all live long and prosper.



Robert Aboulache
President,
Touch for Health Kinesiology Association

Teaching wellness to the world

Table of Contents

- 06** *The Legacy of Dr. John F. Thie and Future
Directions of Touch for Health Worldwide*
by Matthew Thie
- 14** *The Crystal Guy*
by Gene Jackson
- 16** *The John F. Thie Memorial Research Project*
by Earl Cook
- 25** *Bypassing the Stress Reaction*
by Wayne Topping, PhD, LMP
- 32** *Self-Mastery: The Pathway to Wellness*
by Diane Allan
- 40** *The Rossiter System: Unlocking
the Body's Pain, Unlocking the Power of the Foot*
by Richard H. Rossiter
- 47** *How to Relieve Stress Pain &
Learning Blocks Without Drugs*
by Elizabeth Barhydt, Ph.D, M.T.
& Hamilton "Hap" Barhydt Ph.D
- 50** *Let the Healing Begin - Within*
by Richard E. Simmons, M.D.
- 54** *Getting People to Try Touch for Health*
by Larry Green
- 58** *Neurotransmitters and AK*
by Sheldon C. Deal, D.C., N.M.D., D.I.B.A.K.
- 62** *Touch for Health-Kinesiology? Old-Fashioned?
Or Ready for the Future*
by Ueli Meier-Estrada
- 67** *Putting on Our Thinking Caps*
by Carol Gottesman MEd, RN, C, PC, HNC
- 73** *The Legge Method of Allergy Elimination*
by Michael Legge
- 77** *Emotional Freedom Techniques (EFT) for Peace of Mind*
by Bonnie Marianna Niebauer EFT-ADV, CH, LMT, NCTMB

SCHEDULE

Wednesday, July 12th

Speakers

Welcome

by Rob Aboulache & TFHKA Board

Keynote : Memorial and Celebration of the Life of John F. Thie, DC

by Matthew Thie, MEd

The Legacy of Dr. John F. Thie and Future Directions of Touch for Health Worldwide

by Matthew Thie



Dr. John F. Thie's contribution and his legacy will live through so many people who will continue in the techniques and spirit of Touch for Health.

He counted his diagnosis (of aggressive Cancer in February of 2005)

as a blessing, because it did give him the opportunity to visit with so many of his friends and have his family gather around him, and know that he is loved and his life has made a positive contribution in the lives of those he has known, and even many people he will never know. He made a contribution in his profession, and to humanity through his work. And he danced to his own tune. It was a good life.

His presence and support is missed in his family, church and community, the profession of chiropractic, the International College of Applied Kinesiology, and throughout the field Touch for Health & Energy Kinesiology. Yet his words and deeds remain as a touchstone as we go forward in our lives. Carrie and Matthew Thie carry on the Mission of Touch for Health Education, with assistance from grandchildren Tim and Destin  Thie. But every person who touches for the purpose of health carries on in the legacy of John Thie. This includes all the TFH Association members, Instructors and Students, in the USA and Worldwide. So many people continue to use the concepts, system and techniques of TFH, each one teaching one, and making the world a better place, one person at a time. The IKC continues its mission of training TFH Instructors internationally, and the EnKA (Energy Kinesiology Assoc.) shares a parallel mission with the TFHKA

in creating a support and network for practitioners, instructors and students, and awareness among the general public, as does the IASK (International Assoc. of Specialized Kinesiology) on an international level.

Touch for Health has been acknowledged as a foundational training by most all of the international kinesiology associations, and is a key part of the training at kinesiology institutes and within most of the different kinesiology training programs. I think that TFH will remain a common denominator and common language among all people who practice any form of energy balancing with muscle testing. More and more, people are recognizing that within the philosophy and techniques of the TFH system, there is a great deal to study, so more hours are being devoted to study in depth. The IKC is approving more courses that allow a deeper understanding of the standard TFH Synthesis. In England they have developed a Professional TFH Practitioner training program. I think that this is an approach that will eventually be implemented worldwide. I think that Kinesiology will enter another major growth period and become much more known and integrated within all of the healing professions, as well as contributing to the needed shift back to empowering individuals to create and maintain their own Wellness, rather than wait until they are sick enough to go see a doctor.

Another association that has acknowledged the legacy of John Thie's work, and the TFH system is the Association of Comprehensive Energy Psychology (ACEP). Currently, this is perhaps the fastest growing group using kinesiology and energy work, with an attending explosion of available academic writing on the subject and a greater emphasis on scientific rationale

and professional research. This is creating an ever greater need for the fundamental knowledge and skills of TFH. We will need to expand the base of instructors as well as work to create awareness of what we have to offer and where the training is already available.

Our existing associations are working towards that end and both the structures for disseminating information and the participation of members are improving. In addition, the Energy Kinesiology Awareness Council was founded to coordinate and unify our efforts at enhancing communication within the Energy Kinesiology field, and increasing awareness of the benefits of TFH and Energy Kinesiology among the general public.

There are several significant developments that Dr. Thie was very satisfied to see realized before his death. Dr. Thie was able to see the final galley copy of *TFH: The Complete Edition* and we firmly believe that this enhanced and expanded reference will be a quality resource for years to come, as a platform for practitioners and instructors to promote their programs, as a reference for balancing and a tool for learning and teaching.

Dr. Thie was very happy to see the adoption of the eTouch program by many practitioners/instructors, and many new to TFH. Dr. Thie dreamed and worked for many years to create this teaching, learning and record-keeping tool and make it available to the public. Dr. Thie was especially grateful to Earl and Gail Cook who are the "Angels" who made this project finally real and also created the *eTouch Internet Gateway* to upload sessions for our worldwide research project, now named the John Thie Memorial Research Project (www.etch4health.com) which will gather outcomes from thousands of participants around the world. Dr. Thie was able to participate in some of the initial tests of the Internet Gateway which is now up and running and we are now recruiting the initial participants whose efforts will attract many more, and eventually attract greater funding and more extensive research projects.

The original vision, of having someone in every family who can do some basic TFH energy

balancing, has never changed. That goal has not been forgotten by so many TFH instructors and practitioners and it is still part of the mission of the IKC and Kinesiology associations worldwide. We are still developing ways that TFH can be used by families, children and lay people to have happier lives and function better. The IKC is working on some training programs that will be even more accessible to all people. At the same time, there is an ongoing development of professionalism and ethics in the emerging field of Energy Kinesiology. Professional Trainings in TFH specifically are being developed and the TFH system forms a core element in many of the professional Energy Kinesiology trainings.

I (Matthew Thie) continue to enjoy and grow in my role as a TFH Instructor, teaching TFH synthesis (TFH 1-4 and TFH Proficiency) in Los Angeles. I am also carrying on in my father's tradition of teaching Clinical Intensives (Covering TFH 1-3 in an immersion approach) at Serra Retreat in Malibu. As an IKC Trainer, I am currently teaching the TFH Advanced Training (Instructor Training Workshop) in Los Angeles, Puerto Rico and Mexico, and I am developing an Advanced Clinical TFH Intensive seminar building on the skills of TFH 1-4, and incorporating many of the additional ideas that Dr. Thie shared in his workshops. This will be offered again in June of 2007. I have shared the TFH Metaphors around the world, with more than 1,000 students, and now want to focus on sharing this additional aspect of TFH in the USA, as well as recruiting more Instructors and Trainers to add this material to their teaching programs/practices.

Many TFH In-Depth Courses are being developed around the world, devoting additional time to the concepts and details of Five Element Theory, body mechanics and muscle function/testing, Posture Analysis, Goal-Setting and Metaphor, Pain Control, Interview/History Taking, Communication skills, Practice Management, and other relevant topics.

It is exciting to see the rapid proliferation of so many ways to learn, teach and apply Touch for Health specifically, and Energy Kinesiology in general. Part of the legacy of John Thie is the specific Model and philosophy embodied in the

Touch for Health system: making Educational, Non-Diagnostic, Wellness-Oriented Energy Balancing available to everyone regardless of prior learning and without the need for licensing and regulation in order to touch one another for the purpose of health.

John Thie remained committed to a philosophy of freedom and dedicated to sharing the truth. The most important message I would have for kinesiologists is to seek the truth and share it freely with everyone, for the greatest common good.

Thank you to all of the people who take time from their lives to use their own hands to help the people in their lives to feel better and enjoy their lives more. This is the legacy that we can all continue.

Features of “Touch for Health: The Complete Edition”

For 30 years now Touch for Health, John F. Thie DC's simple, safe system, distilled from concepts and techniques of Effective Inter-Personal Communication, Chiropractic, Applied Kinesiology and Traditional Chinese Medicine, among others, has been used successfully by lay people as well as in the clinical setting. Chiropractors as well as Medical Doctors, Acupuncturists, Massage Therapists, Nurses and even Psychologists have found that the holistic approach of balancing the muscular posture together with the Life Energy flow (the acupuncture meridian system: the Chi) is powerful both as treatment and as education of patients and clients. **Patient satisfaction and clinical outcomes are improved when the individual can become more aware and empowered in their own self care and health maintenance.**

Touch for Health: The Complete Edition, Co-authored with Matthew Thie, M.Ed., is a completely revised and expanded and improved version of the classic work. In full color and double the page-count of the original edition, it retails for \$28.95, *slightly less than the previous edition*. Covering the complete TFH 1-4 Syllabus of the International Kinesiology College, as well as Dr. Thie's detailed insights into Goal Setting, Pain Control, History

Taking and the Creative use of Metaphor to create self-awareness and change. Simply contemplating the related metaphors, whether silently or through dialogue, has been shown to often balance the meridian energy as indicated by muscle facilitation as well as changes in posture, attitude and energy. People consistently find the Metaphors add depth, meaning and FUN to the process J

We firmly believe that the quality, affordability and accessibility of the original TFH Manual has played an important part in the growth of TFH and Energy Kinesiology worldwide, improving the lives of millions of people, and remaining a holistic health “best-seller” for 30 years. *The Complete Edition* is now an even better introduction for the general public to many holistic/energetic, Wellness oriented concepts, and the foundational training in Energy Kinesiology for everyone, regardless of prior training or experience.

Our intention is that *The Complete Edition* will continue to serve as the premiere manual and textbook for learning, teaching, and practicing TFH and Energy Kinesiology, and be a catalyst for a new era of growth and accessibility of this amazing work: A key Reference for the standard IKC (TFH I-IV) Training; A resource for independent experimentation and investigation (a map for self-teaching as an untold number of people have used it over the years!); A Resource and Guide for diverse educational and clinical settings (From community centers and community colleges to the top academic institutions, from home-school/home-care to Institutions and clinics of modalities such as Massage, Acupuncture, Chiropractic, Sports Training/Therapy, Coaching, Psychology, Complementary and Alternative Medicine as well as orthodox allopathic bio-medicine.)

The new edition features a sturdy spiral binding, protected by a bookstore friendly hard cover and convenient dimensions. There is Full Color throughout, with improved photographs of the 42 muscle tests, both lying and standing, and more detailed muscle anatomy illustrations, showing both surface contour/landmarks and the underlying skeletal structures. As with the original book, *The Complete Edition* has

printed tabs that can be cut for quick reference to the meridians/muscles and an overview of all 42 muscles as “thumbnail” illustrations, in both meridian and anatomical order. There are numerous additional tables and diagrams, including the patterns of the 24-hour Wheel and 5-Element cycles, Acupressure Holding Points Theory, and multiple record-keeping forms for home or clinical use. Also included are inspiring TFH Success Stories, illustrating the types of benefits and transformations people have experienced.

I would like to thank Gary Peattie and the entire staff of our publisher Devorss & Company, for the massive amount of work and resources they put into *The Complete Edition*, and **I encourage all of our TFH’ers to express their thanks as well, and take advantage of this tremendous resource.** Make sure all of your current and former students and/or clients READ this new edition, and go ahead and renew your commitment to educating your community in these methods to *Develop Awareness, Balance Posture and Life Energy, & Enjoy Life*; **The Event Managers at your local bookstores, including the big chains like Barnes & Noble or Borders, will be happy to coordinate your lecture/demonstration** of this easy, simple, safe system of Energy Kinesiology (muscle-testing and energy-balancing) with goal-setting and creative visualization to help you:

- Clarify your **personal vision & Passions**
- **Clear** mental/ emotional/ physical and energetic blocks
- **Relieve pain and tension**
- Balance your energy flow to enhance your personal bests, achieve more consistent and frequent **peak performances** and **reach your life goals.**

This is a Win/Win/Win Process, increasing awareness and access for the Wellness of the public, bringing more traffic and sales into the bookstores, and building up the profile of local instructors/practitioners, increasing their volume of students/clients.

“Touch for Health: The Complete Edition,” Recommended Reading

Touch for Health: The Complete Edition, covers the complete IKC TFH 1-4 Syllabus, as well as Dr. Thie’s insights into Goal Setting, Pain Control, History Taking and the Creative use of Metaphor to create self-awareness and change.

TFH Instructors, will want to read over the following sections so that you are aware of additional information and techniques beyond your 1-4 Manuals: Introduction, Muscle Testing*, 16-24, 41-47, Goal Setting, 72-73; 87-89; 303-314 Pain Control & History Taking, 326-331, Assessment Balancing, Simple Model (No Over-Energy): Wheel, 236-238; 25E, 40-244, Creative use of Metaphor * 66,67; 215-223; Four Health Roles: 333-334

Non-Standard techniques (Not IKC 1-4) described in *The Complete Edition*
Attractor Value: 312, Fishing for Issues: 308, Reactive Muscle Shortcut: 293, Test Also/ Related Muscles: 65; Opposing Muscle Strengthening, 277, Sedating & Re-strengthening, 278, Repeated Muscle Testing, 276, Food as Metaphor, 323

**TFH Pocketbook with Five Element Metaphors*

Introduction 3-6 , Options for Balancing 18-21, **Touch Reflexes** review 12-17; 21-28, **ADDITIONAL** Tips on **Muscle Testing** 28-39, Five Elements 74-80, **Metaphor Protocols** Fix-as-go & Assessment, 4 Health Roles 182, Reference: Details of 111 TFH Metaphors 93-177

The following table provides a suggested guideline for students and teachers of TFH for relating the different sections of the new Complete Edition to the regular TFH Synthesis syllabus.

<i>TFH Level</i>	<i>Reading Recommended for Students</i>
Before TFH 1	Foreword, I-iv; Intro, v-xxii; Evolution of TFH, 3-15
During TFH 1	Muscle Testing 16-24; Posture 26-29; Meridians 30-36; Review Pre-tests and Touch Reflexes 36-66 <i>Test Also/ Related Muscles: 65; Opposing Muscle Strengthening, 277 [Review TFH 1 techniques]</i>
Before TFH 2	<i>Test Also/ Related Muscles: 65; Opposing Muscle Strengthening, 277; Review Muscle Testing*, 16-24, 41-47</i> *(Pocketbook :Tips on Muscle Testing, 28-39)
During TFH 2	[Review TFH 2 techniques as written in course manuals vs. in Complete Edition]
Before TFH Metaphors (For Instructors who have had 1 Standard update, the Metaphor workshop counts as a subsequent update.)	Goal Setting, 72-73; 87-89; 303-314 Creative use of <i>Metaphor</i> * 66,67; 215-223; (NOTE: The metaphor workshop can be taken any time after TFH 2, and is not required for attending TFH 1-4, Proficiency or the ITW)
During Metaphors	(<i>TFH Pocketbook</i> : Introduction 3-6; Five Elements 74-80; Metaphor Protocols Fix-as-go & Assessment)
Following Metaphors	(<i>Pocketbook</i> : Review Details of 111 TFH Metaphors 93-177)
Before TFH 3	Review Details of Wheel and Five Element Balancing, 236-238; 240-244
During TFH 3	[Review TFH 3 techniques as written in course manuals vs. in Complete Edition]
Before TFH 4	Review tests of 42 muscles Lying and Standing, 92-229; Preview Anatomical order 284-289
During TFH 4	[Review TFH 4 techniques as written in course manuals vs. in Complete Edition]
Before Proficiency	4 Health Roles: 333-334; Pain Control & History Taking, 326-331 <i>TFH Database: 238-239</i> (<i>Pocketbook</i> : Tips on Muscle Testing 28-39)
During Proficiency	<i>TFH Database</i> and be sure you are comfortable with all of the techniques listed- 238-239
Before ITW	<i>Database</i> approach mastery 238-239 Non-Standard techniques (Not IKC 1-4) described in the Complete Edition: Attractor Value: 312 Fishing for Issues: 308 Reactive Muscle Shortcut: 293 <i>Test Also/ Related Muscles: 65; Opposing Muscle Strengthening, 277</i> Sedating & Re-strengthening, 278 Repeated Muscle Testing, 276 Food as Metaphor, 323

Notes:

SCHEDULE

Thursday, July 13th

Speakers

Laying on of Stones for Chakra Balancing and Alignment
by Gene Jackson

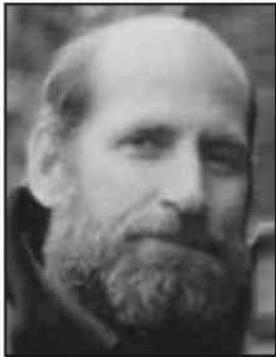
The John Thie Memorial Research Database
by Earl Cook

Marketing to Massage Therapy Schools
by Jerry Blackburn
(no article submitted)

Bypassing the Stress Reaction
by Wayne Topping, PhD

The Crystal Guy

by Gene Jackson



Kyanite Chakra Balancing Technique

- Have the person stand in front of you with their arms uncrossed
- Starting at the CROWN, take the kyanite

and move down the chakras.

