

**Chapter 8 in Mollon, P. Psychoanalytic Energy Psychotherapy [published by Karnac, 2008]**

**Muscle testing (energy checking or body dowsing)**

“With a simple, at-home test of true/false, all the dictators, emperors, demagogues of history would have fallen. If one simply places a picture of Hitler in a manila envelope and has a child hold it over their solar plexus, the child’s arm goes weak. ...

All the slaughters of mankind down through the centuries have been the result of force, to which the only antidote is Power. Force is based on falsehood; power is based solely on truth. ‘Evil’ loses its hold when it is revealed; that is its vulnerable weak side, its Achilles’ heal, which is exposed to everyone. Falsity collapses when it is exposed for what it is. It does not take the U.S. government, the CIA, the FBI, spy satellites, or computers to discern the obvious – the arm of an innocent five-year-old child has the only real might on earth – the power of truth itself is invincible and requires no sacrifice.” [David Hawkins 2001. *The Eye of the I*. 44-45]

The principles of muscle testing, as developed originally within Applied Kinesiology<sup>1</sup>, adapted by John Diamond in Behavioural Kinesiology, and further developed by Roger Callahan in Thought Field Therapy, form the basis of contemporary energy psychology. All the crucial information was originally derived and validated through muscle testing. Muscle testing provides the ground on which the methods rest. There is indeed a reassuring physicality and immediacy about muscle testing. The information or feedback is provided instantly, so that one can always know whether or not one is on the right track. By contrast, much conventional talk-based psychotherapy is rather vague and woolly as to whether a line of enquiry or interpretation is helpful or not.

Whilst muscle testing is a common feature of many forms of energy psychology, it is not, however, a necessary feature of all methods within the genre. Some procedures, such as TAT or the algorithm level of TFT or the universal algorithm of EFT, do not require muscle testing to diagnose particular meridian sequences. The standard procedure of EFT incorporates a correction for reversal into the ‘setup’ phase (tapping the side of the hand), so that testing for reversal is not required. In addition, some practitioners, such as Gary Craig, teach the use of

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<sup>1</sup> The author is not a member of the International College of Applied Kinesiology and has not been trained in Applied Kinesiology. Therefore the views expressed here, reflective of the field of energy psychology, may be different from those held by practitioners of Applied Kinesiology. They are not endorsed by Dr. John Diamond, or any other member of ICAK. Muscle testing cannot be properly learned from a book alone.

intuition – which can include the development of personal ideomotor signals or surrogate muscle self-testing.

### **Why muscle test?**

Muscle testing is used to make enquiries of the mind-body-energy system. Typical questions can relate to the nature and origin of disturbances, the crucial unconscious anxieties, forms of treatment required, acupoints to be used, and so on. The original uses of muscle testing within Thought Field Therapy were primarily twofold: 1. to check the person is not in a state of reversal; 2. to identify the sequence of meridian points that needed to be tapped for the particular problem, and to indicate when this sequence was complete. These remain the most crucial applications of muscle testing, although many other possibilities have been explored since Diamond's original work in the 1970s.

Muscle testing is a route to the unconscious mind – one that is more precise than dreams, which Freud (1900) regarded as the 'royal road' to the unconscious. However, it is actually much more than this, providing access to information entirely beyond the realm of the mind. Whilst the Freudian unconscious contains contents that are repressed from consciousness, muscle testing accesses information that is inherently beyond consciousness.

### **Is it valid and reliable?**

Naturally, this form of interrogation of the mind-body-energy system should not be regarded as foolproof. It is more art than science – a nonverbal mode of conversation between client and practitioner, and is thus open to error and misunderstanding like any other form of communication. For example, muscle testing may be influenced and distorted by factors such as: states of reversal or neurological disorganisation in either the client or practitioner, prior expectations of either client or practitioner, and fluctuations in the thought field whilst the client is being tested, as well as a lack of skill on the part of the tester.

However, the basic principle of muscle testing appears to be sound – for example, Monti et al. [1999] found that computerised measures of muscle strength showed that the response was stronger to true statements than to false statements. Similarly, Wagner and Cousens (1999) report on the use of an electronic muscle tester, finding very consistent results of increase in muscle strength (97.5% of 200 subjects) when tachyonised materials (thought to channel biological energy) were applied to parts of the body, using a blind study. Experienced muscle testers were found to show good inter-examiner agreement (Lawson & Calderon 1997), but this study also indicated that inaccuracies can arise when groups of muscles are tested at once. A sophisticated 'force transducer' demonstrated differences between muscles perceived by the tester to be strong and those perceived as weak (Caruso & Leisman 2000a & 2000b). Clear and consistent differences in central nervous system evoked potentials were found during strong and weak muscle test responses (Leisman et al. 1989; Leisman 1995) and also differences in the electrical activity within the muscles

themselves (Perot et al. 1991). A number of studies using the related but more complicated bioresonance method of 'electroacupuncture according to Voll' [EAV], widely used in Germany and other parts of Europe, found this to be highly accurate and more sensitive than conventional diagnostic methods in relation to a variety of forms of illness, subsequently checked against other data (cited in Yurkovsky 2003).

Criticisms of kinesiology and reports showing negative or inconclusive results are plentiful (e.g. Peterson 1994; Teuber & Porch-Curren 2003; Ludtke et al. 2001; Kenny et al. 1988). However, it has been argued that research designs are sometimes used which do not accurately reflect the use of muscle testing within Applied Kinesiology and its neurophysiological correlates (Motya & Yanuck 1999; Schmitt & Yanuck 1999).

Psychological (or psychoenergetic) reversal will generate false or misleading muscle test data. This is easy to identify and correct. Those of us schooled in TFT know about reversal, since it was discovered by Dr. Callahan around 1979. However, the fact that reversal exists, and is still not known by all who practice forms of kinesiology, raises the question of whether there might be other, as yet undiscovered, factors that can interfere with muscle test data. Muscle testing itself gives indications of factors that can confuse and mislead – for example, the presence of a variety of 'parts' within the personality (even within those who do not have a dissociative identity disorder), who may have different experiences, attitudes, agendas, and perceptions.

The following summary statement expresses my own stance.

Muscle testing is an essentially valid and valuable, *but inherently error-prone*, method of enquiry within the psycho-energetic system.

In most of its applications within energy psychology, muscle testing is used to guide the internal process of the therapy. The 'proof' of its value lies within the 'pudding' of the therapeutic outcome. Mostly we do not need to seek validation of muscle testing outside of the internal framework of the therapy, because it is checked against the outcome of the work and we do not assume it is valid unless it does guide us to a successful outcome. The following analogy may be helpful. Suppose a car mechanic – let's call him Bill - has a personal method of diagnosing the problem within a car engine; he 'scans' the engine with his hand and experiences a particular sensation when near the faulty component. Bill is regarded as eccentric – clearly a sensory-kinaesthetic sort of chap who likes to feel things with his hands and is verbally inarticulate - but his results are good and his customers are satisfied. After fixing each car, Bill runs a conventional diagnostic check to ensure the engine is working well. Probably no-one is going to be too bothered about how exactly Bill's diagnostic system works, so long as he gets the good results. Perhaps, as a result of entreaties from his colleagues, he then tries to teach the skill to other mechanics. Some may get the hang of it – but others may generate errors and misuse it, perhaps claiming that the 'hand

scan' method detected problems that conventional equipment can miss. One or two may even decide to advertise their services as 'car kinesiologists', or 'kinesic engineers', claiming to diagnose 'subtle engine faults' with a rapid 'hand scan', which they then 'correct' by tapping the car's energy field – or they may offer advice as to which car to purchase on this same basis. Whereas Bill was operating within his 'scope of practice', checking his hand scan data against conventional criteria for optimum engine function, some of his colleagues who presented the hand scan as an objective and reliable measure, requiring no additional checks, might be going far beyond the realms of their legitimate knowledge and competence.

