

Excerpted from A Revolutionary Way of Thinking. From a near Fatal Accident to a New Science of Healing! By Dr. Charles T. Krebs and Jenny Brown.

Two.

WHAT IS KINESIOLOGY?

THE ORIGINS: ACADEMIC KINESIOLOGY.

What was this wonderful thing, kinesiology, that had such a profound effect on me and that I was beginning to see could have an equally profound effect on other people?

As I investigated its origins, I began to see it was both a science and an art. Although it had method, rules, principles and logical techniques, it also involved direct interaction between practitioner and client, which meant intuition and feel, the characteristics of an art form, were a major component of its application.

Kinesiology has an interesting lineage: The science of manual muscle testing was first developed in the early 20th century by a Boston orthopaedic surgeon, R.W. Lovett, who also invented the first turnbuckle brace for treating scoliosis. Lovett used his muscle testing to analyze disabilities resulting from polio and nerve damage. He applied muscle testing to trace spinal nerve damage because muscles that tested “weak” often had a common spinal nerve.

The system of muscle grading that Lovett developed was first published in 1932, and it introduced the five levels of testing muscles that remain the basic formula used in today’s physical therapies. At first he had only used three levels of testing muscles against gravity, but later added the more subjective levels four and five to include pressure from the therapist in addition to gravity¹.

Henry and Florence Kendall, also working with people recovering from paralytic polio myelitis, modified and systematized Lovett’s ideas and in 1949 published their pioneering book, *Muscle Testing and Function* ². Muscle testing became a new science in the field of Academic Kinesiology, the in-depth analysis of the exact motion of muscles and the way they move joints.

Each muscle has a unique job, described as its position of greatest mechanical advantage. Basically, muscles, joints and bones are lever systems that use the mechanical advantage of a fulcrum to magnify the mechanical force of muscle contraction. This allows a short muscle contraction to be both powerful and to produce a large range of motion. When the muscle is in the position of its maximum mechanical advantage it is called the prime mover or the agonist.

When a muscle is isolated by testing position as the prime mover, and then manually monitored and it can develop its full integrity of function and lock firmly, it is rated a Plus Five response. If however, firm pressure is applied and the muscle gives in the direction of the pressure, then it is a Plus Four response. If only medium pressure is applied and the muscle gives way, then it is rated Plus Three.

If the person can move the muscle into the test position against gravity, but only slight pressure results in the muscle giving way, then it is rated Plus Two. If there is difficulty just getting the muscle into the monitoring position against gravity and any pressure causes it to give, it is rated Plus One. Zero on the scale is when the muscle will not move at all against gravity, a condition known as Flaccid Paralysis. Because the strength of individual muscles varies in different people, the scale is not an absolute measure of strength but rather of the relative integrity of muscle function.

One who took an interest in the work of Kendall and Kendall was a Detroit-based chiropractor, Dr George Goodheart. A very keen observer he was one of those rare people who are able to make fantastic discoveries by looking at research from a different perspective and synthesizing the information in a different way. It is often not just seeing new things, but rather, seeing known things in new ways that leads to discovery.

Goodheart had a client who had a problem with his scapula, or shoulder blade. When this man pushed against a wall, his scapula would lift off his back and poke out at almost a 90 degree angle. Goodheart remembered reading in Kendall and Kendall's book, that a lifted scapula related to a muscle called the anterior serratus, which connects to the middle border of the scapula and inserts into the ribs under the arm. When the anterior serratus contracts, it pulls the scapula onto the back. The protruding shoulder blade suggested the anterior serratus muscle was weakened.

After a busy day in his clinic, Goodheart set aside time to work on this client and as predicted found the anterior serratus weak. He then began to palpate, or firmly massage the beginnings (origins) and ends (insertions) of this muscle and in so doing found a series of hard little beads or muscle knots. As he palpated more firmly, the knots disappeared. Goodheart went along the muscle and pressed all the knots until they disappeared. Then he again had the man push against the wall. This time the scapula sat correctly. Further, when the muscle was manually retested it could develop a Plus Five lock³.

As Goodheart began to increasingly use muscle testing in his practice, he found some clients had specific muscles that would test weak when they had certain types of disease conditions. For instance, he found the clavicular division of the pectoralis major muscle or PMC, the chest muscle that connects to the collarbone, would generally test weak in clients who complained of stomach ulcers. He would apply certain chiropractic manipulations for the treatment of ulcers and reassess the strength of the PMC muscles. After treatment these muscles suddenly showed strength. This both confirmed the relationship between ulcers and the muscle response, and the efficacy of the chiropractic treatment. The change in muscle response was immediate and visible.

When Goodheart now found a patient with a stomach ulcer he would always assess the strength of the PMC. He would sometimes apply his newly discovered origin/insertion technique to the PMC, and to his surprise, quite often the muscle would strengthen with a

concurrent improvement in the condition. He now had chiropractic manipulations to work with as well as a brand new technique that was also capable of alleviating symptoms.

In short, muscle testing was proving not only to be a diagnostic tool, but also to have therapeutic value.

An eclectic reader, Goodheart was interested in all sorts of different areas of knowledge and while he found his origin/insertion technique worked to strengthen the muscles of some individuals, many others were not helped at all. He started looking for other answers. His quest led him to the work of an early American osteopath, Frank Chapman, who had observed that many types of pathologies, or the symptoms of diseases, had their origins in sluggish lymph flow. Lymph is the bodily fluid that carries nutrients to tissues and organs and carries toxins away. Sluggish lymph flow meant that over time, tissues became more toxic and less functional⁴.

Chapman worked out that there were many points on the bodies of individuals who were showing various symptoms of disease, which, when palpated or massaged, would be tender. After a while, with continuous massage, they would become less tender and this was associated with improvement in the disease condition. He called these Chapman Reflex Points and published his findings in the 1930s⁵.

Goodheart recognized that many of the disease conditions described by Chapman as being associated with a specific Chapman reflex point, he had found were similarly associated with a specific muscle weakness. He now began to systematically investigate the relationship between Chapman Reflex Points and the muscle weaknesses he had found to be associated with the same disease conditions. He established that rubbing the reflex point Chapman had assigned to a disease would often strengthen the muscle associated with the same pathology.

The master synthesizer was at work.

In spite of the great success of his newly discovered origin/insertion technique and the application of Chapman Reflex Points, some conditions and their associated weakened muscles failed to respond. Goodheart kept looking.

In the 1930s another American chiropractor, Terence Bennett, had come up with his own model for restoring health based on proper blood flow. Like the lymph system, when blood flow becomes congested, tissues don't get the right amount of oxygen and nutrition. He reasoned that this set up the prime conditions for diseases to take hold. Like Chapman, Bennett had worked out his own set of reflex points. Most were on the head and upper body with a few points below the waist and on the legs.

Bennett found that applying light pressure to these points would stimulate increased blood flow to the associated tissues and organs. As with Chapman's work, stimulation of these Bennett Reflex Points would often result in major improvement in the conditions being treated. In the 1930s he formed the Neurological Research Foundation to teach his technique.

The dangers of radiation were little known in Bennett's day, so some of his experiments involved procedures that would not be considered safe today. One was to inject volunteers with radio-opaque dyes that make the blood visible to X-rays. Volunteers then lay down

beneath a full length fluoroscope and by holding different reflex points he could observe change in blood flow. Unfortunately, Bennett died of cancer caused by such regular exposure to radiation, but not before he left a legacy of valuable knowledge that became known as the Bennett Reflex Points⁶.

As he had done with the Chapman Reflex Points, Goodheart began to systematically investigate the relationships between Bennett Reflex Points and those muscles that would not strengthen with his other techniques⁷. He was delighted to note that in most cases it constituted the missing link. Working primarily with the Bennett Reflex Points on the head and upper chest, he was able to assign specific Bennett Reflex Points to specific muscle weaknesses.