- Move back up the body, stopping at each chakra to open and re-balance it.
- Move the kyanite in a clockwise or counterclockwise direction depending upon what feels intuitively correct. When the chakra feels open, move to the next.

Gene's Basic Stone Layout

- Have the person lie on the table with their arms and legs uncrossed.
- Say a prayer for the highest well-being of the recipient, yourself and the universe in this healing session, with harm to none.
- Work from their left side (heart side).
- Sweep your kyanite wand from the root to the crown chakra and down again to align and open the chakras.
- Starting at the Root chakra, lay stone(s) on each of the chakras.

Basic Chakra layout:

- > Root: Red or Black stone
- > Sacral: Orange Stone
- > Solar Plexus: Yellow Stone
- > Heart: Green or Pink Stone

- > Throat: Light Blue Stone
- > Third Eye: Indigo Blue Stone
- > Crown: Violet or Clear/White Stone
- > (Optional) Peace Chakra/
Thymus: Robin Egg Blue stone
- Use a laser wand crystal over each of the chakras to further open and balance them.
- Use a shard crystal to “paddle” the aura over the entire body and blend the energies.
- Use any other healing technique you want to combine with the stones at this time.
- Remove the stones starting at the crown and working down from the root.
- Make sure the person is back in their body and grounded before getting up from the table or letting them drive.
- Remember to cleanse your stones (smudge, water, beaming white light, rice, candle flame) after each use.

Gene Jackson
513-984-5937
www.thecrystalguy.com

Notes:

The John F. Thie Memorial Research Project

by Earl Cook



In this presentation, I will examine why research is necessary and beneficial for the Touch for Health healthcare model. I will give a basic overview of the scientific method, examine different research methods available and offer

recommendations for the types of research that we should conduct. We have been developing a set of research tools over the past five years and we examine why they are applicable to our research efforts. I will also present initial results from our research and plan to conduct a test of the entire system from the riverboat that conference attendees will be on while touring the riverfront of Cincinnati.

A short history of our research project

Dr. John Thie talked for over 30 years about the need for an organized research effort into the efficacy and outcomes produced when using the Touch for Health techniques. As the eTouch for Health software was developed, many features were built into the software, at the request of Dr. Thie, with an eye on the future and its function as a research tool. The Gateway software drops into existing copies of eTouch so that Participating Research members can then submit actual results (minus personal identifying information) through the Internet to the online database. In his last public appearance at the TFHKA conference in Durham, North Carolina, Dr. Thie used the eTouch software and Gateway to successfully submit the results of his onstage balancing session to the research database.

After over five years of development, the tools are now in place to allow this project to happen. In research, it is extremely important to have an organized, consistent and thorough means of record keeping and tools in place to use in the research. The *eTouch for Health* software is the tool that allows TFH Researchers to conduct sessions and record the results that is consistent among all eTouch users around the world. Many of the entries are automated to a high degree, which makes it easier for the researcher and ensures a higher degree of accuracy for the research purposes.

Why conduct a formal research project?

- Clearly define and explain the benefits of Touch for Health in legally and scientifically acceptable terms that are backed by research. Today, we are limited by what we can say about the benefits of TFH energy kinesiology balances. With research that backs up and supports what we know, we will be able to expand our statements. Here is an example of something that we wish we could say..."The TFH Energy Kinesiology techniques have been proven in research to be the most effective and cost-effective means to reduce physical, emotional and mental pain and allow people to lead fuller, more productive and happier lives."
- Make ourselves relevant. Energy kinesiology has been practiced for almost 40 years around the world, yet, in formal research projects being conducted by academia, government and healthcare professionals, TFH is not showing up in the list.

- Provide a data source for researchers conducting Case Studies and preparing articles for peer-reviewed journals
- Pave the way for formal research grants. Before we can expect to be awarded a formal research grant, we must show that we are already conducting research and can show our studies, techniques and results.
- Build a foundation for research that will allow researchers to find new and now-unimagined new techniques and ways to use TFH energy kinesiology.

What type of research should we conduct?

Quantitative, qualitative, quality of life, or double blind clinical studies with randomly selected subjects and testers?

There is a general agreement in the scientific community that formal research conducted using scientific methods is needed to explain phenomena in our world. There is much less agreement and, often times, outright controversy over the methods used to test and prove these phenomena. Some methods work for some study areas while others don't. Some hold that the double-blind study is the only method to be used, but it is sometimes impossible to use this technique and the ethics of using this technique have come into question. How would we even conduct such a test in Touch for Health when we are so actively involved in helping people? We think that there are better ways.

Often, there are combinations of methods, i.e., quantitative and qualitative. While it is acceptable to select and use methods that are most appropriate for testing and proving your hypothesis, it is essential to perform the research, tests and observations with objectivity and thorough and consistent record-keeping while using structured tools.

Some common qualitative methods are observations, in-depth interviews and focus groups. In the National Science Foundation article, *Overview of Qualitative Methods and Analytic Techniques*, the authors state, "Observations are carried out using a carefully developed set of steps and

instruments. The observer is more than just an onlooker, but rather comes to the scene with a set of target concepts, definitions, and criteria for describing events. While in some studies observers may simply record and describe, in the majority of evaluations, their descriptions are, or eventually will be, judged against a continuum of expectations.

Observations are usually guided by a structured protocol. The protocol can take a variety of forms, ranging from the request for a narrative describing events seen to a checklist or a rating scale of specific behaviors/activities that address the evaluation question of interest. The use of a protocol helps assure that all observers are gathering the pertinent information and, with appropriate training, applying the same criteria in the evaluation." This article continues by stating, "The protocol goes beyond a recording of events, i.e., use of identified materials, and provides and overall context for the data. The protocol should prompt the user to:

- Describe the setting of the program delivery, i.e., where the observation took place and what the physical setting was like;
- Identify the people who participated in these activities, i.e., characteristics of those who were present;
- Describe the content of the intervention, i.e., actual activities and messages that were delivered;
- Describe the interactions between implementation staff and project participants;
- Describe and assess the quality of the delivery of the intervention; and
- Be alert to unanticipated events that might require refocusing one or more evaluation questions"

Our protocol tools, eTouch for Health, the Internet Gateway and online research database have been designed to be both quantitative and qualitative tools and record details about the participants, results of the tests, techniques used and comments made by subject or researcher in their observation and intervention.

So that 'apples-to-apples' comparisons can be made accurately, eTouch for Health codifies the TFH model so that meridians, muscles and techniques all have identifying codes while testers and subjects also have IDs. Important in the whole research and quantifying process is that we enter before and after values for goals or for conditions when we balance subjects.

These before and after values are extremely important and are used by the online research database to calculate the 'Improvement Factor' for each of the sessions submitted to the database so that the effectiveness of the intervention can be measured quantitatively. This number, expressed in a percentage, shows how much improvement was measured in the TFH intervention. There will be a large amount of aggregate data that can serve as the source for further statistical research as the dataset grows in volume and diversity.

From our research efforts so far, we think that the qualitative and quality of life research methods best fit the holistic reality of the TFH synthesis. Qualitative research involves in-depth interviews, observations and detailed note-taking...things we already do in TFH, especially if you are already using eTouch for Health in your sessions. In Touch for Health, we are actively involved in helping people improve their lives as we work with them defining meaningful goals, reducing stress and improving confidence and self esteem and measuring the progress as a result of our interventions. Collecting this data in an organized and consistent manner so that tests and results can be repeated and replicated by others is essential in our research and our tools provide a good protocol for researchers.

Our research experience has identified a quality-of-life (QOL) research tool that has been accepted by the scientific community and will fit our research. This tool, the SF-36 Health Survey measures before-and-after intervention values for the subject's quality of life when asked questions concerning mental, emotional and physical well-being. The Case Study is also an important research tool that we think fits the nature of TFH and can be used in proving the hypotheses that are being proposed as research topics.

A future proposed study design may include the SF-36 QOL research tool to measure subject values before the study begins and at the conclusion of the study to measure the effectiveness of the TFH interventions. This tool, which is commonly accepted in the health research community, can produce the values that can be compared to other research projects in other disciplines. But, since this tool does not collect or produce the background supporting evidence necessary in a formal study, the eTouch, Gateway and online Research Database will collect the supporting evidence for the study and serve as the source for further case studies and analytical and statistical research.

The database of results also provides comparative analysis so that patterns can be spotted graphically as the key measurements of meridian energy status is presented along with energy blockages and energy 'beaver dams'. Identifying common patterns in the results is a powerful way to find trends and effective techniques and it is hoped that the graphical nature of the display of these results will allow patterns to be easily recognized.

eTouch and the research database are both built upon relational database techniques and are analogous to the 'relational' makeup of the body in its holistic state.

What is the scientific method and how does it affect our research?

The scientific method has four steps:

1. Observation and description of a phenomenon or group of phenomena
2. Formulation of a hypothesis to explain the phenomena or alternately a reasoned proposal suggesting a possible correlation between or among a set of phenomena. It is essential that the outcome not be known, If it is, then it is a consequence and should have already been considered while formulating the hypothesis.
3. Use of the hypothesis to predict the existence of other phenomena, or to predict quantitatively the results of new observations

4. Performance of systematic experimental tests of the predictions by several independent experimenters and properly performed experiments

Other important guidelines to be considered are:

- If the tests verify the hypothesis then it may become a theory. If the tests do not verify the hypothesis then it must be rejected or modified.
- Results must meet predictions
- Scientist's bias must be reduced or removed from influencing the outcome
- Bias can be sorted out by many performing the same tests with all having different bias

What are the hypotheses that we will use in our research?

During 2004, we were working with a local university in Atlanta, Georgia to design and conduct a formal research study. The university has a physical therapy department that includes a group of Chinese doctors that are working to integrate Eastern and Western techniques. In this study, the plan was to have 30 graduate PT students participate in a study where we would use the standardized SF-36 health survey to measure before and after general physical, emotional and mental aspects of the participants while we planned to use eTouch and the Research Database to collect the specific data for each balancing session that was performed on the students. Unfortunately, we were only able to get seven commitments from the busy students and the study did not proceed. During the design of the study, Dr. Thie, Research Director for the IKC, created a group of hypotheses that we wanted to study as we build our theories. These hypotheses are listed below:

Proposed Hypotheses for formal Touch for Health Research submitted by Dr. John Thie:

- Balancing will relieve pain, improve pain-free range-of-motion and provide greater balance in moving.
- Balancing the muscles as

indicators of meridian energy will improve the posture and subjective personal feelings.

- We hypothesize that balancing will allow a quicker time of recovery after injury and a lessened time for recovery after an athletic performance.
- Balancing will create a subjective feeling of 'wellness' and less stress.
- Recovery time from surgery will be reduced when:
 1. Balancing is done prior to the surgery so that the subtle energies will be in balance before a successful surgery procedure
 2. Balancing the subtle injuries after the surgery by either:
 - a) Balancing the person using pain or discomfort when positioning the limbs as the muscle indicator.
 - b) Using a surrogate for balancing
- Balancing the subtle energy will reduce the need and frequency for pain medication.

As we build our foundation for research there are other theories (hypotheses?) that our research will be based upon:

- There exists a phenomena described as an energetic meridian system in the body that was known about over 5,000 years ago by the Orientals and is known as chi, ki, ka, the life force.
- This energy flows in predictable patterns and has polarity (Yin and Yang)
- Blockages in this flow can be identified and intervention will restore the flow and balance of the bodily energy system

Challenges facing us in our research efforts

Touch for Health is holistic/wholistic and the entire synthesis is extremely wide in aspects and tall in content. One task at hand is to resolve this challenge is to explain TFH and

energy kinesiology by identifying what is a theory, what are the hypotheses and what is the model in the TFH Synthesis? Presenting TFH in a consistent manner in which we use scientifically acceptable language will be a key goal as we conduct research.

In TFH, our primary testing tool is 'US'! We are an active participant in the intervention as we participate in evaluating the result of a muscle test; therefore, we are the testing 'instrument'. How do we overcome the skeptic's viewpoint that this is too subjective?

In TFH, we encourage our subjects to communicate to us what they think the result of the intervention in after and before tests. We muscle test and then ask the subject if they think the muscle locked or not? Having the subject be the primary decision-maker in this process helps to overcome any subjectivity that the tester may be introducing. The tester, though, must observe the subject and look for signs of muscle recruitment or body language that indicates that the subject is not communicating a correct assessment of the test results. This partnership in the testing and balancing process is the key to keeping the process objective as we conduct our research.

The TFH curriculum and literature stress the importance of objectivity and encourage the finer points of how to develop increased accuracy in testing by improving the muscle-testing technique of the tester.

We also increase the probability of accuracy and reduce the margin of error by having a large data set and a large number of researchers performing the same tasks of testing and balancing and recording the results using the same tools. When multiple testers obtain similar results when using the same techniques, we decrease the margin of error while also increasing the level of objectivity present in our research efforts.

We prove that the results are repeatable by having other objective persons perform the same procedures. We can make predictive statements of what an intervention will accomplish and then outline the

processes to achieve these results and other researchers can then duplicate our tests and therefore validate our results.

In our early efforts, one of the first challenges to our methods was by a researcher who said that our testing techniques were too subjective and a machine was needed to evaluate the results of a muscle test scientifically. This presents a real challenge for us, because can we design an 'instrument' to measure what we measure? Can an instrument be designed that is sensitive enough to detect the 'locking point' of a muscle test and adjust the amount of force to account for the muscle being tested and the specific strengths and weaknesses of a subject? We sometimes 'conduct' energy at the same time we are a measuring and evaluating states of energy and the results of a muscle test.

So, we are the 'instrument' that is part of the intervention. Should we wait until a scientific instrument is designed that can perform a muscle test and then evaluate the results before conducting research? It is our opinion that we cannot wait for the invention of such an instrument and that we should precede with our observational, in-depth interviewing and case study approaches until such an instrument is available. We will welcome having such a device to aid in our research, but until one is available, we will proceed using the best instrument that we have available which turns out to be us! But, in doing so, we must be as objective as humanly possible in interpreting the results of a muscle test.

A key factor in conducting a formal scientific research study is starting with a 'not knowing' mental attitude. It may seem to be impossible, but we must take an attitude that we do not know anything about what we use everyday. We then formulate our hypotheses to explain the phenomena of TFH and perform our testing in an objective nature and record the results of before and after our intervention. This 'state-of-mind' is very important as we conduct our research.

The most important value that we use to assess the effectiveness of our intervention is the value that the subject conveys to us about their

level of pain, discomfort and general sense of well-being after our intervention. We use these measures constantly as we work to improve the health and well-being of those we work with. There is an impressive history of positive outcomes in Touch for Health. We must now make a concerted effort to record these interventions so that we will have the data to prove that the use of the Touch for Health protocols are predictable, repeatable and do improve the quality of life of our subjects.

The Dr. John F Thie Memorial Research Database is now functional!

The John F. Thie Memorial Research Database is now functioning! This is a call for the Touch for Health worldwide community to begin participating in these groundbreaking efforts. There are two ways to participate. First, Participating Members will be actively participating by testing, balancing and submitting results to the online database via the Internet. Supporting Members will be helping the efforts of the research project with their dues and interest in the research program. For more information on joining the efforts, please go to www.touch4health.com/research/info.html

In a statement from 1991, provided by Dr. Joseph Keating, PhD, biographer of Dr. Thie, it is evident how long this project has been in the works. In 1991 (Winter): Touch For Health [published by the TFH Foundation] Dr. Thie states, "We need evidence that the application of the TFHS gives the results we say it does. We all believe in the effectiveness of the TFHS interventions, their economy and their ability to help the whole person in the physical, intellectual, chemical, emotional, social areas, the reaching of goals and the healing of past unhealed wounds.

I believe we can prove what we are doing! All practitioners and teachers worldwide need to participate and be involved in generating new knowledge about what does and does not work in the teaching and practice of TFHS. We must be part of the improvement of the quality of the TFHS as it is used and taught. All practitioners, teachers and providers (PTP) of the TFHS can participate in developing

international databases on the changes resulting from interventions with the TFHS.

Our knowledge of what are the outcomes of our interventions must be scientifically gathered to justify the public's continued and increased use of the TFHS. Proof will allow its PTP to compete in a truly free market in the world of health care."

A few years back in my computer software development career, I worked on a project for a research group that is part of a children's hospital in the U.S. that is known as one of or the top facility for conducting research on children's diseases. The project in which I was involved would allow the research staff to dynamically create clinical trial questions in a database and then email these to selected researchers around the world. These researchers would then submit their results via the Internet to a central database where they would be available to the researchers.

Six years later, many of the same tools and concepts were used in the development of eTouch for Health, the Gateway and the online database. One big difference in our approach is that our research tool (eTouch for Health) is already in the hands of the potential researchers. With our system, we do not dynamically create clinical trial questions, but we do have the ability to email all researchers and ask them to focus on one specific area, use the same techniques, submit the results so that all the data is then available for comparison by analysts and other researchers, This capability is very powerful and can be a useful feature in future research.