Therefore, I would like to emphasise the following point:

Misuse of muscle testing can lead to errors and the risk of discrediting the field. The main form of misuse is to assume that muscle testing is *in itself* a reliable and objective measure - rather than that it provides working hypotheses that are to be tested against other data, such as the outcome of an intervention that is guided by muscle testing.

### **Muscle testing generates surprise**

An indication that muscle testing results are on the right track is the experience of surprise, for both client and practitioner. Early in my explorations with these methods, I was working with a man with very entrenched psychological problems. He was benefiting from energy-based work, but progress was slow. Amongst the many areas of enquiry, I asked him if he had any food addictions. He said he ate vast amounts of chocolate every day – and had done since childhood when he mother used to give him chocolate frequently as a reward. He agreed for me to muscle test him and I asked him to say "I want to be well" – his arm was strong. I then asked him to say "chocolate" and his arm collapsed as if completely devoid of strength. He glared at me in astonishment and declared accusingly "But you pressed harder that time!". I knew I had not, and since he was a large strong man I said I would demonstrate this for him. Asking him to say "broccoli" I pulled on his arm with all my strength (I am a relatively small and feeble fellow) and could not budge it. I then asked him to say "chocolate" and was able to flip his arm down as if he were a rag doll. This was surprising and convincing to him.

Usually people are surprised when they first observe and experience the varying strength of their muscle tone in response to different statements or words – and this can help stimulate their own curiosity about their energy system and what it can tell us. However, I think it is also important that the practitioner be surprised sometimes – and I often am. If not, then the suspicion should arise that he or she is receiving only the feedback that is expected rather than new information that can illuminate the problem and guide its resolution.

When working with complex issues, involving layers, parts, programmes, reversals, and so on, the data provided by muscle testing is often initially

perplexing and seemingly contradictory – reflecting the tensions and diverse agendas patterned in the client's system. The clinical task is one of making sense of what emerges and finding one's way to a viable clinical 'truth' that leads to a successful resolution of the client's problem. I find that an underlying logic usually emerges behind the surface perplexity if I continue working with a stance that is receptive both to the muscle testing data and my own intuition.

### **Origins.**

Muscle testing originated with the explorations of Chiropractor George Goodheart, in the 1960s (Goodheart 1989). He found that [a] muscle strength and weakness can be correlated with health or sickness in various bodily systems, [b] the making of a true statement is muscle strengthening whilst the making of a false statement is muscle weakening, and [c] muscle strength and weakness is also linked with the acupuncture meridian system and the flow of Chi.

Psychiatrist, John Diamond, further investigated the meridian system in relation to muscle testing, applying this to psychiatric and emotional disturbances. He showed how muscle testing can reveal disturbances in particular meridians, and how the muscle strengthens after the meridian disturbance is corrected through specific affirmations. Another important observation was that muscle testing can reveal a person's deeper responses to almost any phenomenon. Thus, one can muscle test for the effect of a particular person, a photograph, a painting, a cultural object, a belief system, a form of music etc. Certain objects/images will be found to be muscle strengthening and others will be found to be muscle weakening. A smile will make a person test strong, whilst the statement "I hate you" will cause a muscle weakness. Bach music will cause a muscle to test strong, even with people who do not like Bach, whilst heavy metal music will cause the muscle to test weak, even with people who consciously like the music. Statements that are true evoke a strong muscle response, whilst those that are false evoke a weak response – even though the person does not consciously know whether they are true or not. Whalen comments:

"Is the human brain, at some primal level, a wondrous computer linked with a universal energy field, that knows far more than it knows it knows?" [Whelan 1995. p 6]

Muscle testing is now commonly used by many alternative health practitioners, such as kinesiologists, chiropractors – and indeed anyone who wishes to interrogate the mind-body-energy system beyond the level of the person's conscious thinking (Levy & Lehr 1996). It is enormously valuable, provided its inherent limitations and capacities for error are recognised<sup>1</sup>.

Muscle testing in Applied Kinesiology v contemporary energy psychology. Although muscle testing originated in the field of Applied Kinesiology, its use within contemporary energy psychology is subtly different. The two approaches are outlined below.

### *Muscle testing in AK.*

In one form of Applied Kinesiology approach, as outlined by Frost (2002), the patient's muscle is stressed to its maximum. The bones attached to either end of the muscle are positioned so that the muscle is partially contracted. Then the patient is asked to increase the force of the contraction whilst the examiner exerts resistance in the opposite direction. When the examiner senses that the patient has 'locked' the muscle at a state of near maximum strength of contraction, he/she exerts slightly more pressure of around 2-5%. Either the patient can match this extra pressure and the muscle tests strong, or the muscle gives way and tests weak. Thus in this kind of muscle testing, the patient is asked to resist more than he or she normally can, just as might be required in a stress situation. The procedure is testing whether the patient can draw upon extra reserves of energy.

Frost describes the difference between strong and weak testing muscles as follows:

"It is easy for an experienced examiner to differentiate between weak-testing muscles and normotonic muscles. A normotonic muscle being tested feels like pushing upon a wall. The muscles lock the bones in place without a great sense of effort, and can resist the extra pressure applied after the muscles reach maximal conscious contraction. On the other hand, a weak-testing muscle soon gives way and feels mushy or melting." [Frost 2002 p 64]

Note that in this approach the client initiates the test by contracting the muscle, and the strength of the contraction is also determined by the client. The examiner meets this pressure and then exerts a little more. It is not a measure of brute force but a test of how the muscle responds to increased stress.

The body is then subject to a 'challenge' and the muscle is tested again. Goodheart's original meaning of the term 'challenge' referred only to the effect of pushing on the bones attached to the muscle since this was his initial area of interest in his work as a chiropractor. However, gradually the term 'challenge' has become used to refer to any event or stimulus (which can be structural, chemical, mental, or emotional) presented between two muscle tests. If the patient touches a part of the body where there is a problem, the previously strong testing indicator muscle will usually become weak. This procedure is termed 'therapy localisation', which Frost suggests would be better termed a 'touch challenge'.

Frost comments:

"Much of the magic of AK lies in the fact that most factors that can influence health may be tested using an indicator muscle with challenge or therapy localisation." [Frost 2002 p 66]

However, the Applied Kinesiologist is also concerned with links between *particular* muscles and organ/gland systems, meridians, and nutritional

indications. Moreover, in chiropractic work and Applied Kinesiology, problems in the muscles themselves may be the focus. Thus at times the muscle testing of AK may be used for somewhat different purposes than those within energy psychology.

*Is therapy localisation electromagnetic?*

To some extent, therapy localisation appears to be an electromagnetic phenomenon. Frost (2002) reports that if a metal wire connects the patient's hand and the localisation point on the body, the same muscle effect is found. The insertion of a diode in the wire indicates that the energy flows from the hand to the localisation point (if the latter is making the muscle weak). Muscle test effects of therapy localisation are weakened if the patient is dehydrated – and then can be improved if he or she drinks water or wets the fingertips. Moreover, therapy localisation is blocked by ceramic pottery and certain synthetic materials, just as if electricity. On the other hand, therapy localisation has an effect through substances known to block electricity, such as wood, wool, cotton, or paper – and yet will not work through lead, although this does conduct electricity. Thus, the energy involved in therapy localisation has something in common with electricity and yet is clearly different. The nature of the energy involved remains at present puzzling.