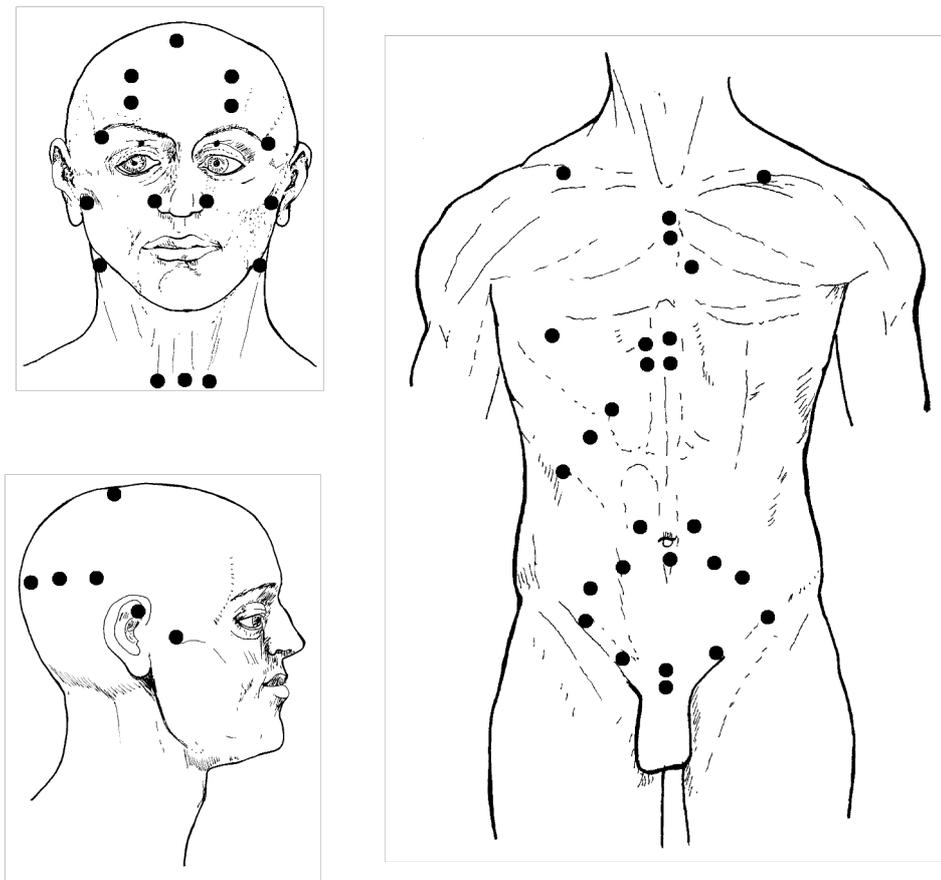


Figure 2.1. Bennett's Original Reflex Points. Goodheart used the points predominantly on the head and neck and only a few of the points on the body.

By synthesizing his discoveries, Goodheart pioneered a system that brought together work done by his predecessors: Chapman's Points (for lymphatic function), Bennett's Points (for vascular function), the origin/insertion technique (for muscular problems), and muscle testing for feedback in both diagnosis and therapeutic efficacy. This marked the beginning of the new science of Applied Kinesiology.

APPLIED KINESIOLOGY.

George Goodheart gathered together a group of other chiropractors interested in the developing field of Applied Kinesiology, who became known as the Dirty Dozen. They used his techniques in their clinics and daily began to share knowledge. But it was Goodheart who made the seminal breakthrough that remains the centerpiece of kinesiology. In the late 1960s, when the West was just beginning to explore the ideas filtering through from Asia, he began to read the Chinese medical literature that detailed the ancient knowledge of the Acupuncture Meridian System - the system the Chinese claimed mapped the flow of energy through the body⁸.

Goodheart found that when muscles did not respond either to origin/insertion stimulation, Chapman's or Bennett's Reflex Points, that sometimes, by running his hand just above a specific meridian pathway in the direction of flow that the Chinese had outlined, the weakened muscles would often strengthen. Again there was a relationship between a specific muscle response and a specific meridian. In 1966 he wrote a research manual on strengthening muscles by holding acupuncture points called Tonification Points⁹.

He began to recognize there was an extraordinary complex of inter-relationships linking muscle response with imbalances in the muscular system, the lymphatic system, the vascular system, and even the more esoteric energy systems of Chinese medicine. Because each muscle and reflex point reflected the state of balance of a particular organ system (such as the PMC relating to the stomach), and because the Chinese had named their meridians after the organ to which they were associated, Goodheart, in a flash of insight, realized the organ was the key in this relationship.

When the organ system was stressed (diseased); the muscle may develop an imbalance (weakness); the Chapman Reflex Point may become tender; the Bennett Reflex Point may become active, and the associated meridian flow may be disturbed.

The brilliant melding of all these observations became the Muscle-Organ/Gland-Meridian Complex, the core concept of Applied Kinesiology.

Essentially, Goodheart had started at the most physical level of knotted muscles and tender reflex points and moved to more subtle responses of reflex points that needed only light touch. Then he had entered the more esoteric domain of energy. Here, change could be effected merely by passing the hand close to the body and tracing the path of a meridian.

The Chinese system had given him a layout of thousands of years of empirical observations about the energetic system and the principles by which it works. To this body of knowledge Goodheart added the muscle response correlation, which meant the energy balance of these meridians and their associated organs, could be quickly and consistently ascertained by direct muscle feedback. According to Goodheart it remains one of the West's few contributions to the East in terms of the application of energetic techniques.

The Chinese method of accessing energy imbalances in the body was written down in the *Huang Di Nei Ching* or *Yellow Emperor's Inner Classic of Medicine* between the first century BC and the early first century AD based on a thousand years of accumulated knowledge¹⁰. Yet as the system was based on reading subtle energetic states of the wrist pulse, it was very intuitive and took many years to master as a diagnostic art. Goodheart had tapped into the

same energy systems but now could access these systems very quickly through the instant biofeedback afforded by using muscle testing as the diagnostic tool.

But what is this energy the Chinese were tracing?

ESSENTIAL CH'I

Western science does not yet have the instruments to measure what the Chinese call Ch'i or Qi, for which the best western translation is energy¹¹. But even this word does not directly equate to the western concept of energy as being a force something like electricity. Ch'i has a different quality from the coarser physical energy and is aligned more with the early Greek and Roman concepts of the *elan vital* or, vital energy. The notion of subtle invisible forces running through the body had been totally eclipsed in the western hemisphere by the end medieval era.

Western science does, however, have the instrumentation to measure the existence of the acupoints of the Chinese meridian system. These are the points of least electrical resistance on the surface of the skin and the cells directly beneath them have a slightly different structure to their neighbors¹². Most acupoints are situated in small surface depressions, identifiable by palpation, and are often hypersensitive. Beneath these surface depressions the epidermis is thinner and has a characteristic structure with modified collagen fibres¹³. Senelar claims that more than 80% of the known acupoints examined have this unique structure¹⁴.

Remarkably, they are in exactly the places on the body that the Chinese had mapped thousands of years ago¹⁵. Classical theory recognized about 365 acupoints on the surface meridians, 309 of which are bilateral or on both sides of the body, giving a total of 670 meridian acupoints¹⁶.

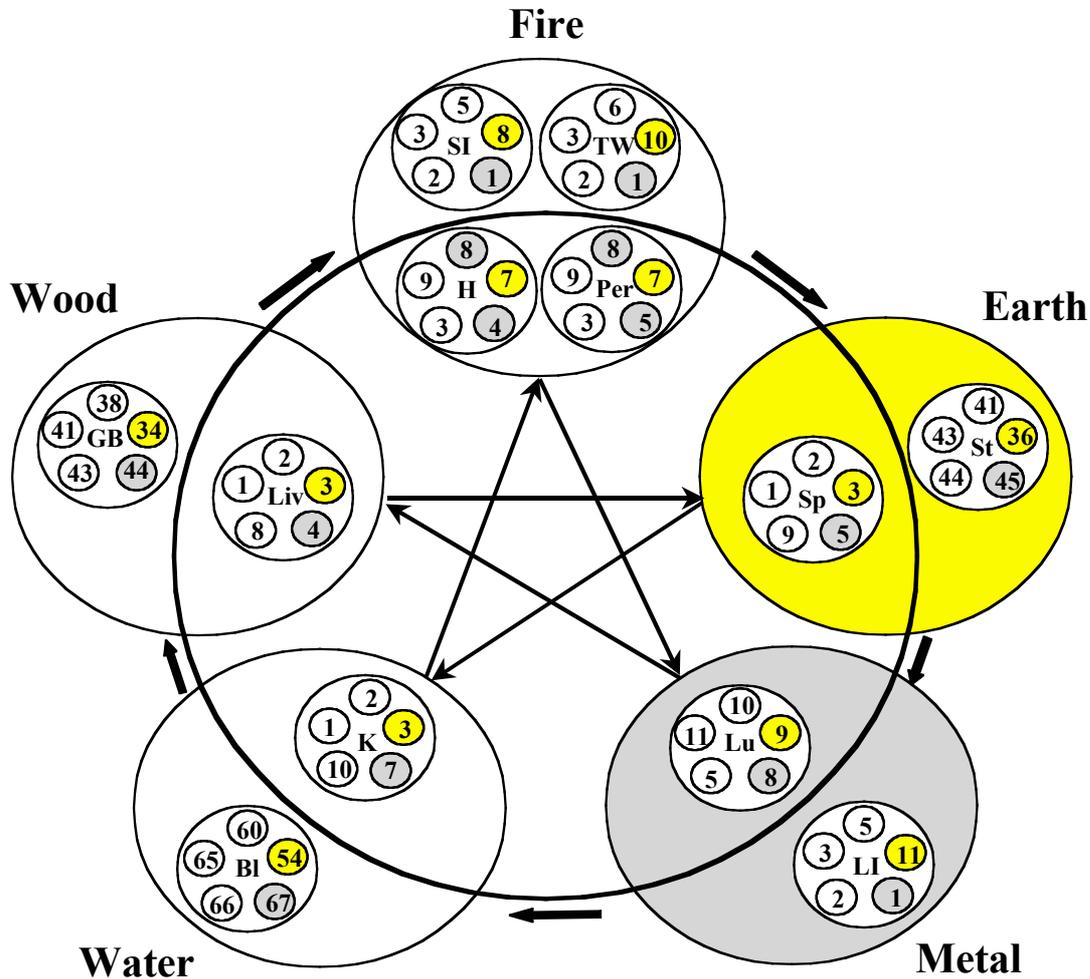
How did those ancients plot all 670 acupoints that make up the integrated acupuncture meridian system?

The short, if unscientific answer, is that some of the monks and medical practitioners who had spent many years in meditation developing extremely subtle levels of perception, were able to actually “see” or “sense” these acupoints and the movement of energy through the body. It was a clear to them as if they were looking at a pattern on a piece of cloth. Because these masters could see the patterns of energy, they could perceive which patterns were harmonious and balanced - indicating wellness, and which indicated imbalance or disease. From this knowledge came the Law of Five Elements, one of the central tenets of acupuncture.

The Law of Five Elements says there are certain directions of energy flow and certain points on the body which, when activated, cause the movement of energy from one point to another¹⁷. Bodies have only a specific amount of energy, so an over energy in one place by definition, means that there has to be an under energy in another place. Because the Chinese diagnosticians were using inductive reasoning (looking at the whole), they did not name diseases as such. Rather, they were interested in a complex of patterns that made up the whole and it was from these patterns that they were able to diagnose imbalances¹⁸.

Chinese Medicine is not less logical than the western system, just less analytical¹⁹.

All they needed to know to re-establish balance was where the over-energy and under-energy existed. With that knowledge, they could employ the Law of Five Elements to locate the correct acupoints. Stimulation of these acupoints would remove the block to energy flow. Once unblocked the excess energy would naturally flow to where it was deficient. When



energy was in balance, theoretically health was restored.

Figure 2.2. The Law of Five Elements. The arrows indicate the direction of energy flow in two cycles. The Sheng or Promotion cycle is a clockwise flow around the circle. The Ke or Control cycle is a clockwise flow around the star in the centre. Each meridian circle in each element has five numbers relating to the Command Points, specific acupoints directing energy flow.

One of the reasons why the West found the Chinese view of the body so confusing for so long, had a lot to do with the ancient language in which their medical information was couched. The Chinese explanations related the cosmology of a Taoist and then Confucian agrarian society of over 2000 years ago. An inductive, lyrical language written in allegory and metaphor, it evokes the experience of a largely rural world. Energy flows were thus compared to rivers; flooded rice paddies and overflow channels. Organs were called Emperors or Ministers and the laws were called Grandmother-Son or Mother-Son Laws. The Five Elements are described as having qualities of earth, fire, metal, wood or water. Was it

any wonder that when the West first came across these ideas the metaphors made the information so inaccessible?

Despite our confusion with their system and the lack of attention paid by the Chinese to internal anatomy, they were well aware of organ function. They called the meridian flows by organ names, not because they referred to the organs themselves, but because part of the energy flow of each meridian sustained the function of a specified organ²⁰. Thus they talked of lung energy, heart energy and kidney energy and what they meant was the complex energy structure of which the physical organ was but one part.

To the western mind such a description immediately designates only a physical organ with a specific function. But the Chinese descriptions did not mean a heart as a muscular organ pumping blood. Rather it talked about a concept of heart: the Emperor, as the source of power in the system that drove not only the blood, but was also the power behind the emotions of love, hatred and anger.

And when the Chinese describe a meridian they were not describing a static, physical unit, but a dynamic interaction that affects all planes of the being. The Chinese do not see a physical body and a mind as being separate structures. They see a Body-Mind-Spirit that creates an integrated being²¹.

To quote the great chronicler of Chinese history, Joseph Needham: “In accord with the character of all Chinese thought, the human was an organism, neither purely spiritual nor purely material in nature”.²² Mind and emotions are no less influential in their view of health than the state of the physical body, that part of us which can be touched and felt.

What ties the body to the mind and the spirit is the etheric energy of Ch'i, which is the interface between the physical body and the subtle energy bodies of mind and spirit²³. These subtle bodies have been recognized for millennia in the esoteric traditions of China, India and Tibet. An ancient Chinese adage held that, “There is nothing between Heaven and Earth except Ch'i and the Laws that govern it”.²⁴

INTERWEAVING YIN AND YANG

Early Chinese thought developed the concept that there were two fundamental properties of the universe, Yin and Yang. These polar opposites are perceived to be present in all things and interconnected by Ch'i. As the Nei Ching states “the entire universe is an oscillation of the forces of Yin and Yang”. Although Yin and Yang are complementary opposites, they are neither specific forms of energy nor material things, rather they are labels used to describe how things function in relation to each other and the universe²⁵.

Yin and Yang really represents a way of thinking in which all things are but a part of a whole. No thing can exist in and of itself, but can only be defined by its opposite. For instance, “hot” is the absence of “cold”; “dark” is the absence of “light”; “wet” is the absence of “dry”, and so on. Yin and Yang are thus opposite properties that define each other.

In the original metaphor, Yin was “the shady side of the mountain”, and Yang was “the sunny side of the mountain”. Yin is associated with the qualities of cold, dark, matter,

passivity and rest, and considered feminine. Yang is associated with the qualities of heat, light, energy, activity and movement, and considered masculine²⁶.

In Yin-Yang theory, these two properties are in constant interaction and relation. All things have two aspects, a Yin aspect and a Yang aspect, and Yin and Yang mutually create each other and control or balance each other.

Boiling water exemplifies these abstractions: As water heats it becomes more Yang (hot), but as each water molecule escapes into the air as vapor, it cools or becomes Yin, due to water's latent heat of evaporation. This is why sweating, Yang, makes you cool, Yin.

The famous Tai Qi or Yin-Yang symbol represents the relation and interdependence between Yin and Yang. The white dot in the black and the black dot in the white signify that in Yin (black) there is always the seed of Yang (the white dot), and visa versa. No thing is, or can be, all Yin or all Yang. Yin and Yang are complementary properties that compose the whole, and the curved line between them expresses the movement of Yin transforming into Yang and Yang transforming into Yin. The fact that the black and white sides are equal demonstrates the "balance of Yin and Yang" when there is harmony.

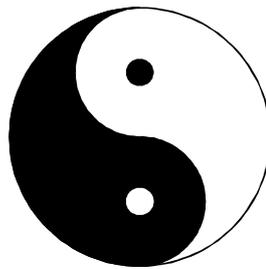


Figure 2.3. The Tai Qi or Yin-Yang Symbol.

It could be said that the whole of Chinese medicine, its physiology, its pathology, its diagnosis and its treatment, can all be reduced to the fundamental theory of Yin and Yang. This theory serves to explain the organic structure, physical function and pathological changes in the human body, and in addition, guides the clinical diagnoses and treatment²⁷. Ch'i flowing through the meridians and following the Law of Five Elements is only the mechanism by which Yin and Yang are expressed within the body.

When the Chinese talk about a meridian or vessel, they are describing conduits made of subtle matter through which Ch'i flows. Ch'i has various properties or qualities that connect the Body-Mind-Spirit into a dynamic integrated organism, an idea that western medicine is only now beginning to entertain.

The Chinese say there are 14 major meridians in the body, each of which has its own acupoints. Two of these vessels, the Governing and Central vessels, flow up from the region of the crotch. Central Vessel 24 runs up the mid-line of the front of the body to a point just below the bottom lip. It carries Yin energy. Governing Vessel 26 runs from the tip of the tailbone, up the spine, over the top of the skull to a point just below the nose on the upper lip. It carries Yang energy. The other 12 vessels are bilateral, with one running up or down the right, and one up or down the left side of the body. Of these bilateral meridians or vessels, six are Yin and six are Yang²⁸.

In the Chinese anatomical position, the arms are raised above the head. All Yang meridians run from Heaven toward Earth (except Governing), and all Yin meridians run from Earth toward Heaven. Via the Law of Five Elements the Yin flowing from the Earth is thus integrated with the Yang flowing from Heaven. The old adage may therefore be restated as “there is nothing between Yang and Yin except Ch’i and the Law of Five Elements that governs it”.

To make this simpler, the 14 major meridians can be visualized as a series of 14 tall cylinders which are arranged in a circle and filled to a certain level with fluid (Ch’i). Each of the fourteen cylinders is directly connected to the next cylinder in the circle by big pipes, and to every other cylinder by pipes beginning and ending with a command point of the Law of Five Elements (the numbered circles in Figure 2.2). These are called “command points” because they act as the valves on these secondary channels or meridians controlling the flow of Ch’i between meridians.

These cylinders (meridians) are in turn connected by a myriad of pipes of varying diameters (primary, secondary, tertiary, etc.) through which the fluid circulates. Some of these pipes only connect to other pipes but every time a pipe joins a cylinder or another pipe, there is a valve, the acupuncture point. (See figure 2.4).

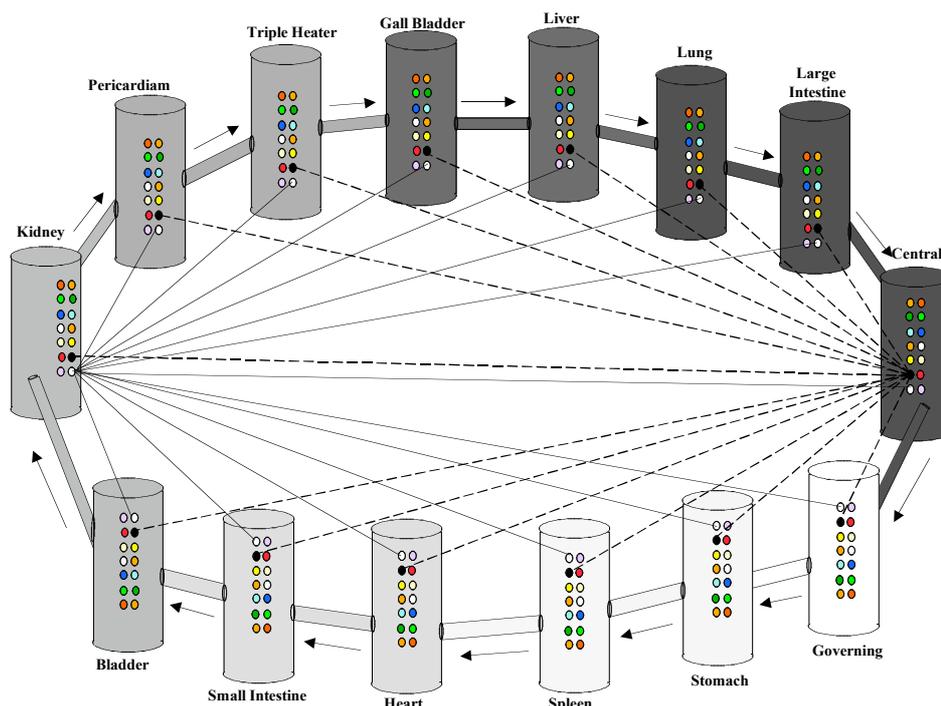


Figure 2.4. The Meridian-cylinder analogy. Note: the connections between the meridians are only shown for two meridians. In reality there is a matrix where all 14 meridians are similarly connected.

A force impels the fluid to circulate constantly in a certain direction. Provided all the valves are adjusted correctly, the fluid in all the cylinders will remain at the same height, containing the same amount of energy, or a balance of Yin and Yang.

But what happens if a valve is turned down, restricting or blocking the flow of fluid? The level will rise in the cylinder upstream because fluid is flowing in faster than it can now flow out. This cylinder will gain an excess of fluid (Ch'i) relative to other cylinders. Since each meridian is either Yin or Yang, one part of the system will now have an excess of Yin or Yang (see figure 2.5).

The level in the downstream cylinder will fall compared to the others, as fluid is being lost faster than it is being replenished. This part of the system will become deficient in either Yin or Yang. In the Chinese medical system, the proper thing to do is to find the valve that is blocked and adjust it. Once the blockage is removed the fluid will seek its own level automatically to reestablish a balance of Yin and Yang. This is presented graphically in the figure below.

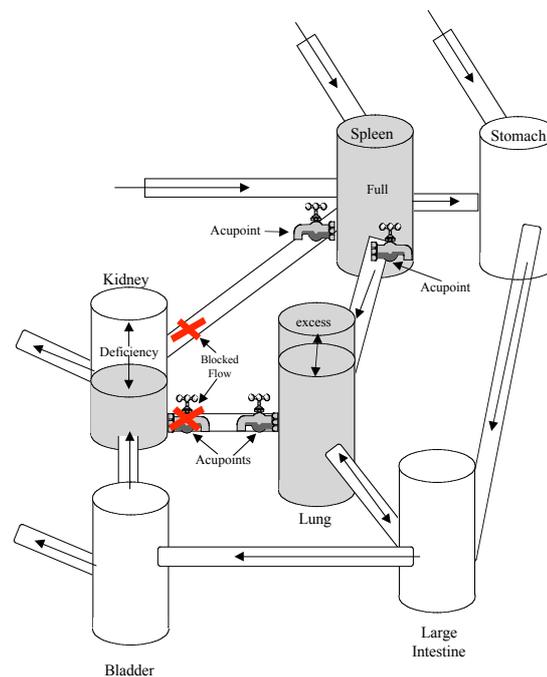


Figure 2.5. The Meridian-Blocked Valve Analogy. *Wherever a pipe joins a cylinder there is a valve, the acupoint. Blocked valves cause the energy to back up creating an excess of energy in one or more of the upstream meridians, and a deficiency of energy in one or more of the downstream meridians.*

In the body, once the energy block is removed and the balance restored, the physiology that was affected by the previous energy or Ch'i disturbance suddenly disappears. In the Chinese system, pain is only a sign of over-energy in a particular place and if you drain the excess energy away, the pain will also drain away. It is an effective, eloquent system whose principles are simple but whose applications are immense. It was the application of this ancient knowledge that really allowed kinesiology to take off.

TOUCH FOR HEALTH.

Another member of the Dirty Dozen was chiropractor Dr John Thie, who saw the synthesis of western and eastern knowledge as very exciting. It strengthened his belief that people should be able to take care of their own health, and that the West should change the foundation of its health system from crisis management to prevention. He also versed himself

in the Chinese system and realized that if everyone could balance their own energy on a regular basis they might be able to maintain their own health more effectively. Thie took the basic techniques that had been worked out in Applied Kinesiology and developed a new system that he called Touch for Health²⁹.

His view was that too seldom in western society are we touched for health because generally touch was seen to have negative or sexual connotations. In fact, touching is one of the most healing things one human being can do for another. If I sit across a room and listen to your story or your problems, I can empathize with you. But how much more secure will you feel, and how much more will you feel my empathy if I am holding your hand? When I touch you, you can feel the sincerity of my words. You can feel my empathy and energy. Everyone knows that touch is a real experience.

Within the constructs of western medicine that prevailed when Thie was introducing his system, doctors were supposed to be cool, analytical, technical, white-coated and separate. They certainly were not supposed to touch someone in a feeling way, because that would potentially detract from their ability to diagnose objectively. Touch for Health was therefore seen as a radical fringe therapy of the early 1970s.

Despite considerable opposition, Thie wanted to teach lay people so they could balance their own health, the health of their family and their close friends. So he started to teach the basic principles of Touch for Health in workshops that could be taken over a couple of weekends. In essence, he taught the procedure known as The Fourteen Muscle Balance, which assesses the balance of energy in the 14 major meridians that are related to specific organs.

In this procedure, a muscle, representative of each meridian, is manually assessed for its state of balanced function. If the muscle was found to be weak, the basic techniques developed by George Goodheart (origin/insertion, Chapman and Bennett reflex points and meridian tracing), were then employed to strengthen the weakened muscle. Once all 14 muscles were balanced, meridian energies were also balanced, restoring the balance of Yin and Yang in the body. Often this very simple system could produce profoundly positive health outcomes.

Thie started teaching his system in California. Quickly it spread throughout the United States and from there to many other countries across the world. Now there are millions of people in over 50 countries who know about Touch for Health and who can practice it with great effect. Not only that, but Touch for Health made the basic techniques of Applied Kinesiology available to ordinary people.

CLINICAL KINESIOLOGY

One of George Goodheart's most brilliant protégés, Dr. Alan Beardall, made several crucial discoveries that added additional tools to the developing field of kinesiology. While treating a famous marathon runner, Beardall discovered that individual muscles did not all function as one unit, but rather, that many muscles had functionally unique divisions. He found that although a muscle may test "strong", when one or a combination of its divisions were monitored, individual divisions of this "strong" muscle might test "weak" or unlock³⁰.

From 1975, through extensive anatomical study, clinical observation and testing procedures, Beardall not only identified these functional divisions within muscles, he went on to develop specific muscle tests for each division and isolated reflex points which differentiated these muscle divisions as unique functional units. He discovered over 250 specific muscle tests isolating divisions of the major muscles of the body and published his exciting findings in 1980³¹. He was eventually to publish five volumes of muscle testing instruction books³² and from this body of knowledge Beardall developed a new kinesiological method he called Clinical Kinesiology.

Beardall was also the originator of the concept of the body as a “biocomputer”, which has proved to be such a powerful model for many aspects of the subconscious functions that can be tapped into by muscle monitoring³³. The subconscious appears to process data in a binary way, indeed neurons running the muscles can only fire or not fire - lock or unlock. A lock in a muscle test thus indicates “yes, I am in balance” - there is not enough stress to impede my function, while an unlock response indicates “no, I am unbalanced” - there is too much stress for me to work properly.

More importantly, this simple “yes” or “no” response of the muscle is the summation of *all* the factors influencing the brain and central nervous system, from the level of your structural alignment to your nutritional and emotional status. As well, the subconscious readout of muscle function is the interface with the other energy systems of the body, including the meridian systems. As such, these “yes” or “no” responses can also indicate states of energetic balance.

Beardall also developed several other innovative concepts that have become fundamental in the application of all the kinesiology systems developed to this day. In 1983, while working with a patient, he noticed a unique phenomenon. When the patient touched a painful area with an open hand, the muscle he was monitoring suddenly weakened, a normal response indicating a “stress” condition in the painful area. In a second test on the same area, however, the patient happened to touch his thumb and little finger together. Something very odd occurred. The muscle immediately strengthened and locked³⁴.

In a flash of insight, Beardall recognized that the thumb and fingers had energy flows similar to the energy flows of the meridian system itself, and that muscle monitoring provided a means of assessing these flows. He discovered that the thumb acted like an earth or neutral, grounding the energy flows of the other fingers. Through extensive research, he found that these “hand modes” represented another form of readout on the essential functions within the body.

Beardall established that the thumb and each finger represented a specific type of energy flow: thumb to index finger responded to structural stresses; thumb to middle finger responded to nutritional stresses; thumb to ring finger responded to emotional stresses; and thumb to little finger responded to energetic stresses such as meridian Ch’i imbalances.

Beardall also developed another technique central to current kinesiology, a means of retaining “energetic” information over time based upon the sensory output of sensors in the hip joints. While he originally called this procedure “pause lock”, it is now called “retaining mode”, “circuit mode” or simply, putting an imbalance “in circuit” in other kinesiology systems. A description of this mechanism is beyond the scope of this book, but is more fully described elsewhere³⁵.

So now, whenever he discovered an imbalance through testing a muscle, he could quickly ascertain the nature of the problem causing that imbalance by using his new hand mode system. Was it emotional, nutritional, structural or energetic? Beardall's hand modes now generally called "finger modes" in other kinesiologies, along with the complementary technique of retaining this energetic information over time by "putting it into circuit", are some of the most important tools used in modern kinesiology systems³⁶.

Once the muscle tests, reflex points and concepts developed in Applied Kinesiology and Clinical Kinesiology, both chiropractic fields, reached the public through Touch for Health, there was a great flurry of creative activity as new kinesiology systems were developed by innovative individuals from a diversity of backgrounds.

KINESIOLOGY: USING DIRECT MUSCLE BIOFEEDBACK.

From these beginnings, kinesiology has blossomed to become a diversity of different types of kinesiology-based treatments. These new systems were developed by people who saw the incredible potential of the techniques because generally, they were not locked within the rigid western medical and physiological models.

While in Academic Kinesiology, you are indeed testing a muscle for strength, in the more recently developed kinesiological systems, the muscle response is used primarily as a form of biofeedback. Hence, in these systems you are "monitoring", not "testing" muscle function. The redefinition of the term to "muscle monitoring" is to denote that we are now accessing the integrity of the muscle response, and not its strength³⁷.

The truly amazing aspect of muscle monitoring is that the response can indicate such a wide variety of possible stressors. The muscle being monitored may respond by unlocking because of a physical factor (a sore muscle, for example); because of a disturbance in the function of its related organ system (blocked or restricted lymph or blood flow); because of a disturbance in its associated meridian (blocked energy flow); or because of a disturbing emotion or thought³⁸.

If we monitor a muscle and it is strong and locks, and then ask a person to think about their mother, the muscle may suddenly give or unlock. This indicates to the kinesiologist that something has interfered with the integrity of the neurological flow between the muscle and the central nervous system preventing normal muscle function. This interference may have come from whatever stress "Mother" set up within this person's system.

Your conscious brain may tell you that you and mother get on famously. But when you consider that a stressor is not always conscious, and may often be held within the subconscious, which is also wired directly to the muscles, this previously undetected subconscious stress can be the factor that produces a block in the neurological flow. This informs both the practitioner and the client that there is a stress around their mother, most probably related to an unresolved issue that occurred when they were growing up.

This access into the usually inaccessible realms of your subconscious is one of the most powerful aspects of kinesiology as it is now practiced. Something that you think, can be instantly detected as a stressor within your physical-emotional being and it may be something your conscious brain was never aware of until the muscle response made it apparent. Further,

the use of finger modes allows a kinesiologist to identify the exact nature of that subconscious stress. Thus kinesiology allows us to eavesdrop on our subconscious.

One of the first people to recognize this aspect of kinesiology was a health practitioner in Southern California, John Barton. After the death of one of his children, Barton, realized that western medicine didn't hold all the answers and he turned down a scholarship to the Massachusetts Institute of Technology. Instead he launched into a career in holistic health, studying foot reflexology, acupuncture, herbs and natural childbirth.

In the mid 1970s Barton saw a demonstration of Applied Kinesiology on television and was hooked. Kinesiology became his tool to determine how the body could be balanced through massage, acupuncture, position-releasing postures, nutrition and emotions. Out of this vast body of research developed another new field, Biokinesiology³⁹.

Another person who made a contribution in the 1970s was Dr Paul Dennison, a very dyslexic individual who was incapable of learning in the traditional educational system. Like so many others he started innocently enough by attending a Touch For Health course.

The instructor showed him "cross crawl" or cross-patterning, which is marching on the spot moving opposite arms and legs in unison. He then demonstrated "homolateral crawl" or marching on the spot with the same side arm and leg moving in unison. Dennison gained great benefit from these techniques and from the application of another Touch For Health technique called Emotional Stress Release (ESR).

In ESR, while the subject thinks of stressful issue, gentle finger pressure is applied to the frontal eminences, the broad bumps on the forehead above the eyes,. This appears to help return blood flow to the frontal lobes which are our thinking and new learning centres. When a person is stressed, blood flow is largely withdrawn from these regions and redirected to the subconscious survival centres. But when touch is applied to these points until subtle pulses are felt beneath the fingertips on the forehead, the emotional charge in the previously stressful situation is usually reduced or eliminated.

At the time, Dr Dennison was working with children with learning disabilities, and when he employed these same techniques with his students, he discovered their learning abilities also improved. Inspired by these changes, Dennison developed further applications of kinesiology to create a kinesiology system that he initially called Educational Kinesiology, but which is now called Edu-K or Edu-Kinesthetics, for working with children and adults with learning problems⁴⁰.

He perceived that learning problems lay in improper coordination of brain activity and developed a series of movement exercises, many of which were based on standard yoga asanas or postures, to re-integrate brain function. To these movement exercises he added several acupuncture techniques and several standard remedial education techniques. He called his synthesis Brain Gym⁴¹. When Brain Gym exercises are practiced regularly, they stimulated integrated brain function and thus greatly improved learning potential.

In the cascade of discovery, his system spawned yet another form of kinesiology, created by Gordon Stokes, Candice Callaway and Daniel Whiteside. Stokes had been Instructor-Trainer for Touch For Health in the United States and in an inspired collaboration with Callaway and Whiteside, produced a creative amalgamation of concepts from a number of

other kinesiologies including Edu-K, Touch for Health, Applied Kinesiology, and psychotherapeutic practices. The partners called their system, Three-in-One or One Brain Kinesiology and applied it to dyslexia, learning problems and emotional stress that had not been resolved by other methods⁴².

In the One Brain model, unresolved emotional stress was the basis of most learning problems, as unresolved emotions were shown to have the ability to block our personal growth, our emotional and spiritual learning. The threesome went on to develop a much more in-depth emotional defusion techniques based upon ESR, but which they named Emotional Stress Defusion (ESD).

The name change was important because it indicated that the new method was not just the release of emotions but it served to defuse and then reintegrate into our lives what had otherwise been unresolved emotional experiences. What was vital about this technique was that it facilitated greater choice. To get even deeper and be more precise about the nature of unresolved emotional issues, the group also added age recession techniques.

Coming in from an entirely new angle, in the early 1980s, Richard Utt added to the growing number of kinesiological systems by developing Applied Physiology, a model based on an in-depth understanding of both western physiology and the Law of Five Elements. Utt developed a kinesiology based acupressure application of the Law of Five Elements of Chinese acupuncture which he called The Five Houses of Ch'i⁴³.

His system allows the practitioner to determine which of two equally valid energy pathways within the Five Element system would most effectively equalize the energy, release stress and thereby promote healing for the client. Utt also formulated the Seven Element Hologram which is based upon the Holographic Supertheory proposed by physicist David Bohm and neuroscientist Carl Pribham⁴⁴. This is a single integrated kinesiological system capable of accessing all levels of the human hologram from the physical level of the muscles through the levels of emotion and thought, to the level of our attitudes - our essential beliefs.

As you can see by the incredible trajectory of this healing science, many other types of kinesiology have been developed and are still developing throughout the world. It is an incredible blossoming of knowledge. This science, which is a unique marriage of ancient eastern esoteric sciences with the physiology of the West, is now in a stage of tremendously exciting fermentation. Kinesiology provides access to the holographic or whole body: the mind, the spirit, the emotions and the physical being. In essence all the realms of being that can impact on our health.

As such it is a truly remarkable healing tool.

THE SUBCONSCIOUS RULES.

Through the muscle monitoring techniques of kinesiology, the body can be asked direct questions. By body, we mean that integrated unit of the physiological, emotional, mental and spiritual realms of your being. "You." We underline that this access is possible because muscle response is predominantly controlled from the subconscious.

We think we run our body consciously, yet if you consider it from a physiological point of view, even when you are standing still there are hundreds of muscles in various states of contraction operating to keep you upright. Consciously, you are not involved but every second millions of bits of information are being processed in your subconscious.

The reason you are not aware of these five to 10 million impulses per second is because most of the information goes directly into the cerebellum, the basal ganglia and other subconscious parts of your brain. Only a small amount of that sensory data is passed into your conscious cortical areas for you to perceive. In a sense, what you perceive consciously is only a summary statement of everything that is happening subconsciously.

You tell your body to stand up. That simple instruction constitutes conscious input into the subconscious areas of your brain that run the motor system; they then issue instructions for your muscles to contract and synchronize in a way that allows you to stand up. This action requires millions of pieces of sensory data, yet all your conscious brain needs to know is the fact that you are standing up.

When you walk, the decision to move is conscious. Once you start walking, however, you can begin thinking about something else entirely. The body can go into auto-pilot, a sub-system or a subconscious program that interacts with the consciousness to some degree, but largely leaves you free to think about other things. This subconscious programming is extremely powerful because at times it can and must supersede conscious instructions. When we examine muscle responses, we see that the mechanism is set up in such a way that ultimately, it cannot be overridden by the conscious. When it comes to the more important program of survival, or of protecting the body from harm, the subconscious rules.

If, for instance, you consciously wish to be stupid and try to pick up a weight that would violate your physical integrity by loading so much tension onto the body that muscles and tendons would tear and bones break, the subconscious sensors measuring the increasing rate of tension would tell the subconscious control centres that damage is likely to occur. The subconscious would then turn the muscles off: overriding your conscious instructions. You can see this happen in any weight lifting competition. Just as a finalist is pushing the barbell above their head, they begin to tremble and drop the weight. Their subconscious has overridden their conscious desire to break the world record. It will not allow them to damage their structural integrity even to fulfill a consciously desired goal.

In a sense, what happened was when they reached the critical point, the tendon and muscle sensors said to the subconscious: "Sorry, you have not trained long enough and hard enough to lift this weight. If you go any further, damage will occur." The subconscious replies. "Turn off all muscles causing this tension, and the bar is dropped."

And have you ever noticed that the weight lifter appears to throw the bar to the floor? He really does throw it down, but not consciously. Again, what happens subconsciously is that signals are not only sent to the muscles that are pushing up, telling them to turn off, other signals are simultaneously sent to the muscles that push the bar away and down in order to release the tension as swiftly as possible and to keep the bar from falling on the weight lifter's head.

So while we think we are in charge of our physical activity, we are actually aware of very little of it. The vast majority is subconsciously driven and the subconscious has its own agenda: survival.

SURVIVAL FIRST.

Scientific experiments have established that neuropathways are activated by the simple act of remembering an event. They are the same neuropathways that fired when you actually experienced the event⁴⁵. While this aspect of recalling from memory powerfully loaded survival experiences is useful for our physical well-being, it can become an equally powerful impediment to our personal growth.

These mechanisms have their roots in our evolutionary origins. The traditional lifestyles of aboriginal peoples allude to the idea that mankind basically grew up as a social species who lived in small kinship groups and who spent most of their lives eking out a living from their environment, an environment which contained considerable physical risk. In prehistoric times, there was much more danger in the immediate surroundings. Real physical threat occurred on a day-to-day basis and because of these conditions, the brain evolved in a way that ensured survival.

It also evolved in a way that helped maintain emotional harmony, interaction and cooperation in small, dependent social groups, because an individual had a much better chance of survival by being a member of a group. This has left us with an emotional structure that is built around both physical and social survival. Taboos and rituals developed to facilitate our social survival as much as reactions to threat developed for our physical survival. While physical threat alone was necessary to initiate physical survival programs, mechanisms to survive emotional threat evolved to ensure cultural survival. Primary among the mechanisms that aid social survival is guilt!

The emotion, guilt, is programmed into us in a social context before we are capable of rational thought and hence it becomes one of our basic survival programs. When you do something that is considered outside the norms of your group, you are told or made to feel that you are bad. Children learn very early that when they are bad they are not liked, and love is often withheld. So quickly, children realize that when they do something bad, they feel bad. This is the essence of the Guilt Program. How many adults, including yourself, do you know who are often run by their guilt programming?

You can see that there are powerful subconscious emotional programs that drive our behavior. Guilt is only one, but an important one. While the sight of a charging bull will trigger your physical survival program: Run!, unspoken disapproval can just as powerfully trigger your emotional survival program: Guilt!

This is particularly true of children who operate on a much more intuitive, feeling level. Unspoken gestures and vocal tone have much more power and meaning than spoken words that children largely don't comprehend. The power of these signals is that they activate or trigger strong emotions that are linked to similar, negative emotional experiences that have occurred in the past. When this happens the child is now *reacting*, not to the current circumstance, rather to their emotional experience of a similar circumstance in the past. The past becomes now for them and the emotion of the past dominates their current state.

To the brain, what it remembers is no different to what is actually happening in real time. A memory that you are currently experiencing, is to your brain, your current reality. A situation that you are thinking about, even one that may not occur until the future, can also have the same impact or emotional charge to the brain. The brain responds to both real,

remembered or imagined impulses in the same way - as if they were occurring right now. Brain time is Now Time!

This now-time programming triggered by past experiences is the basis of a muscle unlocking or weakening, when we merely think about a past experience or event. When a muscle is monitored and the person accesses a negative memory, the guilt or the other negative emotions, interferes with the neurological conversation that is taking place between the muscle and the central nervous system.

THE MUSCLE-EMOTION INTERFACE.

How can something that I only thought or felt, particularly something from the past or that may only happen in the future, affect a muscle?

The subconscious area of the brain that controls or elicits our emotions is located in the limbic brain, the ancient brain developed in our evolutionary past. There are direct neurological connections between the limbic brain and the pathways that control our muscle tone and tension⁴⁶. Why do you think your neck gets tight when you are anxious and worried? Why does your stomach churn? Why do purely mental events have such a telling physical effect?

It is because the part of the brain that controls our emotional and physical survival programs also subconsciously sets the tone of our muscular system. Therefore, the emotional tone of a person is directly reflected in their muscular tone. If you see someone walking down the street with head down, shoulders slumped, drooping mouth and downcast eyes - all states of muscle tone - you would probably correctly surmise that this person is depressed or unhappy. It is interesting to note that somehow western medical science has been largely blind to an observation of the effect of emotions on muscular tone that even young children make: "Mummy, are you unhappy?" Our emotional states are very graphically echoed in our physical postures.

Clearly, because kinesiology monitors subconscious muscle tone, it is directly linked to the emotional centres that are setting that tone. When monitoring a muscle, it is possible to get in touch with the interface between the neurological physical body, and the emotions and thoughts that affect that body. Further, the muscle also monitors the interface between the physical body and the energetic systems of Chinese acupuncture. If you recall, the Chinese recognized that each energy flow was affected by specific emotional states. What kinesiology adds is the physical response linking energy and emotions. The graphic below illustrates this relationship.

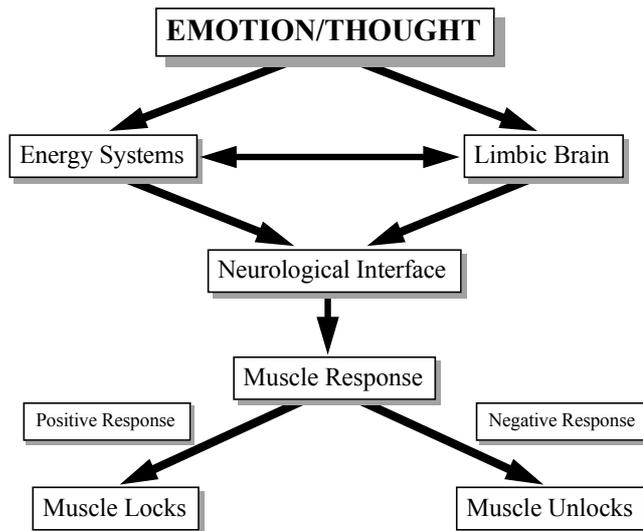


Figure 2.6. The Emotional-Muscle Interface. Emotions and thoughts may affect muscle function through two pathways. One is through the Limbic brain and its affects on muscle tone. The other is via the energy systems and their affects on the physiology of muscle response.

EMOTIONAL STRESS DEFUSION.

As we've explained, one of the most powerful techniques in kinesiology as it is practiced today is Emotional Stress Defusion, or ESD, the technique that allows us to alter the blood flow patterns in the brain. To spell out the reason why this is important: Under stress the brain redirects blood flow, which contains vital oxygen and glucose, to those areas of the brain that are most important for survival. The memory of how we survived a similar situation last time.

Under threat, the limbic centres become extremely active and access the back brain cortical areas where our memories of what happened in the past are stored. These areas, therefore, demand high levels of blood flow.

The blood flow to areas in the front of the brain that are involved with our associational thinking, our conscious thoughts, is temporarily shut down so our thoughts do not interfere with our ability to react.

Threatening circumstances require you to react. Not to think about action.

When you are in a potentially threatening circumstance, you must act instantly. This instant action, is really a *re-action*, or a re-enactment of a survival program that has been successful in the past. When your brain becomes aware of threat, within of a fraction of a second the limbic brain reviews all of the experiences you have had that closely match the one you are undergoing. Without your conscious awareness, the limbic brain then chooses the past program that had the highest survival value in similar circumstances. This program is then replayed and directs your behavior, serving as a reference, so you can re-enact the behavior that enabled you to survive in the past.

For instance, a little girl knocks over her glass of milk at the dinner table. Her father, who has had a bad day at the office, over-reacts and yells at the child: “I can't believe you have knocked over the milk again! You stupid girl!” Because she is still at an age when she is largely irrational, she cannot understand that her father's outburst is actually based on his emotional state, which had little to do with spilled milk. True, he did yell at her, but rationally he was not intending to threaten her.

What the child's limbic brain perceives from this verbal assault and his angry tone, however, is a threat to her survival. She begins to cry, her posture becomes submissive and she starts to shake, all limbic responses for survival. Her father, seeing her response, realizes he has overreacted and suddenly softens. He takes his daughter into his arms, pats her head and tells her: “It's OK sweetie. Don't cry”.

Because of the emotional intensity of the event, this experience may become a pivotal emotional survival program of how this woman should react when men are angry and yelling at her. It becomes her way of deflecting male anger.

Now, as an adult woman she may find herself reverting to this childish behavior whenever she is yelled at by a man. She becomes a consummate helpless woman, needing constant consolation from dominant males. This can add to what psychologists define as “learned helplessness”. In her current life, this woman may have an argument with her boyfriend. He raises his voice. His vocal tone and intensity trigger her three years old “Angry Daddy” tape, which activates the emotional survival program to submit and become helpless to reduce the threat.

It might have been an effective program for a young child, but it now impedes her ability to act like an adult woman and resolve differences in a mature, responsible way. In effect, she is responding as a three-year-old and she expects her male partner to console her as he father once did.

As time goes by this woman begins to recognize that this behavior is truly not serving her in her relationships with men. What to do about it? She had heard about a kinesiologist practitioner who is said to work well with entrenched emotional issues. She decides to make an appointment to see him.

EXPERIENCING KINESIOLOGY

After a brief outline of muscle monitoring and the general techniques that will be used in the consultation, the woman and her therapist discuss the reason she has come and what outcome she is seeking.

“I'm sick and tired of falling in a heap every time my boyfriend and I get into an argument and he raises his voice. I feel like a child. I'm sick of being so totally unable to express my point of view.”

To evoke the emotional context of that experience, the kinesiologist asks her to think about the last argument she had with her boyfriend. He monitors a muscle to ascertain if there is any subconscious stress around this issue. The muscle unlocks, indicating there is indeed

unresolved subconscious stress around the issue. While the woman continues to think about her problem the kinesiologist touches the ESD points on her forehead and re-monitors her muscle. It now locks, a change in response.

What has happened? Thinking of the stress created a frequency of imbalance. Holding the ESD points on the forehead also activates a frequency. If the frequency of her stress matches the frequency of the ESD points, the muscle will now lock. This is very much like tuning your radio. Every station has a specific frequency. Between stations there is just static, but once you match the frequency of the station with the frequency of your receiver, suddenly there is a change, the music.

In the energetic body, each type of thought you have generates its own specific frequency or vibration. When you hold specific acupoints, of which the ESD points are just one example, you also activate a frequency. If the frequency of your thought is that of emotional imbalance, it will match the frequency of the ESD points, and hence there will be a change in the muscle response.

What the practitioner now knows is that the issue is emotional in nature and is causing an imbalance in the woman's body function. The energetic detective work begins: In kinesiology and many complementary health fields, we are much more interested in the origin of a problem than in the specifics of the problem as it now presents. What then is the origin of this emotional imbalance?

In biocomputer terminology the issue is now "on line" and the practitioner can hold the data, the information of the energy imbalance, in a working file via Beardall's ingenious "retaining mode". The frequency of the stress is now on the biocomputer.

To ascertain the time of the origin of this emotional stress the kinesiologist may have the woman state, "present" and monitor the muscle. No change. No frequency match. She says "future" Again there is no muscle change. Then she says, "past". Now there is a change which indicates that the origin of the issue, which he knows to be emotional, is in her past.

Here the practitioner can employ the very important technique of Age Recession in which the practitioner monitors the muscle while the client states different ages; starting with the current age and working back towards birth. He asks her current age? "I'm 32." No match. No match all the way back to "five to birth?" Then the muscle unlocks.

He now knows that the cause of the emotional response in the current circumstance originates from something that happened to the woman between birth and the age of five. The muscle response pinpoints age three.

The woman repeats, "age three" and as she does so her limbic brain, in a miracle of processing refined through millennia of "survival first" evolution, immediately inspects all her experiences at that age for their emotional content. Simultaneously it is also assessing how they relate to the current issue. In the subconscious, what is triggered from memory is "now" and those same neuropathways that were activated during the original event become active once again.

Seeking further information via muscle monitoring the kinesiologist now applies the techniques that allow him to assess *who* was relevant at the time, a male? A female? It is an entirely logical process. The male, as it happens, turns out to be Daddy.

What specific emotion did the interaction with Daddy almost three decades before leave as a trace in this woman's subconscious? The Practitioner now directly applies the Law of Five Elements to locate the meridian most out of balance by touching the point of alarm for each meridian. Because the energy flow in each meridian is disturbed or unbalanced by a different type of emotion, the alarm point that unlocks the muscle being monitored when touched reveals the nature of the emotion associated with the issue.

Touching the alarm point for heart meridian gives a muscle response. The kinesiologist has his client state "hate" and monitors the muscle. No response. "Insecure", again no response. But when she states "anger" the muscle unlocks.

The practitioner now knows the emotional issue is with her father at the age of three, and involves "anger".

The woman also knows, as she has observed and "felt" her body's response to the questions. She may now begin to become conscious of the origin of her current problem. "Oh yes. I do remember that when I was a young, whenever my dad was angry and yelled at me, I would fall to pieces".

What has happened is that the woman's initial thinking about the current issue, activated the old limbic program about males yelling and this triggered a deep subconscious recall of her original encounter with her father's anger: the initial experience of male anger and her subconscious behavioral survival response. The same response she is constantly re-enacting in her adult life.

How many adults do you know who at times act extremely childish? What you are looking at is a rerun of one of their childhood emotional survival programs. The person doing the behavior can even realize they are acting like a child but still, cannot help themselves and stop.

The practitioner may now apply the ESD technique to assist this woman to resolve the causal issue which is now on-line consciously. By simply holding two acupoints, Gall Bladder 14s, the gentle acupressure overrides the effects of the subconscious emotional stress the woman is now experiencing.

Holding these acupoints just under the frontal eminences, redirects the blood flow from the deep limbic centres forward into the frontal lobes of the brain, which permit you to look at life's experience from a point of view of learning. In other words, this woman should now be able to see that "what happened, has happened". She also finds herself with a new and rational choices. "What can I learn from what happened? What was life's lesson in that circumstance for me?"

As the kinesiologist holds the points and the woman just relaxes, she may or may not have sudden recall of that early life event. Some people recall infinite detail of an experience that they have not contacted in decades; some people may become emotional, to the point of tears. Some people feel very little. Emotional Stress Defusion experience varies with each individual and with each issue dealt with.

After a period of time, the practitioner will detect that the subconscious and conscious review of the past has defused the stress from the original event, indicated by synchronous pulsing in both points on the forehead. The woman's brain has finished the process of emotional defusion on this issue.

With more muscle monitoring the closure of the procedure is to review the major tenets of the presenting issue: “Age three”; “males”, “daddy”, “anger”. The muscle now remains locked/strong with each question. The stress on that issue at that age has been defused including the stress at the subconscious level.

The practitioner then monitors the muscle as he states ages from three back to her current age, 32, no further muscle response, the issue has been cleared back to the present. He now has her think once again about that last argument with her boyfriend. The muscle locks, indicating that the “stress” at this current time has also been resolved.

He may then ask her, “I’d like you to think of the issue again and tell me how you now feel?”

After a moment of reflection she says “It’s weird, I just can’t feel the charge in the argument, even though I can still see us having it.”

You cannot change what has happened to you in your life. However, with kinesiology, what you can change is how you feel about what happened to you, even if you were unaware of what caused the feeling in the first place.

This greatly simplified treatment story demonstrates that kinesiology can be an effective technique to resolve long-standing emotional problems. But it must be emphasized that because each person has had unique experiences that have contributed to the evolution of their personality, every individual's experience of kinesiology will be different.

A FAR-REACHING HEALING SCIENCE.

Kinesiology is a potent and remarkable system that enables a practitioner to work with a wide range of issues. While it can work exceedingly well with the defusion of emotional stress, it may work equally well with the elimination of muscular pain and weakness. It can also be effective in the elimination of allergies and food sensitivities, as well as loosening the grip of self-destructive habits such as obsessions and addictions⁴⁷.

When viewed from a conventional western point of view, the range of application of this new science seems almost impossibly wide. It almost seems miraculous. But it must be remembered that it is miraculous that I, who was never supposed to be able to walk again, am able to walk.

The reason kinesiology can have such wide-ranging effect is based on several factors: The first is that it is an energetic model that states that energy reflects physiology, and that energy effects physiology. Second, it is based on a model of health in which the Body-Mind seeks an innate sense of balance, but that sometimes this Body-Mind needs assistance to re-establish that balance. Third, the Body-Mind actually leads the practitioner to the source or

origin of the problems creating stress. It is through the remarkable biofeedback mechanism of muscle monitoring that the subconscious can be directly contacted, and just as directly divulge its secrets⁴⁸.

Thus the kinesiologist is not the dispenser of healing knowledge to the client but rather the facilitator of the body's own wish to be healed and whole. Even as a long time practitioner, I am still awed by the process I engage in every day in my practice and even more so by the outcomes. Part of this fascination is that because every person is unique, every treatment is utterly individual. I never find myself doing the same thing twice. Each treatment is a personal journey for both the practitioner and the client.

In many ways, the practitioner operates more as a detective than a diagnostician. In fact in kinesiology, we do not diagnose at all, we simply follow the trail of clues that the body provides us through the muscle response.

What is, in some ways, even more significant is the person's muscle response not only directs us to the cause of their problems but then is capable of also directing the therapy to resolve these problems.

In many ways the advent of kinesiology in the late 20th century indicates that the healing arts have come full circle. Ancient eastern energetic healing arts have melded with western physiological healing sciences. Mind and body are being reunited and the person who seeks healing is empowered with the responsibility for his/her own health. The future of kinesiology seems to hold boundless promise. However, at present it is in its formative stages and while there is much excitement and enthusiasm in the field, it is still developing.

New discoveries are constantly being made and new applications developed. At the same instance it is so new, that there has not yet been enough time to establish standardized training for practitioners. Up to this point kinesiology training has only been available through informal short courses, which has left the synthesizing and implementation of much of this knowledge to the individual student. The result of such piecemeal training is that there is a wide diversity of expertise represented by people calling themselves "kinesiologists."

In Australia and other parts of the world currently, kinesiological training is being consolidated into schools and colleges that present integrated programs of learning. As well, the Kinesiological Associations in many countries are presently developing accreditation procedures for kinesiology practitioners. This means that in the future kinesiologists will undergo more formalized and standardized training and the accreditation process will guarantee to the public a high level of professional service. While these standards are being established personal recommendation is perhaps the best method of locating a suitable practitioner for your needs.

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