There will be two types of membership available as we launch the John Thie Memorial Research Project: Participating and Supporting Memberships. Participating members will actively participate in the project by conducting sessions, recording the results in *eTouch for Health* and then submitting the results through the Internet to the Online Research Database. Supporting members will assist the project through their dues and interest in the progress of the project. Both types of membership are important and vital in the success of the project.

Initial Results from the Research Database and a live test in Cincinnati

In my presentation at the Touch for Health Annual Conference in Cincinnati, I will present initial results from the research efforts. As part of a demonstration of the flexibility of the tools, I want to conduct a Touch for Health balance on the riverboat when we take our Tuesday evening cruise. Then using the free wireless capabilities of the Cincinnati riverfront, I want to submit the results wirelessly from the boat through the Internet to the central database. During my presentation, I will then show these results. One of the strengths of Touch for Health is that it can be performed anywhere and at anytime. This test is meant to demonstrate this fact and that the tools are flexible enough to match the strengths of TFH.

Touch for Health is designed to be available to both professional healthcare providers as well as for the layperson. Can both of these groups achieve similar results? The research project will track the results for each group so that comparisons can be made by using the improvement factor as the value for comparison.

Which techniques provide the most improvement? Does focusing on Goals provide

more improvement in outcomes than focusing on individual conditions? What techniques are most effective in each situation? How much difference in improvement factors do performing pretests provide? We think that we can predict these answers, but will the results support our predictions? These are just some of the answers that we expect the research database to provide in addition to providing the overall foundational data to support the proof that the Touch for Health Synthesis is one of the most effective models for improvement overall well-being of those that receive TFH interventions.

The call goes out to Touch for Health participants around the world to become part of this groundbreaking and historical effort. Become an active participant in Dr. Thie's dreams as this project becomes a reality and help Touch for Health grow into the future.

Earl Cook

President, Laser Solutions, Inc., IKC Research Technical Director, TFHKA Research Member and IKC/TFHKA TFH Instructor Developer of the eTouch for Health, TFH eCharts, Research Gateway and Online Research Database software systems

Sources:

Qualitative Methods in Health Research by Office Of Behavioral and Social Sciences Research, National Institutes of Health, U.S. Government: <http://obssr.od.nih.gov/Publications/Qualitative.PDF>

Overview of Qualitative Methods and Analytic Techniques, National Science Foundation, U.S. Government: http://www.nsf.gov/pubs/1997/nsf97153/chap_3.htm

Research Methodologies in Science Education: The Qualitative-Quantitative Debate by Julie C. Libarkin, Science Education Department, Harvard-Smithsonian Center for Astrophysics: <http://www.nagt.org/files/nagt/jge/columns/ResMeth-v50n1p78.pdf>

The Scientific Method by Jose Wudka, UCR Physics: http://physics.ucr.edu/~wudka/Physics7/Notes_www/node5.html

Appendix E: Introduction to the Scientific Method, Rochester University: http://teacher.pas.rochester.edu/phy_labs/AppendixE/AppendixE.html

Scientific Method, Wikipedia: http://en.wikipedia.org/wiki/Scientific_method

Quantitative Method, Wikipedia: <http://en.wikipedia.org/wiki/quantitative>

Qualitative Research, Wikipedia: http://en.wikipedia.org/wiki/Qualitative_research

Double-Blind, Wikipedia: <http://en.wikipedia.org/wiki/Double-blind>

Clinical Trial Management: http://en.wikipedia.org/wiki/clinical_trials

Placebo-Effect, Wikipedia: <http://en.wikipedia.org/wiki/Placebo>

Pseudoscience, Wikipedia: <http://en.wikipedia.org/wiki/Pseudoscience>

SF-36 Health Survey: <http://www.qualitymetric.com/>

Introduction to Case Study by Winston Tellis:
<http://www.nova.edu/ssss/QR/QR3-2/tellis1.html>

Application of a Case Study by Winston Tellis:
<http://www.nova.edu/ssss/QR/QR3-3/tellis2.html>

Reformatting Reporting Methods for Case Studies
by Dan Bachor, PhD, Univ. of Victoria:
<http://www.aare.edu.au/00pap/bac00287.htm>

*The Qualitative Report, Using Case Study
Methodology in Nursing Research* by Donna M.
Zucker: <http://www.nova.edu/ssss/QR/aindex.html>

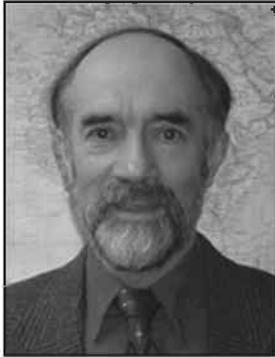
*The Qualitative Report, Interviewing Exercises:
Lessons from Family Therapy* by Ronald J. Chenail:
<http://www.nova.edu/ssss/QR/aindex.html>

*Keeping Things Plumb in Qualitative
Research* by Ronald J. Chenail: <http://www.nova.edu/ssss/QR/QR3-3/plumb.html>

Notes:

Bypassing the Stress Reaction

by Wayne Topping, PhD, LMP



Abstract

Many of us claim we want to integrate positive changes into our lives, yet most of us struggle in this area. We shall examine some outstanding research concerning troubled marriages that identifies a major

problem that prevents such changes from taking hold. Then we'll consider solutions that arise from taking a kaizen approach to life.

Introduction

How would you feel if a former classmate at a twenty-fifth class reunion said to you, "Wow! You haven't changed a bit." Now, if it is in regard to personal appearance – trim waistline, full head of hair, unwrinkled face – you would probably be delighted. However, what about if the comments related to your character and behavior? That wouldn't be so cool! Because, the reality is -- as much as we would like to make certain improvements -- it is actually quite difficult for the average person to change.

Let's look at some marriage research that shows why it is difficult to institute self-improvement. Then we'll look at a concept that should make it easier for a person to change.

Why Marriages Deteriorate

For years I had wondered why marriages often deteriorated into the nagging wife-withdrawn husband scenario. I had observed it empirically but had no way to rationally explain it. Once I was introduced to the research of clinical psychologists John and Julie Gottman my questions were answered. For more than 23 years, the Gottmans and colleagues have been

studying marriage to answer questions such as:

- Why do some relationships click, while others just tick away like a time bomb?
- How can you prevent a marriage from going bad – or rescue one that already has?

After extensively examining over 3000 relationships in the "love lab" at the University of Washington in Seattle, they have some answers. Their knowledge of what causes marriages to succeed or fail is now so precise that Dr. Gottman can observe and listen to a couple interacting for an hour and predict with 95 percent accuracy whether that couple will still be together in 15 years' time, fifteen minutes and his success rate is around 90 percent (Gladwell, 2005). How is that possible?

In the "love lab," while a couple discusses any issue from their marriage, their responses are measured in a number of ways; they are video-taped on camera from various angles, they are observed through a one-way mirror system, electrodes on their chests measure their heart-rates, devices taped to their fingers monitor their pulse and how they sweat in response to stress, sensors clipped to their ears record how fast blood flows from their hearts to their extremities, and a shifting platform beneath their chairs measures how much each partner wiggles during the session. After recording the physiological responses to stress, the researchers have reached a number of conclusions. I'll share two here that answer the question I posed above and will provide a segue into the second part of my talk.

In simplified terms, in an emergency situation the brain and body are wired up to react in a number of predictable ways that have been characterized as the "fight or flight" response.

We fight off the aggressor or we run out of harm's way. In a troubled relationship, the flight response will appear as withdrawal or stonewalling. The Gottmans found that in 85% of marriages the stonewaller is the husband. Why? This is primarily because the male cardiovascular system is more reactive than the female cardiovascular system and slower to recover from stress. For example, if a man and a woman hear a very loud, brief sound like a tire blowout, most likely his heart will beat faster than hers and stay elevated for a longer period of time. His blood pressure will also become more elevated and stay higher longer. Since marital confrontation that activates vigilance takes a greater physical toll on the male, it is no surprise that men are far more likely than women to resort to avoidance strategies.

The Gottmans have discovered that more than 80% of the time it is the wife, who is constitutionally better able to handle stress, that brings up sensitive issues. The husband, who is less able to cope with it, will attempt to avoid such subjects. He may become defensive and stonewall. Or he may even become belligerent or contemptuous in an attempt to silence her. Typically a wife may say, "We need to go for some marriage counseling." The husband's response is likely to be, "You can go. You're the one that's messed up. I don't need any help." Truth is, he's more afraid of it. If the couple don't get help, the husband will often distance himself from his spouse. That can lead to divorce, or a dead marriage, in which they maintain separate, parallel lives in the same home. They no longer feel connected to each other and have given up on the relationship.

These couples desperately need help. However, this research illustrates that it is difficult to bring about change when you are in survival mode. What can be done? Kaizen to the rescue!

The Development of an Idea

In 1940 France fell to Nazi Germany. America's allies needed shipments of military equipment desperately. Moreover, it was becoming increasingly more obvious that America would eventually enter the war. American manufacturers would need to step up quality and quantity of their armament

production. Accordingly, the United States government created management courses called Training Within Industries (TWI) to meet this need. Instead of encouraging radical, more innovative change, one of these TWI courses exhorted managers to implement what it called "continuous improvement" – i.e., to look for hundreds of small things you can improve. Rather than being a totally inadequate response, this concept of continuous improvement resulted in a profound acceleration of America's manufacturing capacity. One of the most vocal advocates of this approach was a statistician called Dr. W. Edwards Deming.

Kaizen

Fast-forward a few years. Now it is after the war and General Douglas MacArthur and his forces are occupying Japan. MacArthur is concerned about an invasion from North Korea and sees that it is in America's best interests to have a stronger Japan. Achieving a thriving Japanese economy would require improved worker efficiency and raised business standards. Ironically, at a time when America no longer sees a need for "continuous improvement" the United States government TWI specialists go to Japan to introduce such concepts to the Japanese. They are very receptive. Dr. Deming is involved in their trainings and, behold, the Japanese economic miracle. In fact, the Japanese are so impressed by the idea of small, comfortable steps toward improvement that they coined the term kaizen to describe it. Interestingly, one of my friends who works for Boeing told me that he keeps hearing management talking about "kaizen this and kaizen that"! What was once an American idea has now come back into American industry.

How does it work? In Dr. Robert Maurer's book *One Small Step Can Change Your Life: The Kaizen Way*, the underlying physiological responses are summarized in this way:

Large goal → fear →
access to cortex restricted → failure

Small goal → fear bypassed →
cortex engaged → success

We, kinesiologists, understand the first line. Innovation, i.e. shocking and radical reform, is sufficiently stressful that the individual goes into the fight/flight response, the frontal lobes of the brain shut down and the person goes back to reacting out of the midbrain for survival. If change is the goal, we're doomed to failure. In kinesiology, our response has been to use techniques such as emotional stress release to restore brain function to the frontal cortex. While these approaches work, taking a kaizen approach in addition increases chances for a successful outcome, especially when we consider clients with posttraumatic stress disorder who have been severely traumatized and clients who are in a troubled relationship such as the marriages described earlier. With kaizen, the changes are deliberately made to be sufficiently small that they don't activate the vigilance response, which would put the individual into fight/flight. Because kaizen allows the control of the brain to remain in the frontal lobes, the person can entertain new options, new dendritic connections are being made and the person can head on towards success. This approach is consistent with what I have observed among peak performers. They advocate that people who are serious about being successful should do something small every day to advance them toward their goals. Every small step is a step forward. While each in itself is very small, if they accumulate enough of them they will achieve their goals.

Recognizing Kaizen in Action

The Kaizen approach can be recognized in other areas as well. For alcoholics to consider going the rest of their lives without drinking is inconceivable. It would create such stress that they would go back to drinking. However, if the goal becomes that of going for a single day without drinking, for many that is conceivable, yet if done continuously results in a life of sobriety. Einstein described the power of compound interest as the eighth wonder of the world. To illustrate, if a fifteen-year-old were to invest \$7 (U.S.) each month and compound it at 15% per year, by age 65 they would have more than \$1 million. At age 50, it would require an investment of \$1500 per month (Givens, 1991). The latter is such a large amount it is not conceivable for the vast

majority of people. The former is so plausible that all that prevents it is a lack of knowledge and the development of the habit of putting the investment aside regularly. However, as with kaizen, a small continuous effort results in profound results. An accountant friend of mine, Eric Bowen, was contemplating (and calculating) one day what the daily difference in effort and achievement was between Bill Gates (two years his junior) and himself. He came up with what he calls **The 0.1% Principle**:

“One-tenth of one percent improvement every day over the previous day will make a million-fold difference in one's lifetime achievement. One-tenth of one percent improvement every day makes the difference between a common person's achievements and those of the great leaders, the great inventors, the Nobel Prize winners, and the billionaires.”

I'm sure the Japanese would approve!

Dr John Gottman, in his books (1999, 1994), educates people as to the “four horsemen of the apocalypse,” the factors that are most destructive to relationships. While dramatic changes in a relationship are probably doomed to failure, one of the major strategies advocated (Gottman and DeClaire, 2001) is that of bidding for connection, where a “bid” is the fundamental unit of emotional communication; this can be a question, a gesture, a look, a touch -- any single expression that conveys the message, “I want to feel connected to you” -- would certainly fit into the kaizen model.

How Can We Apply Kaizen with Our Clients?

If the client's proposed change is considerable, there is increased chance for failure. Therefore, we can use the kaizen approach to greatly increase the likelihood of a successful outcome for the client in numerous ways, regardless of the goal.

- Have the client commit to doing something toward the goal every day, no matter how small.

- Spend two minutes each day imagining (sculpting) an ideal marriage.
- Spend five minutes a day decreasing credit card debt.
- Spend five minutes a day cleaning up excess paperwork.

Questions are a great way to engage the brain in a playful way, for example,

- How can I improve my communication with my spouse in some small way?
- What would an ideal marriage look like?

If it is difficult to generate answers to the questions listed above, Dr. Maurer advocates repeatedly asking the same question so that the hippocampus (the part of the brain that stores information) will have no choice but to eventually answer it.

Postscript

Apply the kaizen strategy to your own life and at some future class reunion, instead of a former classmate saying, “Wow, you haven’t

changed a bit!” he or she will be saying, “Wow, you’ve changed! How did you do it?”

Wayne Topping, PhD, LMP, is a former geology professor who became a TFH instructor in 1977. He has training and certifications in many kinesiologies including extensive training with John Barton of the Biokinesiology Institute. Wayne has taught in 22 countries and written 23 books and workshop manuals. He is founder of Wellness Kinesiology with its 17 courses and is a Touch for Health faculty member for the United States.

Dr. Wayne Topping
Topping International Institute, Inc.
2505 Cedarwood Ave, Ste 3
Bellingham, WA 98225
United States

360-647-2703

Information about classes is available on the website www.wellnesskinesiology.com

References

- Givens, Charles J. *More Wealth Without Risk*. New York: Simon & Schuster, 1991.
- Gladwell, Malcolm. *Blink*. New York: Little, Brown and Company, 2005.
- Gottman, John M. with Nan Silver. *The Seven Principles for Making Marriage Work*. New York: Crown, 1999.
- Gottman, John M. *Why Marriages Succeed or Fail ... And How You Can Make Yours Last*. New York: Simon & Schuster, 1994.
- Gottman, John M. and Joan DeClaire. *The Relationship Cure*. New York, Crown, 2001.
- Maurer, Robert. *One Small Step Can Change Your Life: The Kaizen Way*. New York: Workman, 2004.

Notes:

SCHEDULE

Friday, July 14th

Speakers

Self Mastery: The Pathway to Wellness
by Diane Allen

The Power of the Foot
by Richard Rossiter

How to Relieve Stress Pain & Learning Blocks Without Drugs
by Elizabeth Barhydt, Ph.D., M.T. & Hamilton “Hap” Barhydt, Ph.D.

Everything You Always Wanted to Know About TFHK and the IKC
by IKC Faculty

Let the Healing Begin
by Richard Simmons, MD

Massage Therapy Techniques for the TFHK Practitioner
by Jerry Blackburn

Marketing Your TFHK Classes
by Larry Green

New Developments in Kinesiology
by Sheldon Deal, DC

Self-Mastery: the Pathway to Wellness

The Mind-Body Connection

by Diane Allan



Abstract

The path to wellness begins and ends with self-mastery. Self-Mastery is understanding your divine-self and choosing to conduct your life in a way that supports everyone and everything in the universe. In this

presentation, Diane will share her personal story and use Holistic Kinesiology™ to explore the consequences of limiting beliefs.

"All meaningful and lasting change starts first in your imagination and then works its way out. Imagination is more important than knowledge." - Albert Einstein

Introduction

"We do not see things as they are, we see things as we are" - Anais Nin

The first decision you must make on the pathway to wellness is to discover what you believe about the universe. Do you believe you live in a friendly universe or do you live in a hostile universe? Who are you? Where did you come from? Why are you here? What is your purpose? Do you live your life by the wisdom you have acquired or the beliefs you have been given? Behind the roles you play, the strategies for getting by, the defenses against being hurt, who are you? Is it difficult to see yourself as you really are; has conditioning trained you to be materialistic, or to constantly defend or prove your worth or point of view? How do you really see your world?