*Muscle testing in contemporary energy psychology.*

In general, muscle testing in the energy psychology field is not concerned with stressing the muscle as in AK, but simply in allowing the mind-body-energy system to provide differentiated responses according to the stimuli presented. In this respect, the principle is closer to the use of ideomotor signalling as used in hypnosis – but not entirely, since we do look for that clear distinction between the 'locked' muscle and the 'spongy' muscle. Unlike the method outlined by Frost in AK, the energy psychologist usually initiates the test by asking the client to meet or resist the light pressure on the wrist (or other area depending on the muscle used). However, it can be valuable to learn the AK method because sometimes it may be more reliable than the approach using tester-initiated pressure.

There are a lot of bad muscle testers around – people pressing too hard, too crudely, and in uncomfortable ways. This can be most unpleasant. In most cases there is no need to press hard. The aim should be to press as lightly as possible in order to obtain differentiated responses. Stating clearly and explicitly that the aim of the collaboration between tester and client is to enable the latter's system to provide the two of them with information and hypotheses to guide their work together can be helpful.

In energy psychology work it is very important to test first for reversals and to ensure accurate responses to statements known to be true or false. Even after this calibration has been done, it is important to be aware that the client's system may become reversed, unpolarised, or disorganised *during* testing and treatment.

### *Stimuli/challenges to muscle test*

Almost any kind of stimulus/challenge can be tested for its effect on the subject. Examples include the following:

Structural-mechanical challenge – physical movements or pressures (used in AK and chiropractic but not often within energy psychology).

Emotional challenges – thinking of emotional or stressful situations.

Sensory challenges (looking, hearing, smelling, tasting etc.)

Functional-neurological challenges – complex movements (such as the test for ocular lock by circling the eyes), or mental activities drawing on right and left hemispheres.

Brain areas – holding a hand to various parts of the brain.

Chemical challenges – foods, drink, drugs, nutritional supplements, healing remedies, toothpastes/mouthwashes, cosmetics and grooming products, perfumes and other fragrant products, household sprays, vapours from carpets and other materials.

Subtle energy challenges – homeopathy, Bach Flower Remedies etc.

Physical locations and geopathic energies.

Music.

Colour.

Visual images.

Particular people.

Beliefs and religions.

Cultural or religious symbols.

Facial expressions

Statements that may be true or false for that person.

Meridian points as part of therapy localisation to determine which points need to be tapped and in what order to remove perturbations in the energy field.

### *Which muscle to use?*

Any muscle can be used for energy checking. The arm and deltoid muscle is often used. Partly this is because it is easy to demonstrate in public settings. However, other muscles may be used, particularly if the client becomes tired through holding out the arm. The main muscles used are those of the arms, fingers, or legs. Fortunately, for our purposes in energy psychology it is not necessary to know the technical names, or detailed anatomy and mechanics of the particular muscles. All that is required is the capacity to obtain a differentiated muscle response to a variety of verbal statements or other stimuli.

### **What are we looking for?**

Certain images or objects are inherently muscle strengthening – i.e. they have a positive effect on the energy system – whilst others inherently have a negative or weakening effect. However, we also use muscle response to give us a ‘yes’ or ‘no’ answer to specific questions. Usually a strong muscle response is taken as a



'yes', and a weak response is taken as a 'no'. The tester may ask the subject's system to 'give me a yes' and then to 'give me a no'.

In some cases the person may give clearly differentiated responses from the beginning of testing. However, many people require some tuition in order to eliminate factors that may interfere. For example, some people may 'fight' the tester, or may overrule their natural responses by exerting extra force.

If using the arm muscle, the tester may show the person the difference between strong and weak by first squeezing the spindle cells at the top of the arm just below the shoulder [turning the muscle off] to create a weak effect – and the client is told this is a 'no' response - and then stretching the spindle cells to create a strong muscle effect – the client is told this is a 'yes' response. Often this kind of tuition will greatly assist the therapist-client dyad in obtaining useful information.

The tester may need to work further with the subject in order to elicit clearly differentiated responses to true and false statements. Each client's energy and muscular system responds in its own unique way and the tester must attune to this. The best responses to look for are those that feel subtly but unmistakably 'spongy' or 'locked'

### **Initial calibration and checks for reversals**

To begin, the client is asked to make a true statement, such as their name, or the correct day of the week, or the geographical location etc, and then the muscle is tested to check that it is strong. The client is then asked to make a false statement and muscle tested again – the muscle should test weak, or spongy. If the strong-weak responses are reversed, the client is asked to tap the side of the hand vigorously for half a minute or more (less may be adequate, but I personally like to give the system a reasonable amount of stimulation to bring about a full correction of the reversal).

Another useful check is to have the client place a hand over the head, palm down, muscle test, and then turn the palm upwards and muscle test again. Palm down should test strong (negative polarity of palm of hand against positive polarity of the top of the head), whilst back of hand should test weak ('palm is power, back is slack'). If these are reversed, there is an massive or pervasive energetic reversal in the system; if there is no difference between the two, there is probably neurological disorganisation in the system (or dehydration).

Further general statements to begin with are: "I want to be well" and "I want to be happy". Both these should test strong, whilst "I want to be sick" and "I want to be miserable" should test weak. If either of these are reversed, it is likely there is a state of massive or general reversal. These massive states of reversal may be precipitated by energy toxins, including quite commonly, excess consumption of alcohol.

Even when reversals and disorganisation have been cleared at the beginning of testing, these may return during the ensuing work. For example, the presence of an energy toxin may trigger *recurrent* reversal, or accessing a severe trauma may activate shock reactions which precipitate reversal or loss of polarisation.

Taking account of psycho-energetic reversals is crucial. Despite the emphasis on this, it is surprisingly easy to forget to do so. Oddly, the whole phenomenon of reversal is not widely known in the kinesiology fields outside of TFT, even though it is so easy to observe.

### **How to test – a calm and respectful stance**

A calm, neutral and receptive stance is necessary – perhaps involving an attitude of respect for the energy system. Somehow it seems that a cynical or irreverent attitude interferes with the response – rather as though the energy system does not reveal its secrets too easily to the casual enquirer.

Laughter or other emotion may interfere with testing. Eye contact may also impede the test.

The tester will explain the way the muscle is to be interrogated. Typical instructions to the testee include ‘meet my pressure’, or ‘hold against my pressure’. It is important to explain that the test is not a competition or arm wrestling match.

The pressure on the arm should be as light as possible whilst being able to differentiate strong and weak responses. Excessive bouncing of the arm should be avoided. A workshop participant once commented that I looked as if I were listening as I was muscle testing. I thought this was a very apt comment – I ‘listen’ with my finger tips, and I recommend this stance.

It can be helpful to tell the client that once he or she feels the arm giving way, it is ok to let it go.

I believe that the reliability and value of muscle testing is enhanced, paradoxically, by an attitude that does not place too much reliance on the results. This is a subtle state of mind – in which one is trusting the results in the sense of exploring where they lead, whilst at the same time being open to the possibility of being in error. If the tester is quite often surprised by the muscle test data, this suggests an appropriately open, receptive, and non-certain attitude.