Mastery is not a place, but a process. The path to wellness or *self-mastery* could be defined as a process of accumulated philosophic or scientific learning. Experiencing and investigating life to gain knowledge when accompanied by a desire to live and act according to the wisdom that has been revealed is self-mastery. *Self-Mastery is having the Courage to Use Your Own Intelligence.*

"You must be the change you wish to see in the world." - Gandhi

When humans begin to search for the cause of events instead of reacting to the events, we acquire the information needed to *consciously* change our lives. This journey of changing old patterns and perceptions transforms our reality. This conscious shift begins with the understanding of self. If you have a pain, do you take a pill or do you seek out the cause? If you have an unpleasant experience, do you blame someone else, or do you seek to see what you are telling yourself? Understanding the conscious and unconscious choices you make is the first step in intentionally creating your reality. This self-awareness is a cornerstone of *self-mastery*. Achieving self-mastery will change your life and the lives of those you consciously or unconsciously touch forever.

The Foundations of Self-Mastery and the Creation of Health

The mind-body connection to health and wellness was first introduced to me through my own illness (an autoimmune disorder) and Dr. Bernie Segal's book, *Love Medicine and Miracles* (Segal, 1986). Dr. Segal's book is about how "exceptional" cancer patients take charge of their lives by finding their authentic self and

following what they feel is their own true course in life, and how this can lead to "self-induced" healing. This wonderful book was the beginning of many life changing ideas, concepts and events, for me personally and professionally.

The Encyclopedia of Britannica states: Energy exists in various forms—including kinetic, potential, thermal, chemical, electrical and nuclear—all can be converted from one form to another ("energy" *Encyclopedia Britannica* online). For example, fuel-burning heat engines convert chemical energy to thermal energy; batteries convert chemical energy to electrical energy. Though energy may be converted from one form to another, it may not be created or destroyed; that is, total energy in a closed system remains constant. All forms of energy are associated with motion.

Keeping this definition in mind, we can begin to understand that if everything is energy in motion, then our thoughts are also a form of energy. Energy may be converted from one form to another but not created or destroyed. Total energy in a closed system remains constant. Could everything already exist in this closed system we call earth? Could the laws of energy apply to our thoughts and remain constant? Quantum science has proven that potential energy resides at the level of the particle and wave. Our thoughts reside at the quantum level where the potential "to become" lies in our imagination. When seen through our minds eye, what we imagine can become our reality.

Characteristics of Quantum Behavior: Wave-Particle Duality

Physical science tells us everything is made of atoms. Atoms are made of electrons, neutrons and protons. They all hold a charge. They are in a constant state of motion and are just like a community working together to create something. At the quantum level, our understanding of atomic structure and quantum mechanics and the effects were discovered and described early this century by Earnest Rutherford, Max Planck and Niels Bohr. It has been observed that when we focus on the particle it becomes a wave. When we focus on the wave it becomes a particle. At the cellular level this energy works together

to become something. It has the potential to be converted into something new.

("Wave-particle duality" *Encyclopedia Britannica*, online)

What does this information say about our ability to become something, experience something, or to have something? Could the human body, just like the electrons, neutrons, protons and atoms it is composed of, be a community of cells working together with a focus on balance and health? If this is true, could disease, be a community of cells that have lost their balance and are not focused on the same intent?

The Belief in Two Powers: The CONSCIOUS mind, the SUBCONSCIOUS mind and the SUPERCONSCIOUS mind

We need to retrain the imaging faculty. The thinking self or *conscious mind* is what you are focusing with in the moment. It sees life as it appears. It can focus forwards and backwards. It has *free will*, which is the ability to stop a behavior and create a new response. It also sees life with two powers. Good and Bad. It is where polarity exists.

The *subconscious mind* is an emotionless database of stored programs. It is power without direction. What a person feels deeply or images clearly, is impressed upon the subconscious mind, and carried out in the minutest detail. You can get a clue to your own personal programs or limiting beliefs by observing your parents and then noticing your own fundamental behaviors, beliefs and attitudes. The subconscious mind always operates in the present moment. It is always on duty, managing the behaviors required at the moment without conscious supervision. It is a programmable "hard drive" into which your own life experiences are downloaded. The programs are stimulus-response activated. Pleasure, pain, emotions and external events activate the programs. When a stimulus is perceived it will activate a behavior response that was learned when the signal was first experienced.

The *superconscious* mind is the realm of perfect ideas or the place where *Infinite Intelligence* resides. Plato spoke of “perfect pattern” or the divine design for each person. There is only one power residing in the *superconscious*. There is no polarity. This power is called *divine perfection* or love. Anything that is not love comes from the conscious mind and the subconscious mind of programmed beliefs. In this place of perfect ideas we use our words, thought’s imagination and ideas to heal, bless and prosper everyone and everything.

Our lives are a reflection of our beliefs and fears. These beliefs and fears – usually subconscious, are the cumulative effect of life-long "programming." As a result of past negative programming, we sometimes think and behave in self-defeating ways. Changing subconscious beliefs and discovering fears that may be sabotaging us is similar to reprogramming a personal computer.

Every event in your life whether with family, job, friendship, romance, love, or betrayal have all provided you with important emotions and feelings, which will lead you to self-mastery.

Limiting Beliefs

- Hopeless – not possible
- Helpless – not capable
- Worthless – not worthy
- Blameless – not responsible
- Useless – not desirable

Universal Fears

- Trust
- Self-worth
- Separation
- Abandonment
- Judgment

Beliefs for Self-Esteem:

1. I deeply appreciate and accept myself.
2. I love myself unconditionally.
3. I deserve the very best life has to offer.
4. I am confident and self-assured.
5. I am proud of my results, comfortable with my successes
6. I am proud of my results, comfortable with my failures.
7. I am a good person.
8. I do my best and my best is good enough.

Beliefs for Relationships:

1. It’s easy for me to give love to others.
2. I am worthy of an intimate,

passionate relationship.

3. I am ready for a powerful, intimate relationship in my life now.
4. I am willing to risk loving and being loved.
5. It’s okay for me to express my truth in a relationship.
6. It’s okay for me to grow and change in a relationship.
7. It’s easy for me to receive love from others.

Beliefs for Spirituality:

1. I believe in (Divine Intelligence, God, Buddha, Allah, Great Spirit).
2. I am loved by (Divine Intelligence, God, Buddha, Allah, Great Spirit).
3. I trust (Divine Intelligence, God, Buddha, Allah, Great Spirit,).
4. I love (Divine Intelligence, God, Buddha, Allah, Great Spirit, etc.).
5. I am a necessary and important part of the Divine plan.
6. I am guided & protected by (Divine Intelligence, God, Buddha, Allah, Great Spirit, etc.).
7. I have a personal relationship with (Divine Intelligence, God, Buddha, Allah, Great Spirit, etc.).

Beliefs for Personal Power:

1. I trust the decisions I make.
2. I trust the Divine guidance I am receiving.
3. I acknowledge my ability and responsibility to make a positive difference in the world.
4. I actively embrace the opportunities that come with change.
5. I am true to my personal vision.
6. I am willing to take the risks necessary to live my life openly and honestly.
7. I give myself permission to do what I love.

Beliefs for Grief and Loss:

1. I release all guilt, shame and

blame resulting from my past thoughts and actions.

2. I forgive myself for love and affection I withheld in anger from others and myself.
3. I fill my mind with positive, nurturing and healing thoughts.
4. I acknowledge my feelings as a necessary part of my healing process.
5. I know when it is time to let go, and I do.
6. Everything happens in Divine Order.
7. I have faith in my future and myself.

Your mind, when programmed with love and acknowledgement, creates *happiness and abundance*. Your mind, when programmed with beliefs supporting fear, shame, blame and guilt, creates *hard or difficult experiences*. These experiences are filled with *pain and suffering*. TO THINK IS TO CREATE. What are you creating: Something old or something new? Changing the old programs enables you to rewrite the software of your mind.

Self-mastery is using *The Power of Thought* to create positive change and requires an understanding of one's own power and a strong sense of self-determination.

In his famous 1784 essay "What Is Enlightenment?", Immanuel Kant defined enlightenment:

"Enlightenment is man's leaving his self-caused immaturity. Immaturity is the incapacity to use one's own understanding without the guidance of another. Such immaturity is self-caused if its cause is not lack of intelligence but by lack of determination and courage to use one's intelligence without being guided by another. "

Science, Self-Mastery and Faith: We have two choices in life - Grow and learn or defend

David Hawkins M.D., PhD, in his book, *Power vs. Force*, describes two general classes of people: believers and non-believers.

The pessimistic position of non-believers is everything is false until proven true stems from fear; the optimistic believers acting from self-confidence say things are true until proven false. His book is the study and mapping of the energy fields of consciousness using kinesiology. He states, "Living things all react to what is life-supportive and what is not; this is the fundamental mechanism of survival, Inherent in all life forms is the capacity to detect change and react correctively." By paying close attention to your thoughts, perceptions, beliefs, attitudes and feelings, his Map of Consciousness (Pg. 30-53) can help you identify in the moment, where your consciousness lies.

The Power of Thought is the ability to use the mind to create change

Our subjective mind creates duality. The law of attraction, like the law of gravity, is ever present and always in effect. Simply stated: Like attracts like. In achieving self-mastery and wellness it is important to understand and master the universal laws that underpin our existence. Our thoughts are like magnets; what we think about returns to us and create our physiology. To create wellness in our lives, we need to investigate our thoughts, feelings, perceptions, and beliefs and learn to think thoughts of health, happiness and prosperity. Every thought you have has a corresponding action in the body. Man's conscious thought, acting through universal law, may change any condition in his experience, provided he can clearly conceive of that condition as being changed. The only limit is in man's desire to search out the truths of these laws and constructively use them.

The Placebo Effect is one of the most extensively documented and widely accepted forms of the power of thought. The placebo effect occurs when the mere belief in the remedy renders the remedy effective. However, according to Dr. Larry Dossey in *Healing Words: The Power of Prayer and the Practice of Medicine*, the placebo effect has contaminated even double-blind studies (Dossey, 1993). This suggests: Experimenters' and physicians' beliefs about a remedy can be communicated to their patients subliminally, if not telepathically. Even in the Bible, the

faith in the cure was one of the essential elements in healing in statements attributed to Jesus (Matt: 17:20, 13:58, and Mark 6:6).

Just how do beliefs and emotions create change? If we use the human body as a model for creation, a good example would be the body's response to an emotion. In the first step, a belief is held (a habit or state of mind in which trust or confidence, is placed in some person or thing). In the second step an emotion... a state of feeling that, creates a physical reaction and physiologically involves a change... prepares the body for immediate action. All there is: is mental action and reaction.

Belief + Emotion = Change

Just how did this perfect response system get confused. Remember, like attracts like. The emotions of fear, guilt, anger and resentment draw to us what we focus upon. Many people are adept at focusing on problems and can articulate very clearly what isn't working in the world. Imagine what that person's life might be like if he/she was focused on what they wanted. Learn to be happy with who you are! Happiness is a choice not an emotion.

FAITH is taking the first step even when you don't see the whole staircase. Your expectations set the boundaries for your life. Everything is energy in motion. Dare to believe for the impossible. Conceive it in your heart and see through eyes of faith. Don't settle for anything less than the best. First, evaluate yourself. What kind of beliefs do you have about yourself? Be honest. Are they positive, neutral, limiting or negative? What you believe about yourself has a greater impact than what others believe. Do you have different types of beliefs for different areas of your life? Look for incongruence. Examples in your life might be you may believe you are a successful doctor or practitioner, but have a lifeless marriage. Or you may see yourself as active and healthy, but struggling financially. Do you believe in some medical diagnosis being the only outcome and certain treatments the only options? If so it is time to step out of the box. Let go of old collective conscious beliefs and focus on new outcomes.

Beliefs, Conscious Creation and Self-Mastery : Your Beliefs Establish The Limits Of What You Can Achieve!

Our outward life experience is the result of our inner mental beliefs. Our actions, which create our experiences, are the direct result of our thoughts. Our ego bombards our mind with many cleverly devised patterns of nagging thoughts, fears, doubts, suspicions, reasoning and theories. The ego knows our strengths and weakness, our beliefs and fears. Our ego has created concentrated areas in our mind where a particular group, activity, or set of opinions is concentrated. This area keeps us in prison due to a certain way of thinking. Barriers are in your mind; change your thinking, and influence your life experiences.

Roger Banister ran a 4-minute mile. A few decades ago no runner could break this record now more than 336 others have. He moved beyond the barriers by training, focus and having the belief he could do so. Banister broke a perceived limit in human capacity. Once he broke through that limit, he shifted beliefs about what was possible. Once those beliefs shifted, many others were also able to cross that barrier. We see this happen all the time in the worlds of athletics, medicine, science and technology.

"Responsibility is about living in the present moment. We cannot change the past. We can only affect the future by what we think and do in the present." - Science of Mind

You can't unscramble eggs. Fostering the positive creates successful solutions. Letting go of the past, instead of using the past emotional wounds as an excuse for making poor choices today, is preferred and powerful. Speak positive words about every situation you face. Your words affect others. What are you passing to others? Learning to send negative energy projections back to the sender enables you to maintain a positive frame. Example: I can see you are very angry, thank you for telling me; I might be angry also if I were you.

While Kinesiology is the allopathic study of muscle movement, Holistic Kinesiology™ also includes the study of all natural body energies and their effect at the physical, emotional, mental and spiritual levels. Holistic Kinesiology™ acknowledges the relationship of the mind, body, and spirit and is a great tool for discovering limiting beliefs. Many of our beliefs are hidden from our conscious mind, but they still affect our decisions and our life. They affect what we attract into our lives. What do you expect to happen in your life? Think about your relationships, your job, your community and your life. Be honest. What are your limiting beliefs? When a client or patient comes to see you and they have a diagnosis where does your mind go? Are you open to the possibility of spontaneous healing?

The Path to Wellness and Self Mastery

Wellness begins when a person understand that their life is in their control. What differentiates self-mastery from self-doubting is being willing to show up for life and not be passive. A continued focus on what is wrong lessens the flow of our creative abilities keeping us stuck in our emotions and old realities. You will never rise above the image you have of yourself. Who do you think you are?

- Understanding your Divinity and choosing to conduct your life in a way that supports everyone and everything on the planet
- Faith is required because your expectations set the boundaries of your life
- Begin to look inside for answers instead of casting blame. Why did I react this way?
- Understanding the law of attraction (*like attracts like*)
- Figure out if you are coming from a place of compassion, polarity or denial
- Giving up the need to be right and the use of fear, shame, blame and guilt to control others
- Understand that your life is in your control and you are not a victim (*you only have a victim story*)

- Understanding no one can make you feel anything
- Deciding to rewrite the 'software' of your mind in order to change the 'printout' of your life (*It is all in the programming. In order to change your life it is important to conquer and transcend the challenges of life by changing your thinking and feelings, reactions and behaviors.*)
- Believing that you have a unique purpose and potential in the world and it is up to you to discover what it is and how to use it.
- Use the power of thought to create positive change
- Have a strong sense of self-determination to accept the perfection in every event knowing it is an opportunity to gain wisdom
- Become Compassion; "acquire the ability to witness an event without judgment"
- Deciding to articulate new beliefs and lead others to new understandings of health and wellness

The Golden Rule

The golden rule is expressed in many of the world religions and in many cultures. Different words are used but all say the same thing; "Do unto others as you would have them do unto you." To apply the golden rule adequately, we need to be able to *imagine* ourselves, vividly and accurately, in another person's place on the receiving end of our actions. In order to do that there must be a desire to *know* our *beliefs* and understand what effect our *beliefs* and *actions* have on our lives and the lives of others.

Centuries ago, when Greece was considered the epitome of Philosophy and Civilization, the words 'Gnothe Seauton' which means 'Know Thyself' were inscribed over the entrance to the Apollo Delphi an Athenian Temple.

I challenge everyone to "Know Thyself" to discover who you think you are and then decide who you are to become. Always remember a *belief* is a state or habit of thought in which trust or confidence is placed in some person or thing. *Wisdom* is the perfection of

knowledge about the most important truths accompanied by an inclination of the entire human nature to live and act accordingly.

Resources

"Imagination", "What Life Means to Einstein: An Interview by George Sylvester Viereck," for the October 26, 1929 issue of *The Saturday Evening Post*.

Nin, Anais 1903-1977) US (French-born) author & diarist

Segal, B. (1986). *Love, Medicine and Miracles*. New York: Publisher.

"Energy" Encyclopedia Britannica from *Encyclopedia Britannica Premium Service*. <http://www.britannica.com/eb/article?tocId=9363715> [Accessed 2006].

"Wave-particle duality" Encyclopedia Britannica from *Encyclopedia Britannica Premium Service*. <http://www.britannica.com/eb/article?tocId=9076323> [Accessed 2006].

Immanuel Kant (1784) essay
"What Is Enlightenment?"

David Hawkins M.D., PhD, *Power vs. Force*,

Dossey, L. Dr. (1993) *Healing Words: The Power of Prayer and the Practice of Medicine* Harper San Francisco: Publisher.

Notes:

The Rossiter System: Unlocking the Body's Pain, Unlocking the Power of the Foot - Richard Rossiter, a Certified Advanced Rolfer, has refined a powerful system of two-person stretching techniques that quickly and powerfully prevent and relieve pain... by focusing exclusively on the body's connective tissue system

By Richard H. Rossiter



When I graduated from the Rolf Institute in 1983, I was infused with energy and well-trained in the principles, practices, the recipe and language of Rolfing. But when I opened my practice and began receiving phone calls from prospective

clients, their reality didn't match my training. "I hear you do Rolfing," went the typical phone-call inquiry. "Can you fix my low back pain?" If it wasn't a low back problem, it was an achy elbow, a stiff shoulder, a painful knee, a case of carpal tunnel syndrome or something else causing pain. I wanted to respond with an enthusiastic "Yes!"...but my official Rolf response instead went something like this: "If the body is realigned with gravity, and if I can recreate the flow and get harmony in your body, yes, your pain can be alleviated." Not only was that response a mouthful...not very many people understood what I was talking about. And in true Rolfing fashion, I felt compelled to schedule 10 one-hour sessions to fully get rid of their pain. Their next most common questions were "OK, how few sessions will it take to get that fixed? And how much is this gonna cost?" It was obvious they were as concerned about as their pain as they were about their time and their wallets, and caller after caller kept throwing the same questions in my face: how few sessions, and how much? Today, 20 years later, I still get similar calls, but my responses and my approach to bodywork/Rolfing/Structural Integration have changed completely, thanks to a combination of:

- The challenges presented by my clients over the years
- A rethinking of what causes structural pain – and what gets rid of it
- The ability to work early in my career with a neurosurgeon who referred to me his most difficult patients, and
- The willingness of my clients to test new techniques and movements,

Eventually, I created a system of powerful, tissue-changing techniques called The Rossiter System. Over the past five years, I have begun taking The Rossiter System to the bodywork community – massage therapists, Rolfers/structural integrators, healing touch therapists, nurses, physical therapists, chiropractors athletic trainers and the lay public. No matter where I go or which audience I teach, the frequently asked questions are the same, and I hope to answer them in this paper – both to explain what The Rossiter System is and how it works, but also to give bodyworkers of all backgrounds and training a sense of how these techniques work quickly and effectively to prevent/relieve pain and address the root causes...and not just the symptoms...of structural pain.

What Is The Rossiter System?

The Rossiter System is a series of more than 100 powerful stretching techniques that two people do together to quickly and powerfully change large volumes of connective tissue in short amounts of time. The upper-body techniques are arranged in 10 levels, each level building on the knowledge and foundations of the one before it. The higher the level, the more challenging the techniques and the quicker the results. The Rossiter System also has specific sets of techniques for low back/siatic region, hips, knees, feet and hands.

Each technique has to meet four qualifications to be included in the system: it has to be:

- Simple
- Teachable to anyone
- Easy to learn
- Able to produce consistent results

Each technique has a name, a specific use, written instructions and an accompanying video. One of the most powerful techniques, for example, is called Hole in the Shoulder for opening the shoulder girdle. Two of the elbow techniques are called Bicep and Bicep Torque. One of the most powerful foot/ankle techniques is the Lower Calf Crunch, and something called Double Claw can help open up the hand and wrist.

What makes these techniques different than say Pilates, stretching or traditional massage?

First, the techniques are based on two concepts: weight and movement. The therapist/provider (called the “Coach” in the Rossiter framework) uses the foot to add weight to the client’s body before and during each technique. The foot adds warmth to the tissue, allowing it to stretch more easily and freely, and it anchors tissue in place while the client executes each technique’s specific movement(s). The client is called the Person in Charge (PIC), because he/she is in charge of finding the pain in the body and working hard to stretch it out. Each technique requires determined and active movement by the PIC.

Why use the terms “Coach” and “PIC” instead of therapist and client?

In the Rossiter System way of thinking, getting out of pain is a team approach. The Coach has the knowledge of the body/anatomy/tissue and can help “coach” the client, literally out of pain by knowing how, when and in what order to use the techniques. The PIC, in turn, knows exactly where pain exists and moves in his/her body, and with the Coach’s instruction, encouragement, badgering and guidance, can find the pain, stiffness and tightness, follow it through the tissue and stretch it out so that it resolves and moves out of the

tissue very quickly. With this relationship, the PIC takes responsibility for healing and recovery, and both share in the results. The therapist isn’t put on a pedestal as an expert, and the client becomes an active participant in his or her own health. The PIC, not the Coach, gets credit for successful results.

What is a typical Rossiter session like?

First, it’s called a “workout,” not a session. And it’s much different than a traditional massage, healing touch or therapy session. And there’s no need for the client to undress. All Rossiter workouts are done with the PIC fully clothed. The PIC typically lies on the floor on a foam mat (a few of the techniques are done in a straight-back chair). The Coach stands next to the PIC and uses his/her foot to add weight to the PIC’s body and then instructs the PIC on each technique ...when to move, how to move, where to move, etc., constantly adding verbal encouragement and instruction to the process. No table work is ever needed, although it’s an option. Before each technique is done, the PIC moves into a position called “Locking.”

What is “Locking” and why is it done?

Locking, in my way of thinking, is the position that integrates each technique into the PIC’s body. Locking involves three specific movements. First, the PIC pushes out with the heels and pulls the toes toward the torso, engaging or “cocking” the long sheaths of connective tissue at the backs of the legs. (The PIC does NOT engage the low back, and if he/she does, is instructed to use only the legs). Secondly, the PIC sweeps the opposite arm out to the side with the palm facing outward and the fingers pointed to the ceiling, resting it so that the arm is perpendicular to the body. This engages the large sheaths of connective tissue of the arm, hand and upper side torso. And lastly, the PIC naturally rolls the head down and away, so that the nose is pointing toward the shoulder (this is not a tilt, not a lift, but a natural roll down and away and must be done correctly to avoid headaches). These movements, along with normal breathing, engage the sheaths of fascia in the upper neck and shoulders. If the PIC is doing a technique on

the right arm or right elbow, Locking is done on the left side of the body; and vice versa. When the PIC is in this three-movement “Locking” position, the body’s head-to-toe network of fascia/connective tissue is engaged or “cocked”—the true essence of integration of connective tissue. The PIC is asked to keep breathing normally and to keep the eyes wide open – a way to ensure the PIC is always present and participating. THEN and only then does the technique begin on the other side of the PIC’s body. (For floor techniques done face-down, some modifications are needed for Locking, but the concepts remain the same and some form of Locking is almost always involved).

How is each technique used?

Give some examples

Anyone who learns the Rossiter System learns the guidelines that govern the use of techniques. First the techniques are done three times each, about 10 seconds each repetition. With each subsequent repetition, weight is moved about one-quarter inch to address a slightly different but equally broad area of tissue. The same side/same foot principle applies as well, meaning if you’re delivering a technique on the PIC’s right side, you use your right foot. If the technique is on the PIC’s left side, you use your left foot. That keeps your body, as the therapist, balanced as well. The PIC is asked frequently to compare what the stretched side/body part feels like compared to the un-stretched/unaddressed side or body part. Communication is important, and the PIC and Coach must talk constantly to discuss results, sensations, placement of weight, etc. The PIC determines the amount of weight, the PIC determines the amount of the movement, but the Coach encourages maximum effort and participation for all techniques for best results. Once you get the hang of The Rossiter System, you can do a full workout in 20-30 minutes.

Are there some clients who can’t do The Rossiter System techniques?

Many of the same guidelines that govern which clients are eligible (or not eligible) for other types of bodywork apply to Rossiter techniques as well. The primary difference with Rossiter is that clients must be able get

onto and off the floor by themselves. One of the Rossiter System’s benefits is that it’s attractive to potential clients who might not ever pursue other modalities, such as people who do not want to undress, people who are obese/body-conscious, even big beefy athletic types whose tissue is so dense that the practitioner’s hands aren’t able to penetrate it well. It’s particularly well-suited for clients who want to take an active, conscious role in their own healing and recovery...people who want to do more than just lie on a table and let someone else work on their body. They want to do the moving, the stretching, the feeling, and the sensing of their own tissues. Once they “get it,” they understand the huge difference that Rossiter techniques can make in their own bodies, and they’re amazed at how quickly the results can be felt.. In my 20 years as a bodyworker, the clients who got the best results were those who truly wanted to be active participants and do the hard work needed to get better. Within minutes, they’re saying things like, “It feels lighter,” “It feels looser,” “It hasn’t felt this fluid in 5 years,” or “Oh, my gosh...the pain is GONE.”.

How did you develop the Rossiter System? What’s its evolution?

One of my first successful clients happened to be a neurosurgeon who – although he offered back surgery to his own patients – was interested in every possible alternative except surgery for his own chronic back pain. Impressed by the results he received from my Rolfing intervention, he began referring to me what I refer to now as his “basket-case” patients – the ones for whom he’d run out of options. They’d had multiple surgeries. Their joints were swimming in cortisone. Some were legally disabled or unable to return to work because of worker’s compensation injuries, or—more likely – the surgeries and treatments foisted upon them by the workers’ compensation system.

Their presence in my Rolfing practice forced me to re-think the tenets of my training, especially about which body parts get “worked on” during each of the 10 sessions. And re-thinking the tenets of my training forced me to try new things in my practice, particularly with clients who were good at giving feedback about what was happening in their own bodies. Through

trial and error, I started experimenting. When I'd work on a particular part of their body, I'd ask them to describe how it felt, how it changed, how it moved, which approaches were more powerful, which produced the quickest and best results. Over time, it became clear that I alone couldn't resolve their pain completely. By asking THEM to move while I worked their tissue, I doubled my results. By making them stretch and elongate their own tissue while I applied weight, they were suddenly getting the results I felt they should be getting – and getting them immediately.

Most importantly, I began to pay attention to my own body. After a day of Rolfing, I watched my clients leave my office – moving freely, thanking me for making them feel better, proclaiming easier freedom of movement and less pain...while I went home hurting like hell. My thumbs and fingers ached. My palms and hands hurt. My elbows and shoulders hurt and bothered me into the evening and sometimes made it difficult to sleep. How long, I began to wonder, could I keep subjecting my own body to this kind of physical demand before it gave out of me? And what would I do with my career then?

In time, I began experimenting with my feet. Instead of kneading/pushing/poking with my hands, fingers and shoulders, the feet provided a flat and powerful surface that allowed me to anchor a PIC's tissue in place while he/she stretched under my direction. And clients, I've found, are much more willing to accept weight, delivered slowly and deliberately by the broad/flat foot, than they are to endure the pointed, painful probing and digging of sharp fingers and elbows.

Anyone trained in various forms of bodywork would look at a Rossiter System workout and see elements of Rolfing/SI, Shiatsu, massage therapy, Thai massage and other modalities. But what's really going on is a powerful combination of those things and something else: client-driven, practitioner-coached bodywork that deeply and powerfully changes a large volume of connective in a very short amount of time.

What The Rossiter System excels at, is creating and re-creating the original "space" that the body is designed to have. As soon as you put back into the body its originally designed space, pain goes away. Often, you can't take remove or change a client's pattern or habit or lifestyle. No matter how much bodywork clients seek out, they will still walk and run the same way, return to the same job, stand the same way, perform the same tasks, repeat the same bad habits and play the same sports. The practitioner's role, then, is to remove the stress lines that create the pain on a regular basis in the client's body. What you can do is give them as young a body as possible by maintaining its youthful "space." Your clients may not have a choice in the work they do, but you can give them powerful tools and techniques that can prevent and relieve pain as often as they need it wherever they need it.

The bottom line is that all our clients want to do is get out of pain and feel normal again. The Rossiter System uses common language, common techniques and commonly understood practices to help them do that – quickly, inexpensively and effectively. They FEEL the results immediately, and that's what counts most to them.

How quickly are results delivered?

Most of the actual tissue work in a Rossiter workout can be done in 30-40 minutes. What's guided me personally is this question: What is the most I can do in the least amount of time to get maximum results? I'll let other practitioners answer this question as well. Because each practitioner, I've found, uses the Rossiter techniques differently and adapts the system differently into their own practices, their own philosophies and their own needs.

Roberta Eichman, 25-year massage therapist and Aston Patterningâ specialist, Durango, CO: "Most people who do the Rossiter System 'get it,' and those who do are so grateful. They realize something different is going on that's going to make a difference, and they see it within the first two moves. You can see it on their faces. This is different than any massage they've

had. This is different than any bodywork they've had. This is a better way of getting at things...it really addresses tissue three-dimensionally...you can get the underneath side, the wrap-around, the places you can't penetrate with your hands. Whatever clients need to happen, they can find it with movement and weight if you're coaching them right."

Jean Loose, Grand Junction, CO, nurse for 36 years, massage therapist for 18 years, SI practitioner for 4 years: "I can now do in five minutes with Rossiter techniques what used to take me 30 minutes of SI work. Rossiter just works so much faster than any SI things I ever did. Clients seem to be able to move through the weight of a foot much easier than they can through my fingers or hands digging into the surface area. And it's a lot easier on my body. I was getting to where it SI was very difficult for me, it was just so much hard work and my sessions were an hour or 90 minutes. I could do only a couple of SI sessions a day. With Rossiter, it's so much easier to do."

Steve Lakoff, King of Prussia, PA, 6-year Rolfer; "I've switched almost entirely to using the Rossiter techniques. I rarely use my hands any more. In fact, I try to avoid using my hands. I use my feet. I do 15-20-minute sessions and I usually focus my pitch, my advertising, on getting rid of their pain. If they have a shoulder problem, I don't try to sell them the 10 series. I'll say 'let's fix your shoulders.' To really build my practice, I focus more on getting rid of their specific problem in the first session. When they walk out that door, I want them to be happy. I want that problem they called me about to at least be significantly better. And I guarantee that. I tell them, if you don't feel significantly better, I won't take your money. For the most part, my sessions are all geared around Richard's techniques."

Dr. Jane F. Bourgeois, chiropractor for 15 years, Iowa City, IA: "I sometimes use massage therapy as an adjunct in my practice, but when I put the Rossiter method to work on bodies that have seen much more of a torsion pattern, say from the impact of a car accident, I've seen what's like an unfolding of the body, a body that's willing to release so much more. It's

beautiful to watch. Knees and shoulders are two of the biggest joints that start to 'talk' to us early in life, even if there's just one incident that has set off a problematic, kinetic chain that affects the rest of the body. And there's nothing that has ever gotten to the knee problems with such an unbelievably quick turn-around response time as the Rossiter techniques. It's like a gift to the basement of the memory pattern...I've had years and years and years of bodywork, and the first time (my massage therapist) did the Rossiter method on me, I said, 'Who is this man? I've got to hook up with his work. It's brilliant.'"

Janet Stanfield, Aurora, CO, energy work practitioner for 7 years: "The type of work I was doing before...energy work, kinetic muscle testing...helped find out from the person what the underlying cognitive factor is for their disease/condition. What happened is that people would feel good after I did this body-balancing technique, but 2-3 days later, the lower back would hurt again, or the rotator cuff was flaring up again. Now, with the Rossiter techniques, I can address and resolve the connective tissue problems right from the start. What I love is that Richard figured out the fastest way to do it in the shortest amount of steps. And once I get their pain out of the way quickly, I can begin to deal with the emotional and stress factors that are going on underneath."

"Achieve the work in as few moves as possible"

One of the things I remember from my training is this piece of advice handed down from Ida Rolf: "Strive to achieve the work in as few moves as possible." That's what I've tried to do, and part of getting to that point meant thinking differently about how best to change, lengthen and loosen large volumes of fascia and connective tissue. I'd say that 99% of the general public still has no clue what Roling/SI is, what it's about or how it works. That may be true of energy work/healing touch as well. But they know about stretching. They know how much their bodies hurt, and they know they want healing approaches that work effectively and safely. They want their pain to go away, and they want it to go away as quickly as possible. That, to me, is key. And how you

get there is up to you. I consider The Rossiter System another “tool” for your toolbox...whether it's visceral work, healing touch, energy work, cranial-sacral work, myofascial release, whatever...it's another tool to affect change in the body's tissue in order to get rid of pain and restore the body to a place that feels normal,

loose and pain-free. Rossiter techniques, in my opinion, are the best, fastest tools to get there for your clients and for yourself.

Richard H. Rossiter,
Certified Advanced Rolfer/creator
of The Rossiter System®

About the author

Richard H. Rossiter is a certified advance Rolfer since 1983 and CEO/Founder of Rossiter & Associates. He is coauthor of two books, *Overcoming Repetitive Motion Injuries the Rossiter Way* (1999; New Harbinger Publications) and the self-published *Surgery Sucks!!! Fix Your Body Without Needles, Knives, Scalpels, 'Scopes, Lasers or Other Sharp Stuff!* (2004; Rossiter & Associates at <http://surgerysucks.com>). He lives in Cincinnati, Ohio.

Notes:

How to Relieve Stress Pain & Learning Blocks Without Drugs

by Elizabeth Barhydt, Ph.D, M.T.
& Hamilton "Hap" Barhydt, Ph.D



Never again be stuck for an answer to that most common of questions, "What can I do for myself?"

Do you suffer from any of the following?