### **Enhancing reliability – hand above the navel**

John Diamond found that the reliability of testing can be enhanced if the person being tested places the fingers of the other hand just above the navel. Stephen and Beth Daniel, of Quantum Techniques, also recommend this. It is not known why this improves reliability.

### **How to test when a statement is used**

When testing for the energy system's response to a statement, it is important to wait a fraction of a second before pressing on the arm. A common error among beginners is to test the muscle concurrently with the statement being made. The system needs a moment to register the meaning of the statement before it can give a response – it processes information fast, but not infinitely fast.

The clear phrasing of a statement is crucial. It must be in a form that permits a clear yes/no answer. This is because the biocomputer is digital – also like a nerve synapse that is 'on' or 'off'. It is best if the 'question' is presented as a declarative statement, rather than in the form of a question; the muscle test then indicates whether the statement is true or false.

Again, it is important not to be too invested in the objective truth of a muscle test response, but to regard it as providing possible indications and data on which to base hypotheses. If a therapeutic step, based on the muscle test data, is helpful, then the test has served a useful purpose. An analogy may be made with a psychoanalytic hypothesis or interpretation of a client's communication: this construction may be correct and helpful, or it may be in error. The crucial question is whether it leads to some positive development and lessening of symptoms.

Enquiries about past events and traumas should be treated with particular caution in relation to content (Mollon 2002). Muscle testing is not meant to form the basis of any form of 'recovered memory therapy' – particularly since it is usually not necessary to know the specific content of traumas in order to resolve the energetic perturbations using the methods outlined here. Hyman (2003) provides a disturbing account of how a form of ideomotor action known as 'facilitated communication' with autistic children led to false reports of sexual abuse, with devastating results for those falsely accused. Muscle testing, in which the relative tone and strength of the muscle is sensed, can be distinguished from ideomotor signalling, in which a muscle movement is observed; nevertheless similar cautions are relevant.

It can be interesting to experiment with a double blind procedure. To do this, write contrasting statements on identical pieces of paper, fold them, and have one person muscle test the other who holds the paper in their energy field and says "the statement on this paper is true".

### **How to test when a substance is used**

Often muscle testing is used in relation to substances, whether these be foods, medicines, household products, perfumes, personal grooming products etc. One way of testing these is to have the subject pick up the product, hold it within their energy field (such as against the chest) and say a phrase such as "this stuff/food/product (etc.)", followed by the muscle testing. Another method,

possibly a little less reliable, is to have the person simply think of the substance, perhaps saying its name. It is not necessary to know the precise name of a product or substance – the person could say “the shower gel I used this morning”, for example. If trying to locate the culprit that might have caused an energy toxic reaction, and the hypothesis is that some component of a particular meal had caused the problem, the person can simply say “the meal I had last night” – if the muscle becomes weak, then the precise component can be narrowed down by testing each one in turn. Similarly, if testing whether a particular food or meal would be good to eat, the person can simply think of it or look at it and say “that food” and then test.

Since substances may cause reversals, which can result in the initial muscle test falsely registering the substance as benign, it is important to check for these. This is done by a second stage of testing in which a word referring to the substance is followed by “I want to be well” – as in “this substance .... I want to be well”. If the substance causes a reversal, the muscle will test weak to this pairing.

The use of muscle testing in relation to substances can be very important. Experienced practitioners come to realise that is quite common for foods, products, and environmental substances to cause reactions that appear psychological in content but are essentially caused directly by energy toxins. When these energy toxins are at work, especially if they have caused a general energy reversal, the person will not easily recover. Once the energy toxins are removed or neutralised (with a method such as Dr. Callahan’s ‘7 second’ treatment), the work with the genuinely psychological components usually then proceeds easily.

Testing for energy toxins, food sensitivities, and nutritional deficiencies etc. should be undertaken with caution, recognising that muscle testing is open to error (Kenney et al. 1988; Ludtke et al. 2003; Teuber & Porch-Curren 2003; Tschernitschek 2005), although one blind study (Shmitt et al. 1998) found a 90% correlation between food allergies identified with kinesiology and the patients’ immunological ‘food allergy blood profile’, and Yurkovsky (2003) reports a variety of compelling evidence in support of different forms of bio-energetic testing. In general muscle testing suggests hypotheses but does not present facts – and is not equivalent to an objective medical measurement. The point of view expressed in one review article (Pothmann et al. 2003) seems reasonable: “In general, AK cannot be recommended for diagnosing nutritional intolerance. However, due to its high sensitivity, it could be a valuable tool to give some preliminary results.” [p 115]

However, regarding the widespread use of muscle testing in the fields of alternative and complementary medicine, it should be noted that many kinesiologists appear not to know about psychoenergetic reversal. This in itself would lead to a high proportion of misleading results.

### *Testing for a homeopathic remedy.*

If muscle testing is used to identify a helpful homeopathic remedy, the test result is the opposite of when it is used to identify a helpful nutrient or allopathic medicine. With ordinary allopathic medicines, the muscle will test strong if the substance is helpful (and providing it does not cause a reversal). However, a homeopathic remedy will cause the muscle to test weak. This is because the remedy is based on a substance or its energetic frequency that could, in an allopathic form, cause similar symptoms to those for which the person is seeking relief. A secondary statement must then be muscle tested: "this remedy would be significantly helpful for me". I learned this point originally from the 'Truth Techniques' training material available from [www.quantumtechniques.com](http://www.quantumtechniques.com)

### *Seeking advice on a course of action.*

It is possible to use muscle testing as a means of seeking information as to whether a course of action is likely to have a good outcome or not. However, there are certain limits on this. Questions about future events will not result in clear, coherent, or reliable answers; this is presumably because the future is inherently uncertain. On the other hand, it does appear to be possible to pose questions in the form of statements about likely outcomes of a particular action that one might take now: e.g. "this product/action/therapeutic method is likely to be helpful to me". Statements or questions relating to destructive motives, or ones which lack integrity, do not result in reliable or clear muscle responses. Also, statements or questions framed as "Should I do ... X" similarly do not yield coherent answers, presumably because the energy system does not recognise the quasi-moral imperative of 'should' or 'ought'. It would, however, respond to a statement such as "it would be for my highest good to do ... X". Statements and questions that 'do not compute' will often result in weak-weak responses, thus answering no to both positive and negative forms of the statement.

Obviously, one should not base important decisions on the results of muscle testing alone. All systems, whether mechanical, electronic, digital, physiological, neurological, linguistic, or energetic, are open to error. Several sources of data should always be considered.

### **The use of therapy localisation to ascertain meridians to be treated.**

This use of muscle testing is crucial in finding the correct meridian points to tap, in the correct sequence, when using TFT. It is an application of therapy localisation. The client thinks of the problem (the arm muscle normally goes weak in response to this challenge), then places his or her fingers on various meridian 'alarm points' in order to find the one that makes the arm strong. This indicates the meridian that requires stimulating or treating at that point in the sequence. Note that this is the opposite of the process in therapy localisation to areas of the body where there is a problem; in that situation the muscle begins strong but becomes weak when a problem area of the body is touched.

After the meridian identified through muscle testing has been tapped or otherwise stimulated at the treatment point (which are mostly different from the alarm points), the procedure is followed again to find the next alarm point that makes the arm strong. The previous alarm point will no longer make the arm strong.

This procedure is continued, treating each meridian as it comes up in the sequence, until the person's arm remains strong when he or she thinks of the problem *and* the subjective distress is eliminated.

A further neurological challenge could, in principle, be used at this point, such as the test for oracular lock. The client is asked to rotate the eyes, first in one direction then in the other, whilst thinking of the problem. During this movement of the eyes the muscle may test weak. This kind of challenge formed part of the basis of Dr. Callahan's '9 gamut' treatment, involving tapping the thyroid/triple heater treatment point on the back of the hand whilst making a variety of eye movements, followed by humming, counting and humming.

This method of using muscle testing to diagnose the sequence of perturbations in the energy field linked to the target problem cannot be properly grasped from a book and is best learned through the TFT Callahan techniques Step A material, followed by a Step B workshop with Dr. Callahan [[www.tftx.com](http://www.tftx.com)]

The same kind of procedure can be used to locate a sequence of chakra points to treat – although it seems not often to be used in this way.

### **Self testing.**

Self testing is easy, providing that the person has established a muscle test that works well for him or her. Learning this takes time and practice. When a person has learned reliably to self-test, he or she is able to check for information such as: their deeper non-conscious knowledge about a situation or a potential choice or action; their own meridian points that may require treatment; foods which are good for them and those which are not; grooming products which are energetically benign versus those which cause problems for that individual, and the answers to all manner of questions regarding situations in the present or past (but not the future). However, self-testing is more prone to error than testing another person, since personal desires and other biases may interfere. Thus, as with all muscle testing but particularly so with self-testing, the results should be taken only as hypotheses rather than objective truth.

Examples of self-testing methods include the following physical movements that require a small but definite amount of effort:

Raising a finger (such as the index finger): how far does it easily rise?

Pressing the middle finger on the index finger; how easily does it move?.

Turning the outstretched hand backwards: how far does it easily turn without effort.

Flipping the outstretched hand upwards: how far does it easily move up?

Flipping the thumb upwards or downwards: how far does it move without effort?  
Turning the head to one side: how far does it turn before a sense of resistance is felt?

Bending down as if to touch the toes: how far can one comfortably reach without strain?

Pushing on tension apparatus at the gym: how strong is the muscle?

Leaning sideways, shoulder against a wall, placing one foot on top of the other: how easy is it to push away from the wall with the arm that is next to the wall?

Rubbing finger against thumb: does the movement feel different (e.g. sticky or smooth) according to whether the statement is true or false.

The 'O' ring test: make a circle of index finger and thumb; with the fingers of the other hand, try to prise the 'O' apart: how easy is it?

In all these methods the aim is to be able to detect some slight difference between the effort required, or the degree of movement easily achieved, according to whether the statement is true or false. To practice and learn these methods, many trials with statements known to be true or false need to be made.

When using self-testing, it is important to check that one is not reversed and that the results are accurate, by testing statements known to be true (e.g. "Today is ...", or "2 + 2 = 4" etc.) and the general reversal statement "I want to be well/sick". Stephen and Beth Daniel, of Quantum Techniques, also recommend checking with statements including "I am 100% free of blocks to accurate testing" and "I am 100% free of spiritual interference with testing".

Extensive information and tuition on self-testing can be obtained from [www.quantumtechniques.com](http://www.quantumtechniques.com).

### **Surrogate testing.**

Surrogate testing can be used in cases where direct muscle testing is not possible: e.g. the client is physically injured, or who is physically very weak, or the client is a young child, or the client is not physically present – or, for whatever reason, the client is difficult to test.

The phenomenon of surrogate testing was observed inadvertently by Goodheart quite early in his explorations of AK. He had been testing a particular muscle which registered as strong, but was interrupted by a phone call. When he returned, the woman was holding her baby and now the muscle tested weak. Puzzled by this, he asked her to put the baby down, whereupon the muscle tested again strong. He then asked her to reach out and touch the baby, and now the muscle tested weak again. Initially reacting with astonishment, Goodheart found this to be a replicable and common phenomenon. It seems that one person's energy system can transfer energetic information to another.

The simplest form of surrogate testing is for the surrogate to touch the person whose system is to be tested, whilst the examiner presses on the surrogate's

muscle. In this method, therapy localisation to select meridian points can also be used.

Another method is for the examiner to ask questions silently and then test the subject's muscle. This rests upon the ability of one person's energy system to transmit information to another's – an initially startling phenomenon that rapidly becomes commonplace with experience in these methods. It has the advantage that the subject's own conscious beliefs, expectations, or role responsiveness cannot interfere since he or she does not know what the questions are. This method can also be used, very efficiently to elucidate the TFT tapping sequence for the client's difficulty. One way of doing this is for the examiner to therapy localise on his or her own body whilst pressing on the client's arm, looking for the meridian that makes the arm strong. However, it seems to work very effectively and easily if the examiner just *thinks* of the meridian test points rather than actually touching them.

Another form of surrogate testing is for the examiner to ask the question (aloud or silently) and then to test his or her own muscle response. This requires the tester to have mastered a reliable self-test – something that takes a little time and requires cross checking with conventional muscle testing. The same method can be used to discern the meridian tapping points required for a TFT sequence. I use this method frequently, but I do like to cross check and validate quite often by testing the client directly. If the tester is skilled in this method, it becomes possible to work by telephone.

The phenomenon of surrogate testing indicates the energy connections between people – similar to the 'action at a distance' described within quantum physics. It appears that one person's energy system can read another's, even when physically distant.

### **Ideomotor signalling.**

These methods have been adapted from hypnotherapy. The subject is asked to raise a finger, for example, as a signal of 'yes'. In fact, the finger raising method seems to combine ideomotor signalling with a true muscle strength test.

A natural ideomotor signal is the slight nod or shake of the head – and many practitioners, including Tapas Fleming, use this.

Dowsing and the use of a pendulum is another common form of ideomotor signalling.

Like other forms of muscle test, ideomotor signalling is prone to error. Hyman (2003) and Spitz (1997) provide accounts which emphasise the need for considerable cautions concerning the way that nonconscious movements may respond to expectation, wishful thinking, or fixed ideas.



### **Auditory, visual, tactile and other submodalities as signalling systems.**

It is possible to set up a personal internal system such that an internal response gives an indication of the perception of a situation by the deeper unconscious energy mind. For example, a visual 'traffic light' system may be established, such that the person sees green for 'yes' and red for 'no'. Another commonly used modality is the 'smooth' or 'sticky' response as two fingers are rubbed together. The consideration of other modalities can be important, since not everyone is kinaesthetically sensitive. Some people simply cannot grasp muscle testing, for self or others, but can be extremely sensitive and skilled in using sensory modalities that are natural for them – and some may have an extremely accurate sense of just 'knowing' that is not tied to any particular sensory modality.

### **Inconclusive or misleading muscle responses - neurological disorganisation, psychological reversal, and dehydration.**

Muscle tests may be inconclusive, may give strong-strong or weak-weak results, or may give reversed answers.

The palm over head test may be used: the palm of one hand is placed down over the top of the head – the muscle should test strong; the back of the hand is placed on the top of the head – the muscle should test weak.

If there is no clear difference between palm up and palm down, neurological disorganisation and non-polarisation may be indicated. This may require one of the standard corrections, such as collarbone breathing, Cooks Hookups, Cross Crawl, or the basic 'unswitching procedure' [press on naval with first three fingers, whilst tapping or rubbing the K-27 collar bone points]. After a correction, the palm test can be repeated to check for the change.

If the results are precisely the reverse of normal, then massive psychological reversal is indicated. The term 'massive' is used because it indicates a pervasive reversal of the normal flow of life energy and will probably be associated with a profoundly negative or sabotaging stance. The negative stance may not be conscious, but may be revealed also by a strong muscle response to 'I want to be miserable', or 'I want to be ill', or 'I want my problem to get worse'.