- Back Pain
- Headaches-Migraines
- Knee Pain/Foot Pain
- Carpal Tunnel Pain
- Neck/Shoulder Pain
- Tendonitis. Etc

There ARE MANY CAUSES FOR THESE CONDITIONS, but the basic cause of these conditions is what we call Repetitive Muscle Stress (RMS). Muscles, we discovered, are the Missing Link to our aches & pains. We need to restore the muscle tone that was lost by doing repetitive or strenuous activities or caused by accident or injury. Muscles pull bones; bones do not pull on muscles. When we balance the muscles, the pain will diminish and when given time to heal, the pain go away completely.

Repetitive Muscle Stress may occur with any activity involving repetitive or strenuous motion. Ask any computer operator, grocery store clerk, beautician, meat packer, dentist or musician, just to name a few.

RMS is also a factor in many athletic activities. We have seen these balancing exercises improve basketball, golfing, hiking, and aerobic exercise performance and would expect significant improvement in most athletic and dance activities.

Muscles have to work together in groups or in pairs. For example, if you want to raise your arm, the muscles under the arm must relax, or it may create pain. If you have neck stress from even turning your head, other muscles have to relax.

The signal has to come from the brain to relax the muscles. However, if the signal has been blocked by stress or an injury, the result may create pain. This is why we say we work with the body-mind.

However the bottom line is restoring the loss in muscle balance and strength triggered by the repetitive activities. Major factors in RMS are Reactive and Frozen Muscles.

In a typical repetitive activity, certain muscles soon tire. As the activity is continued the muscle tone, or energy level, is altered to compensate. Gradually more and more reactive muscle interactions are set up. A reactive muscle is a muscle that weakens, when another muscle is activated. Often the person has the feeling of getting weaker and weaker as they continue to attempt to perform an activity, while other parts of their body tighten up. In our modern high stress society it is not uncommon for a large number of our neck and shoulder muscles to be chronically frozen, or hypertonic. This not only leads to stiffness and pain, but also results in a continuous, fatiguing energy drain.

We carry much of our stress in our neck muscles. When these muscles tighten up, they cause other muscles in the body to weaken whenever you move your head. In other words, other muscles in your body tend to become reactive to your neck muscles when you are under stress. This stress can be reduced with our simple self-help neck release exercise

Sample technique:

NECK RELEASE

This technique sends a signal to the brain to release the tension in the neck muscles and also corrects reactive interactions with other muscles.

There are muscle fibers in the neck that run up and down on the neck. Do some neck rolls; look up with the head, then look left, right & down



Gently pinch the neck muscles in and UP and DOWN direction with your thumb and index finger. Work on each side of your neck from front to back and on both sides. Keep your thumb facing downward. You

can pretend that your thumb and index finger is a little "Pacman" gently nibbling on your neck. This activates the sensor cells under the skin and sends a signal to the brain to relax the neck muscles.

Benefits of the Neck Release:

- Computer operators repetitively look from their display down to their keyboard or over to material they are working with.
- Reduce hyperactivity in school children who tend to repetitively look up at the teacher or looking down at their desks or around the room.
- Improve performance in sports requiring looking down and up as in golf, basketball, and tennis.
- Can also be helpful in reducing vertigo and balance problems, particularly in older people, by eliminating weak muscles in their legs when looking down
- Most people when they get up from a sitting position, their natural tendency is to look down. As a result, the reactive muscles in the neck signals the muscles in the legs to go weak. This simple Neck Release technique may eliminate most vertigo problems.

Elizabeth Barhydt, Ph.D, M.T. and Hamilton "Hap" Barhydt, Ph.D developed these new self-help techniques as a result of more than two decades of research and experimentation. They taught their work in 13 countries. They have three books, and a 2-hour Video/DVD on "HOW TO RELIEVE STRESS, PAIN AND LEARNING BLOCKS NATURALLY." Elizabeth healed herself from arthritis, bursitis, headaches, back pain etc. At the age of 70, Elizabeth walked a marathon, 26.2 miles without pain.

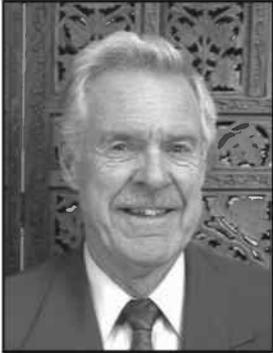
The Barhydts founded Loving Life, a non-profit organization, in order to share their findings with the millions that suffer daily from pain. The organization's vision is to teach people how to relieve stress and pain while increasing their energy level and quality of life.

<http://www.lovinglife.org>
feelgood@lovinglife.org
702-547-HOPE (4673)

Notes:

Let The Healing Begin - Within

by Richard E. Simmons, M.D.



Wayne Dyer, a popular psychologist, once said that when you squeeze an orange, the only juice you get is orange juice. The same is true for human behavior. When Jesus was squeezed, He was so full of love for His tormentors that he asked God to

forgive them. So the question before us is "How do you respond in a stressful situation, when someone is angry with you or is critical of you?"

My theory is that every one of us should continually be aware of the kind of vibrations we radiate not only in our professional roles, but also in our personal lives. A Greek philosopher once said "the unexamined life is not worth living." We are all aware of the biblical saying "love your neighbor as yourself."

We all give love to others in proportion to the love we have for ourselves. Mother Teresa was well aware of this when she required each of the nuns who worked long hours in her hospitals to set aside one hour per day for personal use. Do we give ourselves the same luxury? We are all on a journey of healing which ends only when our physical body has reached the end of its earthly journey.

In his book *Self-Esteem*, Mathew McKay, Ph.D., states "the essence of self-esteem is compassion for yourself." You forgive yourself for mistakes (lessons you needed to learn). You have reasonable expectations of yourself. You set attainable goals. You see yourself as basically good.

Let's take an assessment of how you go through life. It is called The Coopersmith Inventory from the University of California at Davis.

Read each sentence and then place an X under the appropriate column:

Like Me Unlike Me

01. Things usually don't bother me.
02. I find it very hard to talk in front of a group.
03. There are lots of things about myself I'd change if I could.
04. I can make up my mind without too much trouble.
05. I'm a lot of fun to be with.
06. I get upset easily at home.
07. It takes me a long time to get used to anything new.
08. I'm popular with persons of my own age.
09. My family usually considers my feelings.
10. I give in very easily.
11. My family expects too much of me.
12. It's pretty tough to be me.
13. Things are all mixed up in my life.
14. People usually follow my ideas.
15. I have a low opinion of myself.
16. There are many times when I would like to leave home.
17. I often feel upset with my work.

Like Me Unlike Me (Continued)

18. I'm not as nice looking as most people.
19. If I have something to say, I usually say it.
20. My family understands me.
21. Most people are better liked than me.
22. I usually feel as if my family is pushing me.
23. I often get discouraged with what I'm doing.
24. I often wish I were someone else.
25. I can't be depended on.

It is fairly easy to score with 4 points for each positive answer. The maximum score would be 100 for those with the highest self-esteem.

So now that you have had a chance to look at yourself and realize there may be some baggage you are carrying around that is not useful personally or professionally, what can you do about it?

Start by accepting yourself right now just as you are. If you have a hard time with this idea then tell your best friend or join a small group where you can be heard and accepted even if you don't at the moment accept yourself. If others can love you with your faults, it becomes easier for you to love yourself.

Please don't fall into the trap of blaming your genes or the rough environment you had to endure as a small child. Blaming others for your issues only locks in the unhealthy baggage most of us carry around. It can be helpful to look at how you got into this predicament but only if you are willing to heal the hurts.

The most therapeutic program the author has experienced is the Hoffman Quadrinity Process. More information is available from a very spiritual colleague Peter Kolassa at 1-800-741-3449.

Dr. McKay's book mentioned above is another helpful guide for increasing your self-esteem and compassion for yourself. It is really a very useful guide for therapists who are trying to help their clients.

We often hear about how stressful life can be. Physiologically stress is a very useful tool for the human body since it fires up our sympathetic nervous system. We need this for

our protection as in the fight or flight response. Unfortunately prolonged stress causes our body to develop various types of physical illnesses. We all need to overcome this with its counterpart, the parasympathetic system which calms us down, as with meditation or prayer.

One of my favorite tools I use with my patients is the formula $E + R = O$. The E stands for event, the R for response and O the outcome. For example: a coworker says something unkind about you (the event). If your response is out of fear rather than love then you will retaliate in kind. The outcome is thus anger and a separation. But guess what? The outcome is not dependant on the event (life's stressors) but on your response to the event. If you responded to the event with love and tried to understand why the other person would say such things the outcome could be more understanding and love between the two of you.

You have probably heard the expression, happiness is an inside job. It is so easy in our culture to see things, events, or other persons as being responsible for our good feelings. If your happiness rests on only one or two items, and something goes wrong with one then you will immediately feel threatened and fearful. We all need at least four things in our lives that make us happy. If you are deficient in this regard, then open up some new avenues so that your life becomes more balanced. Look at how often when a marriage turns sour one or both partners can be devastated. Life is going to throw us curveballs to test us and to teach us.

One of my favorite psychiatrists is Brian Weiss, whose book *Many Lives, Many Masters* opened my eyes as to the purpose of our soul. I have alluded to the idea of how we are all on a spiritual journey temporarily housed in a

physical body. Life throws us many challenges in order that we might become more loving and spiritual. Some benefit from such challenges, others succumb and develop emotional and or physical problems as a result. Many patients with cancer have stated that their disease was a wake up call to make much needed changes in their lives. They are grateful for the learning and healing this ordeal provided.

The final thought has to do with learning to love yourself and elevating your self-esteem. It may be helpful to read books such as the ones mentioned above, but this alone will not erase many of our deeper and more life affecting behaviors. My observations of people who have undertaken this healing journey is that they are more successful when undergoing emotional release through an experiential process. Trying to go it alone does not work very well. We need other people in our lives who want to travel along the same road. Join a talk it over or sharing group. For this concept to work the group must adhere to certain rules, such as strict confidentiality, total honesty, acceptance--not judgment--and commitment to the group as an important priority. The group will fail if we try to be therapists to one another. No one has all the answers to your life so pontification is just an ego trip not helpful for another person's growth.

If you always do what you've always done, you'll always get what you've always gotten. Change is good. Embrace it. Find new paths for yourself so that your life may be increasingly meaningful and satisfying. We can shed the baggage which was thrust upon us when we were helpless little beings. Stop being a victim of the past and make your life one you feel blessed to have lived..

Not Such a Silly Goose

When you see geese heading south for the winter... flying along in V formation... you might consider as to why they fly that way.

As each bird flaps its wings, it creates an uplift for the bird immediately following.

By flying a V formation, the whole flock adds at least 71 percent greater flying range than if each bird flew on its own.

People who share a sense of community can get where they are going more quickly and easily because they are traveling on the thrust of one another.

When a goose falls out of formation it suddenly feels the drag and resistance of trying to go it alone, and quickly gets back into formation to take advantage of the lifting power of the bird in front.

If we have as much sense as the goose, we will stay in formation with those who go in the same way we are.

When the head goose gets tired it rotates back in the V, and another goose flies point.

It is sensible to take turns doing demanding jobs...with people or geese.

Geese honk from behind to encourage those up front to keep up the speed. What do we say when we honk from behind?

Finally... and this is important...when a goose gets sick, or is wounded by gunshots and falls out of formation, two other geese fall out with the goose and follow it down to lend help and protect. They stay with the wounded goose until it can fly or until it dies; and only then do they launch out on their own, or with another formation to catch up with their group.

If we have the sense of a goose we too will stand by each other.

Notes:

Getting People To Try Touch For Health

by Larry Green



Abstract.- Touch For Health is an energy modality that is unknown to many people. How can you get people interested and willing to experience it. This talk will focus on strategies for enrolling people into letting you balance them. If time

allows in the presentation I will talk about how to work with people so they recognize the positiveness of the experience and see/hear/feel the value of TFH.

Whether you use TFH professionally with paid clients, or, with friends and family, there are probably more people who you would like to see experience a TFH balance.

There are two main areas that may have stopped you from doing more balances.

1.) Any of your 'stuff' that stops you from presenting TFH as an important and effective option 2.) The people you want to share this with may have said. "No thank you."

CLEARING SABOTAGES AND PSYCHOLOGICAL REVERSALS

To address the first point we should work with our skills in TFH and get a goal(s) balance. Some possible goals to balance for-

- I am comfortable and confident approaching and/or presenting TFH to others
(general others or specific others e.g. peers, teachers, family, mother, etc)
- I am comfortable and confident doing TFH with others
- I am comfortable asking to get paid to do TFH

- I believe TFH will work for me with clients
- I am confident my clients will benefit from TFH
- I am comfortable about what others will think of me if I do this weird energy work (or add in all your negative, fearful descriptions)
- I deserve to succeed at TFH (or work, life etc.)
- I am committed to doing TFH
- It is safe for me to do TFH
- I am accepted if I do TFH
- It is acceptable for me to do TFH (Acceptable to me, my parents, peers, friends, God)
- I am allowed (I allow myself) to do TFH
- I have a right to use TFH.
- I have a right to get paid for using TFH. (I am allowed, I deserve, it is acceptable, etc)
- I am worthy to get paid \$_____ using TFH. (per session, per week)
- I am willing to let go of everything stopping me from using TFH (or succeeding)
- I accept/ allow myself to be powerful with TFH.
- Others accept/ allow me to be powerful (or succeed) with TFH
- I will be forgiven if I do TFH
- I am comfortable (acceptable) 'selling' myself and/or TFH.

The possibilities that can be added to the list are quite long. It may be useful to explore ALL the blocks in your way, and balance for them. Use muscle testing to identify any and all

specific places you hold yourself back from sharing TFH.

In addressing the second point we are talking about marketing and selling. Marketing is informing the public that a product exists and the utility of that product (why you should use it). Sales is asking someone to buy the product. You may need to go back to step 1 to clear issues you have about marketing and selling the product called TFH. This section is about sales and how to 'sell' more people on using TFH. Information about marketing can be found in other places, including the author's regular column on marketing in the TFHKA newsletter.

Once you feel clear about step 1, there are many well known strategies for sales. I will touch upon some of them here, but this is not a comprehensive list of all the approaches and methodologies known about sales and marketing.

Many people consider 'sales' a negative or charged word, and don't want to 'sell' themselves or their service. If this is you, go back to step 1.

SOME SALES FUNDAMENTALS

Oversell.-In sales they say it is far easier to sale another product to a satisfied customer than to find a new customer, Wait a day or three after balancing someone and call them as a follow-up. Ask how they are doing and do they notice the differences. Then ask them what other issues in their lives they would like to clear using TFH.

Referrals.-Ask for referrals. When you get a good result, ask the person if there are other issues in their life they would like to work on with TFH. They are referring them self. Ask if they know anyone who they think would benefit from this work. It may help to suggest possible categories- people from work, family, church, social clubs, neighbors. As they think through each list, other possible people may come into their awareness. Ask them if you can call and say "So and so asked me to call you." It is great if they first tell the person about how you helped them. Remember, it will probably work far better for you to describe what TFH is and

how it works, rather than letting them explain it.

Ask for the sale.- This is a common theme in sales training, People pitch the product but aren't comfortable asking the person to sign up. If this is you, go back to step 1 and get a balance. If you are comfortable asking the person to come see you, notice what else might get in your way (your beliefs about their/your financial situation, your belief about their openness to TFH, Your comfort level asking for money, Your beliefs about how your integrity is perceived? Are you focused on them achieving their goal or you achieving your goal of getting paid?, etc).

Be enthusiastic!- Ever notice how you pick up on other people's enthusiasm? People will be drawn as much to your energy and aliveness as they are to the 'reasons' TFH is good. Show how enthusiastic you are for TFH.

Enthusiastic or emotional agents.- You may have clients who LOVE what you do and talk it up to everyone. Offer to support them in selling your services. Would they like to hold a meeting at their house for you to talk and do a demonstration on stress release skills? Do they need brochures from you? How about a half off coupon for the first session that they can give away?

Handling objections.- Most sales training teaches people to handle objections and then re-ask for the sale. If someone says they are not interested, ask them the reason they don't want to do TFH. Ask them what is stopping them from trying it. Whatever the reason, really listen and try to understand their concern. Then address it and ask if they are ready to try it now. Sometimes people have only one objection, sometimes a few (sometimes many because they may not be sharing the main one). In sales they say a "No" answer is temporary until you clear all the objections, then they will say "Yes". Sometimes people will surprise you, but try not to alienate people by over pestering. Pay attention to the energy, the vibes. Have fun. Be enthusiastic. Hold their best intention while talking with them.

80/20 Rule.-In sales they have a rule called the 80-20 rule. This 'rule' says that 80% of your sales will come from 20% of your clients. What this means is that you may have some reliable and regular clients who will use TFH much more than many other clients combined. Treat these people who are your best clients like they are your best clients. Appreciate them, support them, encourage them.

Intention.- As you do any of these sales approaches, hold the other person's best interest in your intention, they will pick up on that. We are energy workers, so we have to honor that energy works.

Notes:

Neurotransmitters and AK (Based on the book, “Edge Effect”, by Eric Braverman, M.D.)

by Sheldon C. Deal, D.C., N.M.D., D.I.B.A.K.



First of all, we as Kinesiologists are working every day with the nervous system. We work tirelessly to release our patient’s innate potential for optimal function. We do this, as you all know, through a variety of techniques. However, we are all

working against patterns and compensations which may very well be as old as our patient. The nature of these patterns are structural, emotional, chemical, and above all, neurological, and that is why we are Kinesiologists. So in the hierarchy of our nervous system the brain rules supreme. If we can successfully recruit the brain in helping us reduce interference, then our results could be dramatically better.

We live in the information age. All of us work hard just to keep up with the latest information in our field and things that affect our daily lives. And the information just keeps coming faster. I see the results of this pace in my practice every day. We stay in sympathetic overdrive and people are either anxious or depressed and we are one of the many places they go looking for answers. Some people, as always, just need a little AK and some sound advice and they are on their way. On the other hand, far too often, people need a whole lot more. This is one of those pieces of the jigsaw puzzle that can be of enormous benefit to you and your patients.

The major premise of this paper is that if we restore proper balance of the four primary chemical messengers or neurotransmitters we can restore or create whole body well-being. Or as we Kinesiologists like to say, take the body

out of dis-ease. The four neurotransmitters are *dopamine*, *acetylcholine*, *GABA*, and *serotonin*. Each of these has its own significant properties and actions and it is possible to have a deficiency or excess. We will address some of the likely reasons for imbalance including chemical, nutritional, hormonal, emotional, and electromagnetic.

Another concept we will discuss in some detail is dominance. Each of us has a genetic or inherited dominant neurotransmitter and this contributes to our personality and general behavior. Once you and/or your patient discover this you are on your way. You simply go to the indicator that is your dominant neurotransmitter by putting your hand over the appropriate skull bone. This will show tendencies for your personality, types of illnesses to which you are likely to be predisposed, hormonal imbalances you may have, foods you may crave, foods and supplements that are best for you, drugs that may benefit you, and so on. This information is exciting as we are all very curious and love to learn more about ourselves. Almost everyone I have tested this on gets very involved and excited to learn more about themselves. As an example, I had a patient who was acetylcholine dominant and according to our findings, this patient should crave fat, especially if they are deficient, which is the case and has been, off and on, their whole life.

These four neurotransmitters are associated with four different skull bones. Which one is out of balance can be detected with the edge of a monopolar magnet as opposed to the dominant neurotransmitter, which can be detected with the palm of your hand. The nutrients used for a chemical correction are pretty much adaptogens, meaning that they

help whether the neurotransmitter is in excess or deficient. After you find the skull bone indicator with the edge of the magnet, now you can use the North side of the magnet to show a deficient condition. You can use the South side of the magnet to show an excess condition.

The following chart can be used to help determine which nutrient is needed:

DOPAMINE - FRONTAL - TYROSINE

ACETYLCHOLINE - PARIETAL
- PHOSPHATIDYL CHOLINE

GABA - TEMPORAL - GABA

SEROTONIN - OCCIPUT - TRYPTOPHAN

I will give you the basic breakdown of each neurotransmitter and its major nutrient, but this will in no way do justice to the amount and quality of information available in the book.

Dopamine is associated with high-voltage beta waves from your brain and affects the power of your body and mind. With normal levels you are powerful and quick with fast reflexes. These people are doers; they know what they want and how to get it. They are usually less comfortable with emotions and feelings. If in excess, this nature can become too intense, aggressive, driven, and possibly violent. In deficiency, this person will feel less energetic, less powerful and have trouble thinking clearly. The best nutrients for this nature are **phenylalanine** and **tyrosine**.

If you are an **acetylcholine** nature, you are adept at working with your senses and view the world in sensory terms. You are highly creative and open to new ideas. If in excess, you can be in danger of giving too much of yourself away

or becoming paranoid. If a deficiency occurs you cannot react as well to sensory stimuli and you become forgetful and lose some working memory. The major nutrients for support are **choline** and **phosphatidyl choline**.

The **GABA** nature is calm and steady. If this is your nature you are very dependable and you thrive on and create organization. If an excess occurs you will become more dependent on your spouse and authority figures and pay too much attention to the judgment of others. When there is not enough available you become anxious, nervous, and irritable. Two nutrients that may be helpful are **inositol** and **GABA**.

Finally, the **serotonin** dominant is characterized by enjoyment and a sense of fun. You are usually flexible and live in the moment. In excess, this person feels inferior, inadequate, shy, sad, and fearful. In the case of not enough **serotonin** this person will lose their ability to recharge their brain. They are unable to get a restful sleep and are over-tired. **Calcium** and **fish oils** are the main supplements to strengthen **serotonin**.

In conclusion, this paper offers a how-to-guide for you and your patients to help support one of the most important and complex organs in the body. One of the things I like most about his book is the fact that tests are included that the reader can take and get individual results. It makes the book much more practical and meaningful. I have used this technique in my practice for almost one year now and have had great success with some otherwise very difficult patients. The last third of the book rehashes the same information, only focuses on memory which can also be helpful. I hope you find this informative and relevant for yourself and your patients.

References

1. "The Edge Effect", by Eric Braverman, M.D.
2. *Knights of the Roundtable* presentation by Hans Wakeman, D.C., February 2006

Notes:

SCHEDULE
Saturday, July 15th
Speakers

Good Reasons That TFH is Ready for the Future
by Ueli Meier-Estrada

Putting on Your Thinking Caps
by Carol Gottesman

The Legge Method of Allergy Elimination
by Michael Legge

Emotional Freedom Techniques
by Marianna Niebauer

Touch for Health-Kinesiology? Old-fashioned? Or ready for the future?

by Ueli Meier-Estrada,



Balancing my son Jan I remember the powerful and helpful balances I got from Dr. Thie towards my life-goal of being a father...

With the 14 main muscles of the Touch for Health-Kinesiology I would like to show and

explain you in an easy and playful way, why the Touch for Health-Kinesiology will continue to be important for health services in the future.

Supraspinatus (Central Meridian)

What do we have to let go? (or accept?)

Teres major (Governing Meridian)

What burden or load do we have to get rid of? (or to endure?)

I combine these two meta-energy-systems with the ethical guidelines of the Swiss Non-Medical Kinesiology Association (SVNKM/ASKNM). Being a non-medical professional I need the ethical guidelines for my work. These guidelines describe and clarify the way I accompany my clients:

- **The kinesiology I represent is non-medical in terminology and content. I do not use medical terms, make no diagnoses and do not prescribe medication in any form. According to the statements of Dr. John and Matthew Thie (January 16, 2004) and Dr. Paul & Gail Dennison (January 23, 2004).**
- I work within an educative, energetic and salutogenic model. Non-medical kinesiology is a field of its own but can be applied to complement medical treatment.
- I do not treat illnesses. I ask my clients to seek medical consultation in case of physical problems, pain or psychological stress situations. I accept medical diagnoses but am aware of the fact that my own work is educative, energetic and integral.
- **I state clearly that I do not exploit client relationships in financial, emotional, religious, social, sexual or bodily terms. Sexual acts and relationships during and outside meetings (up to one year after the end of the accompaniment) are under no circumstances allowed for reasons of ethical behaviour and responsibility.**
- **I recognise that muscle tests are limited in their explanatory value. A muscle reaction is not a final answer to a simple Yes/No question and cannot be regarded as a definite decision in terms of the clients' goal formulation/ orientation. Through the use of muscle tests I assess together with the client stress factors and energy imbalances. My tests are simple and clear. I explain the procedure of balancing to my clients in comprehensible terms.**

- I work in partnership with my clients and recognise the fact that before, during and after balancing final responsibility lies with the client. If I see no change for the better in the client's condition I openly discuss this with him or her and end the accompaniment.
- I am continuously extending my professional training and personal education. I inform my clients about my present level of training and I am well aware of my professional and personal limits.
- Medical persons are welcome in the Swiss Non-Medical Kinesiology Association. As a member of the association I represent, maintain and promote the educative, energetic and integral model of the non-medical kinesiology.
- I fully acknowledge that the invoices sent to the health insurance companies must correspond exactly with the services rendered. It is forbidden to bill other methods applied under the term of non-medical kinesiology.

Pectoralis major clavicularis (Stomach Meridian)

Have we got to show more pride or are we too proud?

The Touch for Health-users should definitely take more pride in their work. Eventhough 80 % of the users are more or less amateurs, housewives and -husbands, they don't need to hide. The use of Touch for Health-techniques by housewives and -husbands has already helped many families a lot. Therefore all Touch for Health-users can say with conviction: **"I am proud of being "only" a Touch for Health-practitioner!"**

Latissimus dorsi (Spleen Meridian)

Are we able to break our problems down into „small portions“?

When we look at this muscle we have to do a lot to make „small portions“ out of it. The Latissimus dorsi is one of the largest muscles in our body. Anyway, if we are **flexible, full of ideas, humorous open, intuitive and**

honest, even this problem can be solved. These are the most important qualities in energetical consultation of people, who have to face difficult situations in life.

Subscapularis (Heart Meridian)

What do we hide or what do we keep to ourselves? (What do we have to reveal?)

It is time to put more effort and energy into research. Touch for Health-related associations could contribute enormously. I think of research-groups that get paid for their work and effort. We should analyse our experiences and e.g. spread the results over the internet.

Quadrizeps (Small Intestine Meridian)

Should we risk greater steps?

Especially in the field of Touch for Health-training we should offer and acknowledge many more consolidated Touch for Health-courses with all the general Touch for Health-techniques.

Peroneus (Bladder Meridian)

Do we feel free in our movements?

Amateurs and non-medical Kinesiologists get less and less space for „free“ movement (e.g. in Switzerland). More and more competent people capable of energetic work are put off especially by the amount of training lessons in anatomy. So they do not want to start a Kinesiology training any more. More medical knowledge can lead us to medical diagnosis. We need to stand up for that if we want to continue energy-work without medical knowledge. Therefore we have to emphasise on the ethical guidelines and extend them. Ethical guidelines are important in everyday work, **so they should be valid for the job as well as for our private life.**

Psoas (Kidney Meridian)

Do we drink enough water? Do we take care of our spiritual, emotional, mental and physical purification?

During a 14 Muscle-Balance the Psoas is the sixth muscle on the meridian-clock (starting stomach meridian). Now half of the "game" is done and it is definitely time

to drink some water. When we lecture to drink water, so we actually drink enough ourselves? Is it possible that we stand up for something as amateurs or professionals but we don't stick to it in our spare time? It is very important when we accompany people that we try to live according to the ethical guidelines. Otherwise we lose our credibility. Especially professional users should set a good example and stick to the ethical guidelines.

Gluteus medius (Circulation-Sex Meridian)

What are the small things we stumble over?

Many amateur users often stumble over their own inability to use the Touch for Health-techniques in a self-confident way. The Touch for Health-Kinesiology is the basis of many methods in Kinesiology. It has "survived" for 40 years now. So it makes sense to use the Touch for Health-techniques with **joy, pride and self-confidence** as well as to teach them this way.

Teres minor (Triple Warmer Meridian)

In what respects should we be open-minded?

Despite of the ongoing discussions about recognition, diplomas, certificates, training and continuing education we shouldn't forget the most important aspect of our job. This is our client, a woman, a man or a child. Somebody who has decided to be accompanied and needs consulting. This is what we have to be open for and stay open. Only our client decides whether we have done a good or a bad job. The appreciation of the insurance or other institutions doesn't guarantee that we find clients. Therefore it is so important that we don't forget the actual person while doing our job.

Deltoideus anterior (Gallbladder-Meridian)

Do we do things that cause „headache“?

When amateurs and professional Kinesiologists without medical pre-education or medical studies start to use medical terms all of a sudden it can cause "headache". All of us know that working according to the holistic and wellness orientated or the salutogene Touch for

Health-Kinesiology-concept is safe, legal and effective. TfH-Kinesiology doesn't need orthodox medical terminology or technology. To use it you don't need special medical training or studies.

Pectoralis major sternalis (Liver-Meridian)

What do we have to "detoxicate"?

The idea and opinion that amateurs are not able to seriously accompany their clients should get "detoxicated". Amateurs are very often the ones who do a particular good job with simple Touch for Health-Balances.

Serratus anterior (Lung-Meridian)

Have we lost our voice?

Especially the non-medical movement needs a more powerful voice and support towards authorities, institutions and people with medical education. The non-medical and simple Touch for Health-Kinesiology holds an important part in health services. Nevertheless we should repeatedly point this out with a powerful voice. If we get pushed into medical training structures, we have to raise our voices.

Tensor fasciae latae (Large Intestine Meridian)

Why do we lose our composure and self-control? (How can we maintain our composure and self-control?)

The effects of simple Touch for Health-Balances have supported me for many years now. They helped me to keep myself under control and stay calm even in difficult situations of my life. For that reason I am always happy with the results of the goal-orientated Touch for Health-Balances and techniques. I use these techniques thankfully with pleasure and appreciation towards the founder Dr. John F.Thie and his wife Mrs. Carrie Thie. His helpful way opened my mind and his powerful balances brought light into my life. One bright light is my son Jan who was born in May 2001.

Certainly the Touch for Health-Kinesiology will continue to contribute to the wellness of people with its simple and clear techniques in future. Now I have to think of the statement

before: **“I am proud of being “only” a
Touch for Health-practitioner!”**

With this statement I wish all of you a lot
of joy, respect, gratitude, intuition and pride
with your work as amateur or professional
Touch for Health-Kinesiology user.

Keeping in touch
Ueli Meier-Estrada
Switzerland

*M.U.M. Zentrum Switzerland
Hirtenbündtenweg 15, CH-4102 Binningen
Tel. ++41 61 722 01 44, Fax ++41 61 722 01 45
www.mumzentrum.ch,
e-mail: mum@mumzentrum.ch*

Notes:

Putting on Our Thinking Caps

by Carol Gottesman MEd, RN,C, PC, HNC



Abstract: This article is about utilizing acupressure and movement techniques to improve learning and athletic performance. I will explain basic Kinesiology for Learning theories, share personal results of working with these

methods, and demonstrate techniques. The main focus of the demonstrations is Dennison Laterality Repatterning for vision and movement, and balancing for a goal.

Lets put on our thinking caps. Do this by unrolling the cartilage starting at the top of your ears, and going down to your ear lobes. There now, isn't that better? This technique improves auditory comprehension. In my younger years this was not a problem for me. However, as I am maturing, I sometimes find that I am hearing words, but not comprehending their meaning. After I do this technique, I am able to better comprehend. Many times, children with learning disabilities have this auditory problem, because they cannot block out all the stimuli, and they short circuit. They then become rowdy because they cannot comprehend what is being said to them. Doing this technique tunes them in to what you are saying. Their behavior becomes more appropriate, and they are more easily able to focus on the task a hand.

You already know and are using some of the Kinesiology for Learning methods because they have been incorporated into Touch for Health as Super Learning techniques to improve learning and retention of information. They are the three prechecks (switching, Central Meridian Zip-

Ups, and the Dehydration Check), balancing eyes and ears, cross crawl, and ESR points.

I have been teaching Kinesiology for Learning for the last 19 years to teachers, students, and parents. These techniques are helpful for anyone because they help to improve learning, whether a person has learning disabilities or is working on a PhD. Athletes can utilize these techniques to improve whole body and hand/eye coordination. A high school basketball player came to me with the desire to improve his shooting percentage. He was missing baskets because he was trying too hard from a left brain perspective and missing the right brain rhythm and flow. The techniques allowed him to integrate right/left brain. He said, "I don't care what the students think. I'm using these techniques because they work." He ended up with a basketball scholarship to college where he set records, and is now playing on the team opposite the Harlem Globe Trotters. I worked with a 6 year old Asperger's Syndrome client, to help him to concentrate, and eventually to read. Another client I worked with was a 5 year old, blind boy with cerebral palsy. After balancing him for vision and movement, he went to Physical Therapy, where for the first time, he reached for the rope when he was put on the swing. The balancing helped him with his proprioception, knowing where his body was in space, even though he couldn't see.

This is what Kinesiology for Learning is all about. It is acupressure and movement techniques that reset circuits to integrate right/left brain and improve learning. The benefits are improved comprehension, concentration, coordination, confidence and calmness. Phillip Crockford developed Kinesiology for Learning

in 1987, using portions of Paul Dennison's Educational Kinesiology model. The following information is taken from his workbook.

Basic Theories

Right/Left Brain Integration

For any learning to take place, the right and left hemispheres need to be working together in an integrated way. According to the Neuropsychology model of the brain's processing in Philip Crockford's "Kinesiology for Learning" workbook, the left brain is focal, analytical, and serial. It is the "try brain", where language takes place. It is under conscious control. The right brain is diffuse, holistic and simultaneous in its processing. It is the "reflex" brain, where automatic reactions take place. It is unconscious and receptive, and into the rhythm and flow.

When you experience difficulty with learning, the two halves of the brain aren't working together in an integrated way. There is either too much try brain, with not enough ability to process the whole picture and relax into learning, or too much reflex brain, with not enough ability to concentrate and process logically. Parallel processing is a stressful compensation in which the person switches back and forth from left to right. This is an exhausting process, and may account for people falling asleep while reading.