Unclear muscle responses may also be due to dehydration. The client can be asked to drink some water.

Another way of working with strong-strong responses is for the tester to pinch together the client's deltoid muscle spindle cells. This weakens the muscle manually, and the client is then told "this is a no response". Then the spindle cells are pulled apart, which strengthens the muscle. The client is told "this is a yes response". Often this works well.

*The client wishes to conceal his or her truth.*

Another factor preventing accurate responses may be the client's wish to conceal his or her true feelings and beliefs. This can sometimes be revealed by muscle testing the statement 'I want to conceal my true feelings'.

*The psychoenergetic system is not willing to be tested.*

Whilst operating in some ways as a bio-computer, the psychoenergetic system may be regarded as having its own inherent intelligence, and at times may have reasons for being 'uncooperative'. Sometimes, when testing results appear confusing and unreliable, I have tested the statement "my system is willing to provide accurate muscle testing data", and have found the response to be negative. It could be that when this is the case on occasion, when the same client has provided reasonably coherent responses at other times, the implicit message is that at this moment the system requires to be left alone rather than undergo further interference.

*Areas of the mind may be forbidden to access.*

Sometimes the client may have no general wish to conceal his or her inner secrets, but nevertheless some areas of the system are labelled forbidden access. This can lead to ambiguous or confusing muscle responses. Paradoxically, muscle testing may reveal this situation if the question is posed correctly – e.g. "there are areas of my system relating to 'X' that are forbidden to access".

*The tester may be reversed or neurologically disorganised.*

Accurate responses may also be prevented by interference from the tester's energy system. The tester may be in a state of psychological reversal – either in relation to a specific enquiry, or a general state of 'massive reversal'.

*Blow-out during testing and therapy*

Sometimes it can happen that the client will have begun the session by providing clear muscle responses but at some point the muscle seems weak and no longer provides information. This may indicate a sudden general energy weakness, either as a result of the client's general state of energetic health, or sometimes because a past experience of overwhelming trauma or energy wipe-out has been accessed. I have noticed this happening sometimes when working with very early or perinatal trauma and have the impression that the client's system may be re-presenting a state of near death. Perhaps it also occurs on re-encountering a trauma during which the client 'abandoned' his or her body in a state of massive dissociation. For example, in the case of one man, we encountered a state in which he had adopted a fundamental pretence of not existing and therefore of having no body; in this state, his energy system could provide no information.

To correct this it can be helpful for the client to drink some plain water and also to do the Diamond Thymus Thump: lightly thump the upper area of the chest a few times, whilst smiling, thinking of someone who is liked, and saying 'Ha, Ha, Ha' on breathing out.

### **How I use muscle testing.**

Each practitioner will find their own way of making use of muscle testing data – and many may choose not to use muscle testing at all. My own way is quite varied. With some clients I use muscle testing extensively, sitting near enough that I can comfortably press on their outstretched arm. This is part of the therapeutic frame from the beginning and is what the client has consented to and is comfortable with. However, on the whole, this is the way I work with clients whom I see for short pieces of work of just a few sessions, or with people whom I see over a longer period but on a relatively infrequent basis (e.g. once a month). The relationship with me is not the focus of the work and transference is not prominent; the work is essentially within the client's own psychoenergetic system. In the case of clients with whom I am engaged in more conventional talk-based psychotherapy on a regular basis, with occasional inclusions of an energy intervention, I usually do not use direct muscle testing and sit in my chair some distance away from the client. I may use proxy muscle testing, drawing upon my own subtle finger movement to help assess meridian sequences etc. Of course, any use of energy psychology methods is on the basis of clear consent and request by the client. I still undertake psychoanalytically based therapy that does not incorporate energy methods, when that is what the client requires.

Assuming that I am engaged in the kind of work where muscle testing is central, I apply it to many different aspects, using it as a guide throughout. Thus, I might test for the following: whether the client is generally/massively reversed; whether there is a specific reversal linked to the target problem; whether there are earlier traumas behind the presenting issue (these do not need to be accessed consciously); whether there is inherited trauma; whether there are relevant programmes in the system, which are generating the problematic pattern; the presence of parts of the personality, pursuing different agendas; the relevant meridian points to be tapped and in what sequence; whether the perturbations are cleared, and whether they are completely cleared, and cleared from all parts and layers; whether additional work needs to be done. These are just some of the enquiries I might make.

Here are three examples from my practice today.

The first was a man whom I have been seeing for a while to help with anxiety and depression resulting from very painful and traumatic circumstances in his life, also addressing adverse childhood experiences that were resonating with more recent events. He began by speaking of the very negative mood he was in, feeling angry and depressed, and generally looking on the black side of everything. I muscle tested him and, not surprisingly, he was massively reversed – testing strong to “I want to be sick” and “I want to be miserable”, and weak to “I want to be well” and “I want to be happy”. Therefore I took him through the usual process of tapping the side of the hand, and tested again. To my surprise he was still reversed. I asked him to rub the neurolymphatic ‘sore spot’ on the upper left

chest, and tested again. He was still reversed. I asked him to say aloud “I accept myself completely even though my energy system is reversed”, whilst tapping the side of the hand. The extent of reversal was then lessened – his arm muscle was somewhat stronger than before in response to the positive statements. Clearly something was causing this persisting and recurring reversal – it had been a problem before but not so intractably as today. I asked him what beer he had been drinking (I knew he tended to drink frequently). He told me that recently he had been drinking brand X, saying how much he liked it. I muscle tested him after he spoke the name of the beer. His arm went very weak – and also weak to “this beer [brand X] .. I want to be well”. I asked if he could think of another beer that he might drink instead, and he mentioned another brand. We muscle tested this, and found that it registered as less toxic for him and did not bring about a reversal. Then I took him through the Callahan ‘7 second’ technique to neutralise the toxic effects of the first beer, using muscle testing to ascertain whether he needed to press on the forehead on the inspiration or expiration of breath (it was the inspiration). This was successful – and the reversal corrected fully. We were then able to continue the session, addressing his current anxieties. I used muscle testing to find the sequences he needed to tap, and he ended the session feeling much more positive. Thus, in this particular session, muscle testing was used in the following ways: to detect persisting psychoenergetic reversal; then to test a hypothesis about an energy toxin that might be causing the reversal; then to generate a hypothesis that an alternative beer might not have this same effect; then it was used to guide the modality of the ‘7 second technique’; then to test whether this had been successful; then to generate hypotheses that tapping a particular sequence of meridian points would relieve his anxiety and depression. By the end of the session, the muscle testing indicated greatly reduced perturbations in his system, an observation that was congruent with his much-improved mood.

The second example was a woman who comes to see me on an occasional basis for help with certain patterns of emotional distress and unhappiness in her relationships. Today she told me that she was feeling depressed and agitated, and smoking obsessively, having become re-involved with an old boyfriend with whom she tended to have a painful and addictive relationship. She had been shocked at how easily she had succumbed again to his wooing of her, despite her repeated negative experiences of him in the past. He had withdrawn from her, as was his wont, and she was feeling terrible. We muscle tested and she was not reversed. She wanted to feel well and happy. Muscle testing was then used to take her through a diagnosed sequence of meridian tapping points. All this took about 5 minutes. She then reported feeling fine and could detect no subjective distress. Her arm muscle registered strong in response to the phrase “the way I feel at the moment”. Wondering what else we should address, I muscle checked for ‘inherited trauma’ and ‘programmes’ and both of these registered negative. I tested the statement “there is more we need to do today” – and this too was negative. This was puzzling – it seemed too good to be true that all the necessary work had been done in five minutes. I asked her again how she

was feeling. Now she reported an empty feeling in her stomach and began to speak again of her fears of being addicted to this man. We muscle tested the statement “I am addicted to ‘Joe’” – this was positive. “I want to be free of this addiction” tested positive – but “All *parts* of me want to be free of this addiction to ‘Joe’” tested negative. After tapping the side of the hand, this ‘parts’ statement registered positive, as did “I have 100% inner willingness to be free of this addiction to Joe’”. We then tapped a sequence of meridian points, guided by muscle testing. Following this she muscle tested as no longer having the addiction to ‘Joe’. However, she then spoke of her relapsed addiction to cigarettes. She muscle tested as strong to being addicted to cigarettes – and weak to wanting to be free of the addiction. As we spoke of this, she reported a sudden upsurge of further thoughts about ‘Joe’ and fears that she was still addicted to him. It occurred to me then to test the following: “I want to be free of ‘Joe’” – tested strong; “cigarettes – I want to be free of ‘Joe’” – tested weak. Thus this appeared to indicate that cigarettes, an energy toxin, were throwing her system into reverse in relation to ‘Joe’. Moreover, she told me that cigarettes were very much associated in her mind with ‘Joe’. The two were reinforcing each other – cigarettes causing reversal, driving the addictive craving for ‘Joe’ (and for cigarettes), and the association with ‘Joe’ continually calling up the craving for cigarettes. We began trying to clear the reversal and addiction linked to cigarettes and to ‘Joe’. This seemed not to be working – again indicated by muscle testing. A further hypothesis then occurred to me that might have a bearing on a factor underlying and fuelling the reversals and addictions – this was too complex to describe here, save to say that it was to do with a particular aspect of her relationship with ‘Joe’ and how she might have been affected by features within his energy system. This hypothesis was confirmed by muscle testing, which was also used to indicate when the underlying problem was cleared. The outcome was that after an hour of work, this woman felt calm and positive, experiencing no trace of addictive cravings for either ‘Joe’ or cigarettes – and was enormously relieved. Here, muscle testing had been used in the following ways: to test for general reversal (she was not); to find the initial meridian tapping sequence, which dealt with the first layer of her distress; then to check for further issues to address (there appeared to be none at that point, illustrating the shifting and sometimes deceptive nature of muscle responses); then to explore the emerging indications of addictive cravings for both ‘Joe’ and cigarettes; muscle testing then indicated that we were confused and making little progress with the addictions, reversals, and cravings; it was then used as an initial test of a further hypothesis about a possible underlying factor, and then to guide the work in addressing this underlying factor. The successful outcome provides some, at least partial, validation of the muscle testing procedure and data.

In the third example, a client began by speaking of her headache. Since this was obviously preoccupying her in a distracting way that would interfere with the therapeutic work, we muscle tested for a diagnosed sequence of meridian tapping to clear it away. This brief intervention took only a couple of minutes and

was successful. We could then address other issues that were troubling her. She spoke of chronic difficulties in sleeping, which she thought related to having caught a burglar in her house a year or two ago. It seemed likely that part of her felt it was not safe to go to sleep since she lived alone and should stay awake to keep vigil against the danger of a burglar – this hypothesis was confirmed by muscle testing. We then targeted directly the experience of catching the burglar, using muscle testing to diagnose the sequence. After tapping several points, her arm remained strong when she thought of this event. We then muscle tested “I will be able to sleep easily”, which registered negative. On muscle testing for the diagnosed sequence relating to this thought that she would not be able to sleep easily, the first point was the little finger heart meridian. Since this point is often linked with anger, I asked if she might be feeling angry. She affirmed that she was – and went on to speak of her current anger with her partner, and it was clear that this had been partly what had been keeping her awake. She indicated that she did want to feel calmer because she was then able to think more clearly about the situation. We then continued muscle testing to diagnose the sequence until she felt calm in relation to her partner and her arm remained strong when she thought about this. After further work addressing some related issues, muscle testing was again used to ask whether there was more we needed to do at that point – the answer was no. Thus in this case, muscle testing was used in the following ways: to diagnose a tapping sequence to clear the client’s headache; to check for underlying anxieties and reversals in relation to her difficulties in sleeping; to diagnose a tapping sequence in relation to the burglar trauma; then, as the thought field shifted back to going to sleep, muscle testing indicated the little finger heart meridian as the first point, prompting a fruitful enquiry about possible anger; muscle testing was then used to diagnose a sequence for her anger with her partner; finally, muscle testing was used to check whether further work needed to be done in that particular session.

### **Personality features revealed through muscle testing.**

It has occurred to me that a bi-product of muscle testing is its ability to reveal not only the target information indicated by the statement or question, but also aspects of the client’s personality.

For example, some people are difficult to test because they will attempt to override the natural fluctuations in their muscle strength. Thus, instead of allowing the muscle to give way as it weakens they will try to compensate by straining harder to maintain the muscle strength. Such people tend to be over-achievers or perfectionists in other areas of their lives and to suffer the consequences of overriding their own bodily and energetic signals. It can be helpful to explain this and to suggest to the client that when he or she feels their arm weakening it is OK to let it go. A similar issue arises with some people who seem to get into a competition with both their own body and the tester, as if determined not to allow the muscle to become weak in response to particular questions, statements, or substances.

Recently I was working with a woman and having difficulty in obtaining clear muscle test results. When I discussed this with her, she explained that she had been assuming that she should try her hardest to maintain the maximum muscle strength she could manage – and that this reflected her desire to please me (and others). She then disclosed that with some statements she experienced a pain in her arm, these being those which would have led the muscle to go weak if she had not struggled to maintain its strength by compensating with extra effort. Once I had explained more clearly that we were looking to find a way for her system to give us information through the differences in muscle strength, and had allowed her to press on my arm to gain a sense of difference in the feel of ‘strong’ and ‘weak’, she was able to provide very clearly differentiated responses. I find it can be helpful sometimes to say to the person that if she or he feels their arm beginning to weaken, it is OK to let it go.

It is quite common for a client to suggest that the therapist must have been pressing harder when the arm went weak. In fact, it is the client who is pressing harder in the effort to compensate for the weakening muscle. The reaction is somewhat similar to the ‘apex effect’, when clients may confabulate explanations of the effect of TFT. A variation in muscle strength in response to a word, a statement, or a visual image, is so startling and unexpected for many people that they reach for the only explanation they can think of – i.e. that the therapist must have been pushing harder.

Other people, of a more secretive and suspicious nature, can be uncomfortable with the idea of their secrets being revealed through muscle testing. They too may attempt to compensate for muscle weakening. In such cases, it can be helpful to treat this as a reversal and have them tap the side of the hand whilst saying “Even though I do not want my secrets to be revealed through muscle testing, I completely accept myself”. Often this will allow clearer results to emerge.

Those with a particular need for control may be disturbed by the phenomenon of muscle weakening in response to questions, statements, or substances. They can feel that their body is somehow betraying them with its involuntary responses. The impotence of the conscious mind in knowing or influencing the muscle response can also challenge some people, especially those who are particularly identified with their conscious mind and are not used to accessing deeper sources of knowledge from unconscious areas.

People with an obsessive-compulsive personality style are often preoccupied with whether or not they are doing the muscle testing correctly, and become bothered about whether, and in what way, they might be influencing the response of their own muscle.

**Further implications of muscle testing: the work of David Hawkins MD., Ph.D.**

Dr. David Hawkins is a psychiatrist and Director of the Institute for Advanced Theoretical and Spiritual Research. In recent years he has written an intriguing trilogy of books exploring the applications and implications of the muscle test as a tool for discerning truth and falsehood. Hawkins was struck by the point that Diamond's work in the 1970s showed that when people listened to tapes of known deceits the muscle tested weak, and when they listened to recordings of statements known to be true, the muscle strengthened even though the subjects were not conscious of whether the statements were true or false.

Hawkins found remarkable consistency of muscle response across subjects. Human beings appear to have the capacity to 'know' whether something is good or bad, true or false, regardless of their conscious view or knowledge. "When I was on the lecture circuit, in audiences of 1000 people, 500 envelopes containing artificial sweetener would be passed out to the audience, along with 500 envelopes containing organic vitamin C. The audience would then be divided up and would alternate testing each other. When the envelopes were opened, the audience reaction was always one of amazement and delight when they saw that everybody had gone weak in response to the artificial sweetener and strong in response to the vitamin C. The nutritional habits of countless families across the country were changed due to this simple demonstration." [Hawkins 1995, 59.] He also found that a mere image produced the same response as if the substance were held. If an apple grown with pesticides were held up, all who were tested would go weak, whilst they would test strong to the sight of an organically grown apple.

Hawkins developed a means of calibrating, on a scale of 1-1000, the relative truth of intellectual positions, ideologies, spiritual beliefs and texts, etc. forming the basis of a map of consciousness. A statement such as "this ... (book, belief system, ideology, teacher, scientist etc.) calibrates at more than 200 (yes/no), at more than 250, at more than 300" – and so on, is checked until the muscle tested weak. By refining the question, the precise calibration of the relative truth of a constellation of ideas could be determined. Hawkins and his research team used groups of testers to find the consensus ratings of many different ideologies, philosophical, spiritual and scientific positions. Thus the Constitution of the United States calibrates at 700, whilst the 'americanism' promoted by white supremacist groups calibrates at only 150. As a nation, the U.S.A calibrates at 421, the highest of any on the planet currently – reflecting the dominance of science, technology, and rational thought in that culture. The same scale can be used to calibrate levels of consciousness and the energy levels of different emotions. Thus shame calibrates at only 20 – a level "perilously proximate to death, which may be chosen out of Shame as conscious suicide or more subtly elected by failure to take steps to prolong life" [Hawkins 1995, 76]. Love calibrates at 500, and the level of Enlightenment, or divine grace, calibrates up to 1000, "the highest level attained by anybody who has lived in recorded history." [Hawkins 1995, 94]. Einstein and Freud calibrate at 499, the level of high intellect



and rationality. At 500, the level of consciousness makes a significant leap: “the motivation of Love begins to colour all activities, and creativity comes into full expression, accompanied by commitment, dedication, and expressions of charisma.” [Hawkins 1995, 99]. The levels of truth in original spiritual positions can be compared with their subsequent interpretations and practices; thus Mohammed calibrates at 740, but militant Islamic fundamentalism calibrates at 130; Buddha’s teachings calibrate at 1000, but Zen Buddhism only at 890. When people’s levels of conscious rise, this shift has a powerful effect on others. Framed within chaos theory, higher levels of consciousness can be said to function as strong attractors, tending to draw others into their field.

Interestingly, Hawkins found that in his study, both the person testing and the one being tested had to calibrate at 200 or above for accurate results. Moreover, the integrity of their motivation and questioning is crucial; these too must calibrate at 200 or above. Because of this, the technique thus appears to have a built in safeguard against misuse. Since the motive and intention of the investigator play a part in the reliability of the results obtained, the method can only be used for that which is beneficial to mankind. It seems likely that the need for both tester and testee to calibrate at 200 or above is also related to the phenomenon of reversal – and that states below 200 reflect attractor fields of reversed energy.

#### *Are Hawkins claims valid?*

For reasons that may be obvious from this brief account, Hawkins’ trilogy, *if his basic stance is valid*, are potentially amongst the most important books ever written, outlining how human beings can access the ability to distinguish truth from deception, and to discern the relative truths of comparative positions on more or less anything of any importance. Hawkins’ trilogy have themselves been calibrated. *Power versus Force* (1995) apparently calibrates at 850; *The Eye of the I* (2001) calibrates at 980; and *I – Reality and Subjectivity* (2003) calibrates at 999.8.

“If a true statement is presented to human consciousness or silently held in mind, the muscles of the body go strong automatically with the recognition of truth. In contrast they go weak in response to falsehood, which has no actual existence. Consciousness is therefore much like a light bulb that goes on with electricity (truth) but fails to light if there is no electricity (falsehood).” [Hawkins 2003, xxix-xxx].

However, I began to experience doubts about Hawkins’ system on reading his more recent *Truth versus Falsehood* (2005). Here he outlines in much more detail his calibration of all manner of recent and contemporary events, personalities, political and spiritual positions, American companies, particular magazines, newspapers, and television stations, nations and cultures, scientific theories (some of which are simply declared ‘false’) – and indeed more or less every aspect of life in which a range of views or decisions are possible. Hawkins’ vision seems to be one in which all questioning, assessments and decisions can

be carried out by a muscle test. Whilst I might be prepared to accept, albeit with some cognitive and emotional tension, the reported very high calibration of the current President of the United States, the information that global warming has nothing to do with the greenhouse effect seemed surprising. Should we base such vital perspectives on muscle test data? Hawkins appears to think so. He does not mention the unreliability of muscle testing, its inherently subjective features, and the vagaries of reversal. Nor does he provide details of his research data and procedure, other than its results. We do not know how many people were used as subjects for each calibration, nor the extent of inter-rater and inter-test reliability. Although Hawkins' ideas are certainly interesting, excessive certainty, particularly in relation to the big issues of science, spirituality, politics, and national foreign policy, can lead to illusion, or even delusion. In many instances, his muscle test data are not cross-checked against any other source of information – and thus his conclusions may demonstrate the error shown by the 'car kinesiologists' in my hypothetical example above. There is no way of knowing whether the muscle test was simply reflecting the political or cultural biases of the person being tested. Even if the collective energy field (collective unconscious) does, in principle, contain the information we seek, and even if it is, in principle, accessible, is it safe to assume that the field does not contain its own reversals, disorganisations, or deceptions, just like the individual human psychoenergetic field? I am not sure that muscle testing is *meant* to be used in the way Hawkins' describes; I feel it could be a *misuse* – and if I muscle test the statement "all Hawkins' claims are correct", the response is no!<sup>2</sup>

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<sup>1</sup> Some certified practitioners of Applied Kinesiology may experience disquiet over the widespread using of muscle testing in all manner of other 'kinesiologies'.

<sup>2</sup> I have just muscle tested 'myself on Hawkins's scale' – I am at 925; 'David Hawkins on Hawkins' scale' calibrates at 917; 'David Hawkins' books on Hawkins' scale' calibrates at 640. I conclude that his scale is not valid. His method of calibrating numerically the relative truth or level of consciousness of any cultural object is quite different from the capacity of a child's energy system to register a photograph of Hitler hidden in an envelope as weakening, or for a person's system to register an organic apple as strengthening. Such capacities are commonplace observations in the energy psychology field – but calibrating political speeches, scientific theories, US companies, and news reporting, on a numerical scale is a different matter.