Stress Management Model

Various kinds of stress on the body-mind will interfere with brain integration, and thus learning. As stress goes up, integration goes out. This happens to everyone to a certain extent, but with children who have learning disabilities this is very apparent. They are not able to block out external stimuli, and can more easily become stressed, thus affecting their ability to concentrate, and comprehend.

Dennison Laterality Repatterning

When you first learn something, like doing a dance step, the left brain is active, as you focus a lot of attention on a small area of activity, and break down the pieces. However, as you learn the step, the right brain takes over and the steps become automatic. In certain instances,

the left brain doesn't let go of control, and you continue to put a lot of effort into accomplishing the task. Dennison Laterality Repatterning improves the connections across the midline of the brain to increase brain integration. This allows the left brain to let go of control, and the right brain to get into the rhythm and flow of the activity. You can feel this happen when you start to move effortlessly through the motions.

There are three phases to Dennison Laterality Repatterning; testing, repatterning and integration. In the testing phase, you test to see if the body is functioning in the homolateral (one-sided) or bilateral (integrated) mode for movement and vision. In the homolateral state you are using only one side of the brain or body and are unable to access both hemispheres simultaneously. This blocks integrated thinking and movement. In the bilateral state you can access the full resources of both hemispheres.

In the bilateral state you will switch on for cross crawl and off for homolateral crawl. In the parallel processing state, you will switch on for both cross crawl and homolateral crawl. When you switch off for cross crawl and on for homolateral crawl, your body prefers homolateral movement and is switched off by using both hemispheres together for movement. When you switch off for both cross crawl and homolateral crawl, your body is disorganized and switched off by any kind of movement.

The interpretation of the visual field test is similar; you are testing integration in a different area of the brain and the same principles apply. For example, in the bilateral state you will switch on for looking at an X and off for looking at parallel lines (II).

The purpose of this testing is to make you, your brain and your nervous system aware of the homolateral state. This indicates the area needing help, so that the corrective information that comes next will go where it is most useful.

In the repatterning phase, you first ask the body's permission by saying, "I am (or this person's body is) ready for repatterning", and muscle test. Next, to determine which eye mode causes a switched on response, look up to

the right (with eyes only, without moving the head) and muscle test, then look up to the left and muscle test. The eye mode that resulted in the switched on response will be the eye mode that activates the reflex brain for this person. The activation of the reflex brain allows you to cross the midline easily and naturally, without the need for conscious control.

Now do cross crawl with your eyes in the appropriate eye mode to activate the reflex brain, and anchor the result with a switched on muscle test. Next, do homolateral crawl with your eyes turned down in the opposite direction, to activate the try brain, and anchor the results with a muscle test. Your muscle will be switched off by this activity, signifying that the try brain can let go of its need for total control; it can relax to allow the reflex brain to work for movement.

The integration phase completes the procedure by using an integration metaphor and then retesting to be sure that the simultaneous activation of both hemispheres has taken place. This retesting verifies and anchors the result of the integration.

The integration metaphor brings the two hemispheres together and anchors the result with vision, touch, and movement (including proprioception or internal awareness of body position). Through the integration metaphor you do a symbolic moving, touching, seeing integration, by spreading your arms wide apart. Imagine that half of your brain is in each hand, and then slowly bring the hands together at eye level to clasp the fingers together with the thumbs crossed. You will enhance the effectiveness of this step by breathing smoothly, relaxing and at the same time allowing yourself to feel the two brains working together.

If you want to effectively give the brain important new information, it is best to

communicate through the systems the brain understands best. Vision, touch and movement are the communication systems the brain understands best, and by which a baby learns about its environment from the time it is born.

Next, cross crawl, and as you do so, look in all different directions. These eye movements activate several different parts of the brain. Anchor this with a switched on muscle test. Now do homolateral crawl with eyes moving in all directions. Anchor this is with a switched off muscle test. Look at an X and anchor this with a switched on muscle test. Then look at the parallel lines(II),and anchor this with a switched off muscle test. These two tests indicate integration at the level of the visual field.

After repatterning, the brain has learned to use the reflex brain for crossing the midline. Now, any exercise which follows this pattern will be beneficial because it will enable the brain to reinforce its newly effective mode. Looking at an X will also have a reinforcing effect.

Just as in Touch for Health, you can do a basic balancing of the energy or you can balance for a goal, in Dennison Laterality Repatterning, you can do a balance for movement and vision, or you can balance for a goal. Personally, I have found Dennison's balancing for a goal to be very powerful, both for myself and for my clients. One example was when I worked with a psychiatric nursing student who was unable to talk over the loud speaker. The day following balancing her for this goal, she walked up to the loud speaker and announced exercise class for the patients, in such a melodious relaxed voice that I didn't recognize that it was her. A checklist to assist you in using Dennison Laterality Repatterning for a goal follows.

Carol Gottesman MEd, RN,C, PC, HNC

*1355 Will-o-wood Dr., Hubbard, OH 44425
(330)759-0797 e-mail:carolgotte@yahoo.com*

CAROL GOTTESMAN RN,C, M.Ed., PC, HNC

DENNISON LATERALITY REPATTERNING FOR A GOAL: WORKSHEET

	MUSCLE TEST	RESULTS
01. MUSCLE TEST IN THE CLEAR	ON*	OFF
02. READ YOUR GOAL AND MUSCLE TEST	ON*	OFF
03. SAY "I AM EASILY ABLE TO (GOAL): MUSCLE TEST	ON	OFF*
04. VISUALIZE ACCOMPLISHING GOAL: MUSCLE TEST	ON	OFF*
05. SAY "I'M READY TO ACCEPT REPATTERNING FOR THIS GOAL: MUSCLE TEST	ON*	OFF
06. CROSS CRAWL WITH EYES UP TO RT/LT: M.T.	ON*	OFF
07. HOMOLATERAL CRAWL WITH EYES DOWN TO RT/LT: MUSCLE TEST	ON	OFF*
08. INTEGRATION METAPHOR(MOVING/TOUCHING/SEEING)	NO MT	
09. CROSS CRAWL WITH EYES IN ALL DIRECTIONS:M.T.	ON*	OFF
10. HOMOLATERAL CRAWL WITH EYES IN ALL DIRECTIONS: MUSCLE TEST	ON	OFF*
11. LOOK AT II AND MUSCLE TEST	ON	OFF*
12. LOOK AT X AND MUSCLE TEST	ON*	OFF
13. READ YOUR GOAL AND MUSCLE TEST	ON*	OFF
14. SAY "I AM EASILY ABLE TO (GOAL): MUSCLE TEST	ON*	OFF
15.VISUALIZE ACCOMPLISHING GOAL: MUSCLE TEST	ON*	OFF

Bibliography

1. Crockford, Phillip. *Kinesiology for Learning*. Touch for Health Foundation, 1987.
2. Dennison, Paul, PhD. *Brain Gym*. Glendale, CA: Edu-Kinesthetics, Inc., 1986.
3. Dennison, Paul, PhD. *Brain Gym: teacher's edition*. Glendale, CA: Edu-Kinesthetics, Inc., 1989.
4. Dennison, Paul, PhD. *Edu-K for Kids*. Ventura, CA: Edu-Kinesthetics, Inc., 1984.
5. Dennison, Paul, PhD. *Personalized Whole Brain Integration*. Glendale, CA: Edu-Kinesthetics, Inc.
6. Dennison, Paul, PhD. *Switching On*. Glendale, CA: Edu-Kinesthetics, Inc., 1981.
7. Hinsley, Sandra. *Brain Gym Surfer*. Stuart, FL: Hinsley & Conley, 1989.
8. La Tourelle, Maggie. *Thorsons Introductory Guide to Kinesiology*. Hammersmith, London: Harper Collins, 1992.

Notes:

The Legge Method of Allergy Elimination

by Michael Legge



Introduction

The Legge Method is a safe, noninvasive way of rebalancing the body's energy by the healing power of music. The Legge Method is the result of many years of research to combine Chinese Medical Theory with

Western Music Composition.

Unique in its comprehensiveness and precision, the Legge Method is able to restore a sense of well-being in the patient by means of 384 compositions, each highly differentiated.

History

The idea for the Legge Method for energetic rebalancing and allergy elimination began when composer Mike Legge was introduced to Chinese Medicine by acupuncturist Nicolette Schwartzman. Seeing all energetic imbalances as falling into one of five categories, the Chinese over four thousand years ago created healing music among the modalities to address these imbalances. Their compositions work to affect the body and mind to rebalance these five categories: Wood, Fire, Earth, Metal or Water.

For Legge who had long been interested in music's potential as a harmonizing influence, this introduction to Chinese music provided the stimulus to build on this ancient and validated system. Why limit a healing music to only five pieces, each based on a separate tone, when greater differentiation was possible? If each key could have one of 5 different Chinese notes added to it, 60 different healing pieces could be used. This system was further developed into 120 discrete pieces of music

with the introduction of two different time signatures, what Legge termed yin and yang. After further research, it was determined that not just one but two extra tones from the Chinese pentatonic scale could be harmonized, thereby expanding the original 120 to 360.

But would this system work as a rebalancing tool? Clinical trials on patients found it to be definitely effective. Up to this point, the Legge Method was used to effect a general rebalancing in the body. The final step as a modality to eliminate specific allergies came with the introduction of specific allergens into the testing protocol.

In the Legge Method, we're working with the energetic healing and rebalancing power of sound in the form of music. Each of the 360 pieces has its own integrity and application according to the patient's need. Another way of putting it is that each piece is a potential prescription, the means to rebalance or neutralize a disharmony.

Of course, using sound or music to heal is nothing new and the Legge Method has carried it much further with other musical resources to present a safe, precise and effective healing modality. In fact the practitioner of the Legge Method is able, by kinesiology testing, to determine which of the meridians in the Chinese medical model is the actual one being rebalanced by the music.

Musical Concepts: Traditional Chinese Music

Traditional Chinese Music was composed in the pentatonic scales, where each mode would span two or more octaves. The tones and modes were related to the Elements. Today, except for the traditional orchestras, the Chinese

play in the diatonic scales. The Legge Method employs concepts from both East and West. Pop musicians often use pentatonic scales in solos with the harmony containing chords built from the diatonic scales. Some chords may even contain tones outside the scale.

Repeated tests with the patient base at the Bucks County Health Center indicated that only the two main time signatures are relevant. The Yin polarity vibrates to 3/4 time and the Yang polarity vibrates to 4/4 time.

Also, the composition was repeated five times. The reason for repetition is that in order for the healing musical patterns to have their effect a retraining of energy is necessary.

Since any one of the twelve keys could be used in treating energetic imbalance, there must be a rationale that underlies the system. The twelve keys are relevant to the twelve meridians in the meridian system. Further, one patient may require one key while another patient could require a different key in addressing the same allergy. In order to get a fix on the patient's system the Legge Method practitioner tests, through kinesiology, the tone or key of that center.

Musical Concepts:

Music for the Legge Method

Any one scale has seven tones so there are five non-harmonic tones from which to choose. The healing music composed by Mike Legge is in two layers – tonal with one non-harmonic tone – and tonal with two non-harmonic tones. These layers are available in all twelve keys both 3/4 and 4/4 time (360 healing music compositions). At a more discreet level the modal sequence of each and every composition is in optimum order.

The Training Program

In this course the participants need to learn:

- Chinese Five Element Theory
- Concept of Yin and Yang
- The 12 Meridians and 12 Organ systems
- The Chinese biological clock
- The use of Kinesiology and the pendulum to test patients

- Musical keys and how they relate to the meridians and organs.
- Vibrational impact of the healing music

- What is an allergen?
- Why do we react allergically?
- Allergies and the immune system: a vicious cycle
- Testing for allergens with dilutions
- What is the most important allergen to clear first?
- How to ask the right question

- Understanding how to test for the prescriptive music
- What computer to use
- Sound cards, notation software, musical directory and sub directories
- Analog versus digital
- CD's, Midi files, MP3's

What can a patient expect from a session?

A highly trained Legge Method Therapist will test for energetic imbalances, often specific ones at the request of the patient.

For example, the patient may complain of a certain allergy. The therapist, following a strict protocol, determines which musical composition will neutralize that allergy. Key, time signature and non-harmonic tones are tested by applied kinesiology to determine which piece of therapeutic music is needed.

The patient then listens to the composition and is tested again. In this example, the patient would no longer test as reacting negatively to the allergen. If necessary, the patient will listen to the same music again, or to another if testing reveals that is what is needed to complete the process.

The treatment is very powerful yet gentle because the music brings harmony into the patient's energetic system. There is no negative reaction because the body is healing in its own way.

The Founders

Mike Legge holds a Master of Arts Degree in Music Composition. He studied classical guitar under David Harris and jazz guitar under Joe Cinderella. He is also a certified hypnotherapist. He is a Research Scientist in Health Systems with the New Jersey Department of Health and has a private practice where he treats patients with hypnotherapy or the Legge Method healing music.

Nicolette Schwartzman L.Ac. is a national board certified acupuncturist with a background in homeopathy, energetic medicine, nutrition and biology. She has been practicing in Pennsylvania since 1986 and since 2005 also in North Carolina.

Together they teach workshops throughout the United States.

Notes:

Emotional Freedom Techniques (EFT) for Peace of Mind

By Bonnie Marianna Niebauer EFT-ADV, CH, LMT, NCTMB



Not enough time, too much stress, long hours at work, family obligations. Whew! Too much to do & to little time to do it. Does that sound familiar? Where do you put your stress? Where do you store the “Woulda, coulda, shoulda’s?”

Maybe it’s time to take a big breath and quiet the inner voice of our judge. EFT has the ability to free the body, the mind & the spirit. Release the baggage of the past. Live in the now, bring more joy into your life. Erase those old scripts that keep you in the past. Sound too easy? That is the beauty of EFT. It is so simple children can learn it and so effective it really works. In just a minute or less you can diffuse the emotional intensity and get clues as to what is really going on. EFT was born about 10 years ago when Gary Craig (its founder) took the training he had in TFT (Thought Field Therapy) and made it simple! No separate list of protocols for each emotion. Just a simple tapping recipe was born. One of the blessings of EFT is that once you know the points to tap/rub you have help at your fingertips. You don’t have to be a therapist to use it. What is your “self talk”? Is it serving you? When change is desired do you meet resistance? Does the self talk say we can’t leave our comfort zone, it’s not safe? Stretch your comfort zone, create real change that lasts. What has EFT been used for? The saying is “Try it on Everything”. It only takes seconds to do a round of tapping. What have you got to lose. So EFT practitioners all over the world have done just that. We have used it for anger, pain, reaching goals, relieving jet lag, fear of flying, smoking, weight issues, and the

list goes on. Individuals use EFT, doctors, dentists, veterinarians, teachers, and children. Here’s the basic recipe:

1. Identify an issue/problem you want to work with
2. Tune into this issue. On a scale of 0-10 (1 almost no emotion-10 intense emotion), how would you rate your response to this issue?
3. Pick a specific part of the issue to work with. EX: Fear of flying. What is it about flying that causes the most anxiety? Take off? Being miles in the air? Landing?
4. Here are the tapping points. You can tap, rub, or hold them

KC= side of hand by little finger

EB:= eyebrow, inside edge (toward center of forehead)

SE= side of eye (outside of eye)

UE= under the eye

UN= under nose (between nose & lip)

CH= chin (between lips & bottom of chin)

CB= collarbone

UA= under arm (about 4” down from armpit)

TOH= top of head (on crown)

That’s the basic recipe. Tap/rub approximately 5-7 times at each point.

Want to try it? Let's tap:

What number would you give for memories held in your body? Now tap/rub the KC point and say:

I forgive my physical body for keeping these memories in my tissues. It was only protecting me.
Repeat this 2 more times.

Now tap the points in order & say:

EB: forgive my body

SE: protecting me

UE: forgive my body

UN: protecting me

CH: forgive my body

CB: protecting me

UA: forgive my body

TOH: protecting me

Take a couple breaths to your comfort level. Now what is that number? Same? Lower? Did something specific surface?

Tap at the KC point again:

I release my emotional body from the burden of storing these memories. I am ready to move forward. Repeat 2 more times.

EB: release memories

SE: move forward

UE: release memories

UN: move forward

CH: release memories

CB: move forward

UA: release4 memories

TOH: move forward

Again take some breaths and check in with yourself.

EFT is effective for many issues. If you find you are having difficulty you may wish to work with an experienced EFT practitioner in person or on the phone. Yes, I did say on the phone. Another benefit of EFT is its ability to be used over the phone as well as in person. Did I just stretch your belief? You could tap for that! EFT sessions can even be done by email. Now I have really stretched your beliefs. What would it be like to release the burdens from the past and achieve levels of peace that seemed impossible? Take a moment to think about that. How would your life change?

I invite you to visit these web sites for more information:
www.EFTMUSE.blogs.com
www.emofree.com
www.Mercola.com

For research about eft go to the emofree site or, www.eftupdate.com or www.eftdownunder.com

Have fun, get results, keep tapping.
Use it for everything!

Bonnie Marianna has trained extensively with the founder Gary Craig. She teaches approved Level 1 and 2 classes in EFT. She has been an EFT practitioner for 6+ years and uses it daily in her own life. EFT is taught to all clients for self help. Her practice includes Massage, Reiki, Hypnosis, EFT for personal and business coaching.

Notes:

