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## EDITORIAL MUSINGS

### Successful Muscle Testing and the White and Gray Crows

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#### Abstract

Modern day muscle testing (MT) is reported to help to access intuitive awarenesses of oneself and of other people. MT is used by many complementary/ alternative therapists to help people identify unconscious information that is of assistance in assessing their problems and deciding on treatments. Research has not confirmed the efficacy of MT. This article discusses varieties of issues that may help to understand the complexities of MT and how left brain hemisphere research might be designed to accommodate to right brain hemispheric experiences. Included are lessons from Energy Psychology, biofeedback, hypnotherapy, bioenergy therapies, intuition and dowsing.

Key words: muscle testing, Applied Kinesiology, biofeedback, dowsing, hypnotherapy, ideomotor response, intuition, bioenergy, Energy Psychology, telepathy, parapsychology, right brain hemisphere, left brain hemisphere

#### Introduction

*Today's best idea may be replaced by tomorrow's best idea.  
One isn't right or wrong, just different and more appropriate for the time and place.*  
- Helene K. Nawrocki

Modern day muscle testing (MT) is a method that has been in use for several decades to access intuitive awarenesses of oneself and of other people. The formal process of MT was developed by Henry and Florence Kendall, a husband and wife physiotherapist team in the 1940's. Two decades later, this was formalized by George J. Goodheart, Jr., a chiropractor in Michigan into a system of assessments and treatments (Gin, Green and Goodheart, 1997) now

known as Applied Kinesiology (AK). MT is used by many other therapists as well, such as Energy Psychologists, Complementary therapists treating allergies and pains, and others.

MT involves:

1. A baseline assessment of the strength of a person's arm when held outstretched to the side of the body, parallel to the floor with the palm down – tested as the therapist applies downward pressure on the extended arm.
2. The person being tested is invited to make a true statement, such as “My first name is \_\_\_\_\_.” They do so and the assessment is repeated. Typically, the arm remains as strong as in (1).
3. The person is then asked to make a false statement, such as “My name is [insert any other name], and the assessment is again repeated. Typically, the arm becomes noticeably weaker.
4. The person is then asked to make a statement to which the answer is not consciously known to that person or the therapist. This might address the person's physical health, such as “I am allergic to [name of substance]” or to psychological issues, such as “My headaches are related, in some part, to psychological issues.” The assessment is repeated. A weakening of the arm is interpreted to be a ‘No, this is untrue’ and maintaining a strong arm to be a ‘Yes, this is true.’

Other variations on MT methodology may include:

5. The person is not asked a question, but is simply given a bottle to hold in one hand, while the other arm is used for MT, to see whether the muscles in the tested arm are weakened.
6. There are countless ways that people can test their own muscle strength to ask their unconscious mind to let them know, through ‘yes’ and ‘no’ answers, information that can be helpful in dealing with challenging issues in their lives.
7. Self-testing for information about other people and about other aspects of the environment is reported anecdotally to be possible as well.

Muscle testing is in popular use today, as reported by a broad range of complementary/alternative and forward-thinking conventional healthcare practitioners. It has been reported to be clinically helpful in assessing the presence or absence of allergies, illnesses or injuries; identifying unconscious memories, emotional issues, thoughts and beliefs related to presenting problems; asking whether particular remedies or other treatments would be helpful in dealing with the presenting problems; assessing whether an intervention had been successful; and so on.

### **Questions regarding the validity of MT**

There are contradictions between frequently reported clinical experiences of efficacy of MT and research assessments of MT. Clinical reports are generally favorable (Haas, Peterson, Hoyer, et al. 1994; Daniels and Worthingham, 1972), while most formal studies of MT have not found consistent, significant results (see the helpful review in Schwartz, Utts, Spottiswoode, et al. 2014). Meta-analyses of research are negative for consistent results of MT assessments (Klinkoski and Leboeuf. 1990; Hall, Lewith, Brien, et al. 2008).

Researchers have therefore generally rejected, dismissed and disparaged MT as an unreliable clinical assessment procedure. Many clinicians using MT also caution that this is a method subject to irregular responses and therefore somewhere on the spectrum between “highly useful in competent hands” and “to be used with discretion.”

### **A white crow**

*If you wish to upset the law that all crows are black,  
you mustn't seek to show that no crows are;  
it is enough if you prove one single crow to be white.*

- William James

There was one study of MT showing significant success that alerted me to question the protocols of many of the studies in which cognitive questions were the subject of the MT testing. Measurements were recorded of the duration of ability to hold an arm extended, with a standard weight pressing it down (Monti, 1999).

“Muscle testing following congruent and incongruent self-referential statements indicated that muscle give-way was associated with a total force peak that was approximately 17% higher, over a 59% longer period of time following semantically congruent (true) statements...”

The statements used were:

“My name is \_\_\_ (Subject's "real" name or preferred nickname).

My name is \_\_\_ (If subject was a male "Alice" was used. If female, "Ralph" was used).

I am an American citizen (the study was conducted in the US).

I am a Russian citizen.”

“...when data was combined within subjects, there was a 58.9% longer time to muscle give-way with a 17.2% higher total force when responding to true statements ( $p < .001$ ) in either arm.”

Regretfully, the Monti study does not tell us what percent of the time MT was accurate. It appears that there is a sizeable percent of inaccurate answers.

In many of the other studies, the MT was used to check the responses of people who were asked questions regarding their health. This is a much more complex focus for assessing the validity of MT. Even when such questions are factual, such as “Is this allergenic substance causing your symptoms?” there are many psychological factors that could be influencing the answers of the research participants. Here are just a few of countless possibilities of this sort:

1. People who are skeptical about how they could know the answer to this question or are philosophically or religiously opposed to such concepts might unconsciously answer in a negative manner in order to remain consonant with their beliefs.
2. People who have psychological secondary gains from symptoms, such as allergies, might want to keep their allergies and would therefore not reveal the truth of being allergic to the test substance. Such unconscious reluctance to relinquish allergy symptoms could explain even those studies in which no questions were asked, and the testing was based just on the person holding a vial of the allergenic substance in their hand.
3. People who are uncomfortable with actually having, or even acknowledging the existence of intuitive abilities might answer negatively in order to distance themselves from their uneasiness.

The Monti study is congruent with general clinical observations of MT. Those questions that are more concrete and factually easy to validate tend to elicit answers with MT that are more

congruent with the expectations that the MT will enable the identification of issues contributing to the problems being addressed.

**‘Psychological reversals’ may cause erroneous responses to MT.**

Practitioners of Emotional Freedom Techniques (EFT), Thought Field Therapy (TFT), Tapas Acupressure Technique (TAT), Wholistic Hybrid derived from EMDR and EFT (WHEE) and varieties of other such therapies are collectively known as Energy Psychology (EP) practitioners. They have noted that reversed responses in MT may sometimes be found for reasons that have not been clarified in research as yet. These reversals are attributed to several factors, collectively labeled as ‘psychological reversals.’

*1. Reversals of polarities or other forms of disorganization in the biological energies in the body.* When they are present, a person’s arm or other muscles will go weak when ‘yes’ is the answer and stay strong for a ‘no’ answer. This has been given various other names as well, such as ‘neurological disorganization,’ ‘switching’ or ‘energetic reversal.’

With self-muscle testing you can experience this yourself. Hold your left hand with palm down on top of your head. Say “Yes” several times while rubbing your right first finger over the nail of your right thumb and note the sensations in your fingers as you do so. Repeat this while saying “No” several times. Then hold your left hand with palm up on top of your head and repeat the rest of the process. If the thumbnail rubbing MT works for you, you will probably note that the responses you get with your fingers are reversed as you go through this procedure with your hand palm up on top of your head. (If your preference is to do the MT with your left thumb and first finger, then you would do this exploration using your right hand on top of your head.)

These reversals may appear when you are experiencing stress, tiredness, trauma, dehydration, illness and other such states. To clear these reversed responses, there are various physical exercises the person can do. Most of these involve stimulation of right and left sides of the body (alternating and/or simultaneous R/L), which very frequently change the reversal patterns to normal patterns (Applied Kinesiology, web ref.).

*2. Psychological issues that interfere in giving a true answer.*

There are countless reasons a person may be reluctant to reveal their inner psychological truths. These reasons may be fully or partially conscious or unconscious. For example:

- People may be embarrassed to admit (to themselves or to the clinician or researcher that they have a given condition.
- When pain or other symptoms following injuries are present, a person may be motivated to maximize their symptoms in order to qualify for insurance or disability payments.
- Pain or other disabilities may allow people to have ‘secondary gains,’ such as permission to ask for help, to avoid doing things they dislike, and so on.

Most therapists who use MT are much more conscious of the bioenergy reversals than of the psychological ones.

*Observations:*

Research on MT should identify and correct for psychological reversals. When such reversals are not corrected, they could interfere in clinical uses of MT and in MT research.

**MT accesses right hemisphere (RH) functions in the service of answering left hemisphere (LH) questions.**

In western society we have focused primarily on developing our LH functions of thinking, reasoning, analyzing, measuring and dissecting our universe in reductionistic explorations. We do our best to identify the smallest particles from which all of the material and energetic worlds (which according to modern physics are actually one and the same) are built. What conforms to current theory is truth; what cannot be confirmed, and what is confirmed but is not within the currently accepted paradigms is falsehood. This is an either-or approach. (For example, see below citations of excellent research on parapsychology that is ignored or dismissed by mainstream science.)

We have greatly neglected our RH functions of feelings, intuition, gestaltic pattern recognition, and energetic oneness with all of the universe. From RH perspectives, what we know as feelings and intuitions is as validly a part of the world as what we can objectively measure. This is a both-and approach.

Discussions of the possible benefits of MT, particularly in the research community, have focused a lot on the methodology of performing MT and how to study it, producing helpful insights on the challenges involved in this research. However, the focus on methodology may have been misleading.

This search for reliable research validation of MT within clinical situations is a reasonable scientific approach insofar as it abides by the methodology of modern science, requiring replicability and validation of methodologies. However, it may well be a misleading and erroneous approach when it identifies the topic of MT research as the procedural methodology and ignores the enormous complexities of the humans who are the MT measuring 'instruments.'

I believe it is important to raise questions on how we study the people who are the instruments for assessing MT. These are most sensitive, complex instruments known today. It is challenging to explain their functions, and even more challenging to identify their mechanisms of functioning. Each individual instrument is, in fact, unique. We have not achieved full clarity, as yet, on the common denominators between the MT instruments that may contribute to their accurate or inaccurate functioning as individuals. To expect that we can study groups of these instruments and obtain consistent results may be premature, or may eventually prove to be impossible. The discussion below examines varieties of observations and research that are beginning to contribute to our efforts to understand and assess MT.

Please note that in this context I deliberately use the term 'person' when discussing the topic of our studies, rather than the commonly used terms of 'subject' (of an investigation) or 'patient' if 'it' is a 'medical subject.' Such terms, commonly used in psychological and medical studies, reduce the people being studied to 'objects of observation.' These terms are dehumanizing. They suggest that people can be studied and understood as bodies with on-board biological computers – rather than as living people with the wonderfully rich spectrum of lifetimes of experiences that have shaped them into the unique individual being that each of them is.

In addition, identifying people as 'subjects' and 'patients' and 'objects' of study often provides an unwarranted illusion of support for the left hemispheric reductionistic assumptions of western science – that people can be understood as units of predictable statistical probabilities.

These failed attempts at reducing complex, largely unconscious processes into simplified methodological procedures may partially explain the difficulties in validating MT with 'objective' research methods. A brief overview of the differing functions of left and right brain hemispheres is instructive. See Table 1.

**Table 1. Left and Right Brain Hemispheric Functions**

<b>Table 1. Brain Hemispheric Functions</b>	
<b>Left</b>	<b>Right</b>
Rational/ Logic/ Cognition	Intuitive/ Emotion/ Feeling
Differential	Existential
Detail-oriented/ absorbed, exclusive	Gestalt-oriented/ inclusive
Time sense (past, present, future)	Present-oriented
Paced by rules (acts with time awareness)	Impulsive (acts on present awareness)
Directed/ controlled by rules	Spontaneous
Bound	Expansive
Aims/ Goals oriented/ Planned progress	Focuses on the present moment
Ignores process/ May steamroll towards set objectives	Immerses in process/ Impulsive/ May get bogged down in emotions
Cautious/ Inhibited	Impulsive/ Over-reacting
Product	Process
Temporal/ Partializing	Spatial/ Wholistic
Sequential math (e.g. algebra)	Spatial math e.g. geometry)
Sequential (slow)	Parallel (fast)
Discrete	Continuous
Successive (either/ or)	Simultaneous (both/ and)
Focal	Diffuse
Explicit	Tacit
Objective	Subjective
Convergent approach	Divergent approach
Conscious	Unconscious
Language comprehension abstract	Language comprehension concrete
Speech content	Voice intonation
Rhythm	Melody, pitch
Linguistic	Pantomime, kinesthetic, musical
Grammatical	Visuo-spatial
Abstract models	Perceptual-synthetic
Symbolic	Concrete
Relatively narrow arousal level range over which hemisphere can function	Relatively wide arousal level range over which hemisphere can function
Evolutionarily newer	Evolutionarily older

I find it fascinating to observe how pervasive and subtle the LH preferences for organizing our perceptions and discussions of the world can be. Even in putting together the above table we have the subtle bias of putting LH functions first. See if it feels any different to you to read through Table 2.

**Table 2. Right and Left Brain Hemispheric Functions**

<b>Table 2. Brain Hemispheric Functions</b>	
<b>Right</b>	<b>Left</b>
Intuitive/ Emotion/ Feeling	Rational/ Logic/ Cognition
Existential	Differential
Gestalt-oriented/ inclusive	Detail-oriented/ absorbed, exclusive
Present-oriented	Time sense (past, present, future)
Impulsive (acts on present awareness)	Paced by rules (acts with time awareness)
Spontaneous	Directed/ controlled by rules
Expansive	Bound
Focuses on the present moment	Aims/ Goals oriented/ Planned progress
Immerses in process/ Impulsive/ May get bogged down in emotions	Ignores process/ May steamroll towards set objectives
Impulsive/ Over-reacting	Cautious/ Inhibited
Process	Product
Spatial/ Wholistic	Temporal/ Partializing
Parallel (fast)	Sequential (slow)
Continuous	Discrete
Simultaneous (both/ and)	Successive (either/ or)
Diffuse	Focal
Tacit	Explicit
Subjective/ intuitive, spiritual orientation	Objective/ sensory world orientation
Divergent approach	Convergent approach
One with other and the All	Self-centered/ selfish
Unconscious	Conscious
Language comprehension concrete	Language comprehension abstract
Voice intonation	Speech content
Pantomime, kinesthetic, musical	Linguistic
Visuo-spatial	Grammatical
Perceptual-synthetic	Abstract models
Creativity, openness to new options	Synthesis of goal-related concepts
Relatively wide arousal level range over which hemisphere can function	Relatively narrow arousal level range over which hemisphere can function
Evolutionarily older	Evolutionarily newer

Even more important in finding helpful MT results may be the factor of having a true need for the MT information in a real-life clinical situation. Such data may include RH information that is somewhere on the spectrum from objectively relevant to deeply felt factors that are important to

people's life problems but are not objectively measurable. These factors may be highly individualized and unique to each person. When such clinically relevant data are identified through muscle testing, there may be more reliable MT responses than when more general questions (applicable to an entire group of people participating in the research) are addressed in formal research.

Thus far, the best general measure for RH data appears to be the subjective units of distress scale (SUDS). This is often criticized or even disparaged by researchers as lacking objectivity. I rest my case here.

*Observations:*

Research on MT might do well to focus on concrete questions as much as possible. When extending to more general questions, these should be relevant to the needs of individual people participating in the study.

### **Broadening perspectives on MT**

*We know too much intellectually, indeed, that we are in danger of becoming the prisoners of our knowledge. We suffer from a hubris of the mind. We have abolished superstition of the heart only to install a superstition of the intellect in its place. We behave as if there were some magic in mere thought, and we use thinking for purposes for which it was never designed.*

- Laurens van der Post

Muscle testing can be viewed in a much wider context of other somatic-facilitated sensing and therapeutic methodologies. All of these rely on the most sensitive instruments known today: ourselves. We have vast capacities to perceive biological energies and information from within and outside ourselves. Much of these sorts of information are perceived, processed and stored more readily by our unconscious mind than by our conscious mind. It is generally estimated that 95 percent of what we perceive, process and recall is stored in our unconscious mind. MT and the other approaches discussed below help us to access this information.

It is well known that sensitive instruments are a challenge to use because of the interferences that extraneous stimulation introduce. The more sensitive the instrument, the greater the challenges in keeping the focus of the instrument on that which we want to identify or measure, and not getting distracted, blocked or confused by the extraneous 'noise.'

MT uses muscle strength as its guide to sharpened focus of the human instrument. Other methods have also been developed for studying and healing the human instrument, relying on different functions of body, mind, emotions, relationships and transpersonal/spiritual capacities for identifying and sharpening the focus of such awarenesses.

### **Biofeedback**

Biofeedback is something we all use from birth, usually without being aware of it. A child learns to aim the spoon into her mouth using the biofeedback of visual, tactile and kinesthetic (inner awareness of the position of the body), taste and hunger stimuli. She sees and feels her hand moving and learns to adjust the movements of her hand and arm muscles so that the food lands where she wants it to.

Almost any muscles in the body, and other body functions such as blood pressure, heart rate and brainwave generation, can be brought under a measure of conscious control when

biofeedback is provided for these body functions. When we have awareness of these body functions we gain the capacity to alter them.

Electronic and mechanical devices may provide people with information about their internal physiological states, of which they are otherwise unaware. For instance, muscle tensions build up as we become anxious. Often, our anxieties and emotional tensions produce physical tensions without our being consciously aware that we are beginning to feel anxious. Electronic measures of our internal states that are correlated with the emotional states can enable us to bring the emotional states under our conscious control.

For instance, electrical measurements of skin resistance or muscle tensions can become helpful learning tools to aid us in altering and controlling our internal reactions to stress. An electrode may be placed on the body to measure the surface electrical skin resistance (ESR) or underlying muscle tension. The measurements are displayed on a dial or translated into a tone that rises or lowers in pitch and intensity with the amount of tension. People can use this feedback to alter their internal states. They can immediately tell when they are doing something that either increases or decreases their tension. Biofeedback can thus enable people to learn and practice lowering their tensions and gaining control over many body processes. When muscle tensions are lessened in these ways, we relax the inner tensions associated with anxieties. The anxieties are then also reduced. Our tolerance for the stresses causing the tensions is increased at the same time.

Through biofeedback we can learn to influence many other physical functions on a conscious basis, even those that are normally controlled by our body's unconscious, automatic regulating mechanisms. This control is not achieved spontaneously because under normal conditions there is no sensory or cognitive feedback available. For example, you are usually unaware of your heart rate, blood pressure or brainwaves, and therefore have no way of deliberately increasing or decreasing them. With biofeedback you can learn to alter these and many other of your body's functions voluntarily.

Instructions are not provided on how to control your body functions in response to the biofeedback, since no effective descriptions for this process have yet been found. Students of biofeedback will usually do best if they do not force themselves to relax.

Elmer Green (1972) observes:

In active volition that you use for operating the normal muscles, the harder you try presumably the better it works. It is exactly the opposite when you're trying to control the involuntary nervous system: the harder you try the worse it works. You have to learn how to talk to the body, tell it what you want it to do, have confidence in it, allow it to do it and detach yourself from the results. If you don't do that it won't work. If you keep worrying about it or thinking about it won't do it. It's like forcing yourself to go to sleep, which doesn't work very well either. And about the time you give up trying to force yourself to go to sleep then you go to sleep.

Through trial and error a person can learn to control these functions. This is similar to learning to control other functions of the body. As children, by trial and error, we all learn to control:

- our hands, using visual, tactile and kinesthetic feedback;
- our lips, tongue and vocal chords, with auditory and social feedback;
- our bowel and urinary sphincter muscles, through kinesthetic (body sensations), visual and social feedback.

Any physiological variable that can be measured can serve as a basis for such training. For example, it was once thought that muscles in the gut and arteries are not susceptible to voluntary control. This was because people had not received adequate feedback to know when these 'involuntary' muscles were contracting or relaxing. A simple example, which you can test for yourself with a little patience, involves the muscle of the iris of the eye. By providing feedback with a mirror, many people can learn to contract or dilate that muscle voluntarily. The average learning time is about an hour.

Self-regulation exercises with appropriate feedback (Green and Green, 1977) may provide control over other, unusual aspects of bodily functions:

- Voluntary muscles throughout the body – I learned to wiggle my ears with feedback from a mirror.
- Relaxation – Electrical measurements of skin resistance are correlated with psychological tension and relaxation. With this feedback you can learn to relax.
- Blood pressure – Practicing with a blood pressure cuff, you can learn to lower your blood pressure intentionally. (Many find that slow, deep breathing and/or meditation can help this process.)
- Heart rate – Thinking of whatever you find exciting or calming can raise or lower your heart rate.
- Selective blood vessels can be dilated – You can influence your hands to make them warmer or cooler with temperature biofeedback from your hands. You can similarly learn to relax blood vessels in your temples and scalp to relieve migraines.
- Brain waves – Neurofeedback can teach people to control various portions of their brain, for relaxation, for decreasing the severity of ADHD, and for other benefits.
- The bowel – With a balloon on the end of a tube inserted into your bowel, you can learn to contract or relax the muscles of your bowel. (This is an uncomfortable procedure and has not been widely used for clinical problems.)

The lessons of biofeedback can inform us about many similar methods, including muscle testing. By practicing MT and obtaining feedback on whether 'yes' or 'no' responses are correct or erroneous, it is possible to sharpen one's abilities in using MT. People using biofeedback for themselves can learn to use it with increasing accuracy.

Other helpful references on biofeedback include: Brown 1979; Wise (1985).

*Observations:*

1. It would be of interest to see whether it is possible to document whether MT accuracy improves over time, both in self-uses and therapist uses of MT.
2. It would be worth searching for physiological correlates of accurate MT responses. If found, these would provide a method for feedback to enhance accuracy of MT.

***Dowsing***

Various devices have been widely used for centuries to identify the presence of underground water. In recent years these methods have also been able to facilitate locating oil; other minerals (Hasselberger, 2007); buried electrical lines, water and gas pipelines; military mines; and enemy installations underground (Baldwin, 1967). Medical dowsing uses the same instruments to identify the presence, contributing causes and remedies for illnesses.

1. An L-shaped rod may be held in each hand. The handles usually have a thin pipe around them so that they can swivel freely when held by the dowser. In field dowsing for where to dig a well, the dowser walks around a property with the question in mind: "Where is a good

place to dig for water?" The rods start out pointing straight forward from her hands. As she crosses over a promising spot, the rods swing towards or away from each other (this differs with different dowzers) to indicate that a spot has been located.

2. A string with a light weight attached to one of its ends may be held in the dowser's hand. The dowser uses the directions and vigor of swing of the pendulum to provide the cues for when he is at a good spot for digging the well.

3. Dowsing can be done from a distance, using a map rather than being present on the territory being dowsed.

4. Dowsing rods and pendulums can be used to give 'yes' and 'no' answers, similar to MT. This has enabled dowzers to contribute their intuitive impressions on states of health and illness. This, too, may be done in proximity to the person being examined or from any distance.

While many people may attribute the results of dowsing to the rods and pendulums, there is evidence to suggest that it is the person holding the instrument who is the agent for the awareness. In other words, dowzers unconsciously move the rods or pendulum as a way of bringing to consciousness their unconsciously perceived answers to the questions they are addressing.

1. If the dowser's hand holding the pendulum is rested over the edge of a table, with the pendulum hanging down in the usual manner, the sway of the pendulum will be stopped or will be minimal.

2. With time, the more sensitive and experienced dowzers find they no longer need the feedback of the rods or pendulum. They just have an inner knowing of when they are focused on the right spot in field or map dowsing, or on the correct knowledge and feelings that are relevant to their medical dowsing.

The experiences of medical dowzers with the world of conventional science and medicine have often been similar to those of MT practitioners. The dowzers' reports are doubted, disparaged and dismissed.

*At one of his trials, Jurion was testifying about patients he had cured by dowsing remedies when, suddenly and savagely, the judge turned on him to shout sarcastically: "This tribunal is not objecting to your curing people but to your treating them."*

– Christopher Bird

Research in dowsing has produced interesting findings. For instance, A. M. Comunetti (1978) discovered that Hoffman-La Roche, a major drug company in Basle, Switzerland, relied on two sensitive employees to dowse for underground sources of water for their chemical plants around the world. Comunetti tested these dowzers in the corridors of the multi-story Basle factory for their abilities to identify a source of water that was several floors below. Even with blindfolds or blinkers (which prevented them from seeing the walls or the floor of the corridors) they were reliably able to identify the location of the source of water. As Comunetti had each of the dowzers approach the area of the water source from both directions, it became apparent that one dowser was sensitive to the borders of the water zone, and the other to the body of the zone.

There have been many such studies published over the years. For other interesting research on water dowsing see Comunetti, 1979; Osis, 1960. Such studies are published for the most part in journals of professional societies of dowsing and parapsychology, listed at the end of the references for this article.

Dowsers have also applied their skills to identifying medical conditions.

1. The most common method is to use dowsing devices to provide 'yes' and 'no' answers to relevant questions.
2. Pendulums have been used to identify severity of problems, doses of remedies, percents of progress in healing and other such quantitative information. They are swung over a half-circle drawn on a piece of paper that has the numbers indicated – from lower at one end to higher at the other end – and thus to shortcut the process. In one swing of the pendulum the intuitive information is made conscious, rather than asking a series of questions such as: "Is this lower than 50 percent?" "Lower than 25 percent?" and so on, till a more precise number is identified.
3. Unique to dowsing, medical conditions have been identified that are associated with negative earth energies. For instance, Ilse Pope (1987) in Germany found ten unrelated people who developed cancer over several decades when living in a house located over negative earth energies. Other conditions commonly associated with negative earth energies have included pain (particularly from arthritis), insomnia and other psychological conditions.

It appears that the dowsing instruments provide feedback to the dowser regarding questions held in the dowser's mind. There are speculations, supported by some research, that faint electromagnetic (EM) fields may be involved. Some propose that the rods are sensitive to these EM fields are the basis for dowsing. However, rods made of wood and pendulums with any material for the weight on the string work as well as metal ones. So it would appear that the human is again the instrument that is sensing whatever identifies and connects with the desired information.

Again, we have here various feedback devices that enable the human dowser to identify information that is apparently sensed by the body and/or unconscious mind. With medical dowsing we see the overlaps with MT most clearly. The dowser apparently senses the information through the unconscious mind. The dowsing instruments, moved by the dowsers' muscles, provide the feedback required to bring this information to consciousness. With continued practice, the feedback of their dowsing devices enable some dowsers to learn to identify the inner awarenesses of 'yes' and 'no.' They then can do the dowsing without their instruments.

#### *Observations:*

Studies could explore whether people who are familiar with both dowsing and MT are more accurate with one or the other, for exploring their own psychological issues and the issues of others.

#### **Hypnosis**

'Ideomotor' responses have been reported from as early as 1886 (Bernheim). It is common knowledge that your unconscious mind can communicate through physical reactions information revealing what you think or feel about something. You might blush, look down or frown if someone makes a critical remark about you or about someone else you hold in affection or high esteem. You may be totally unaware of these physical reactions. These are your body's ways of signaling what your unconscious mind believes, knows or feels emotionally.

In a hypnotic state the hypnotherapist can invite people's bodies to help them access the vast storehouses of knowledge their unconscious minds, using such physical signals. Here is a typical method: The client is told: "Rest your hands on your knees. Your right middle finger will

rise if the answer to a question is 'Yes,' and your right index finger will rise if the answer is 'No.' Your thumb will rise if the answer is "I don't know" or 'I am not ready to say at this time' (Ewin and Elmer 2006). Ideomotor responses provide access to the 95 percent of the brain that is estimated to be outside of conscious awareness. People can also be taught to do this for themselves under self-hypnosis.

Hypnotherapists have reported impressive benefits from these ideomotor responses, often eliminating chronic pains and other conditions that had not responded to conventional medical or psychotherapeutic interventions. For instance, Ewin and Elmer (2006) report:

1. Cures of tinnitus, chronic and incurable pains (including severe nerve pain called reflex sympathetic dystrophy), symptoms of cerebral palsy, warts and much more.
2. Ideomotor responses may be used as part of the hypnotherapy process. Suggestions for therapeutic changes can be embedded in the questions that are asked. The 'yes' and 'no' responses of the hypnotized person can lead them towards therapeutic changes. For instance, when a person answers 'yes' to "Could you allow the pain to be a little more intense?" and the pain increases slightly, they are acknowledging that they can alter the intensity of their pain. They can then be invited to release a little bit of their pain at a time. (See more in the book review of Ewin and Elmer in this issue of IJHC.)

I have been unable to locate research validating the uses of ideomotor responses.

The movements of the fingers in providing 'yes' and 'no' answers to the therapist's questions or to people's own questions, guided by their unconscious mind, are very similar to the MT uses of muscle strength and weakness to provide such information from the unconscious mind.

The inclusion of the third options of 'I don't know' or 'I don't want to say' is most interesting. This 'gray crow' may allow people to feel more comfortable in the explorations of aspects of the otherwise unconscious portions of their minds. People may be more willing to allow the investigator to help them access their unconscious awarenesses, and to disclose their inner awarenesses when they know they have the opt-out possibilities of indicating they don't know or don't want to respond.

This third option is not normally a part of the MT process. The lack of this option may help to explain some of the irregularities in MT responses in clinical and research settings. For instance, where the research design includes questions about whether a substance in a vial is toxic to people holding it, if they don't know the answer they may be randomly guessing since they don't have the option to indicate that they don't know the answer. Or the information requested by the investigator may appear neutral and innocuous on the surface, but could be uncomfortable for the people being tested to disclose – either to themselves or to the investigator.

The great advantages of MT, which appears to function very similarly to the ideomotor response, are:

1. MT does not require hypnotic inductions.
2. MT can be used by people for clarifying their own questions and problems, without a therapist being present, and without requiring a self-induced trance.
3. MT can be used transpersonally (discussed below). For example, therapists can use MT on themselves to inquire about information relating to people they are helping.

For more on issues in hypnosis and clinical suggestions see: Haley (1973); Rossi (1986).

MT helps people identify and clarify their problematic issues that can be addressed in order to facilitate change and healing through therapy or self-healing. MT clarifies the problems, identifies ways for dealing with the problems and various remedies that are more or less likely to be of benefit.

The answers we get with ideomotor responses and MT often depend on the questions we ask. Hypnotherapists as a group are often very skilled at identifying root causes of issues generating problems in people's lives. Other practitioners may not be as skilled in such sleuthing.

*Observations:*

- The reports of successful therapy using ideomotor responses for medically incurable problems suggests that the unconscious mind can be accessed to facilitate cures of difficult problems.
- MT appears to offer access to unconscious information that is similar to information accessed with ideomotor responses.
- Research on MT could include the option of 'I don't know' or 'the answer is between a yes and a no' if the MT is done with fingernail MT.
- A symposium including hypnotherapists who use ideomotor responses in their therapy and practitioners who use MT might shed some light on both approaches.

***Intuitive awarenesses: telepathy, clairsentience and precognition***

*I have learned to trust any intuition and I've learned to do it sooner. It's taken a long time to realize that it isn't so important that I understand intellectually what I'm doing. More important is that I feel the validity of my action... "I feel it intuitively" is heard by some as a weak and waffling response. I don't care, I'm not going to resist actions based on my intuition just because I can't justify them. I don't find my judgmental faculty nearly as wise as my intuitive one.*

- Ram Dass

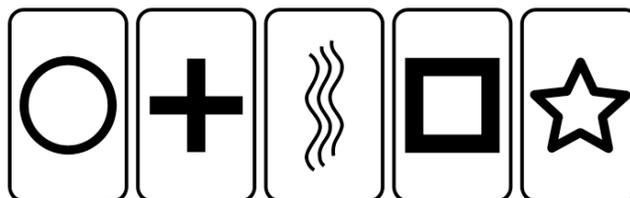
Any person may be able to access information from other living beings (telepathy), from non-living parts of our environment (clairsentience) and across the usual boundaries of time (precognition). Despite the fact that conventional scientists prefer to ignore and dismiss these phenomena, there is research confirming their existence that has been meticulously executed, replicated and confirmed by meta-analyses at very high levels of confidence:

1. Meta-analysis of studies of telepathy (Radin, 1997) demonstrate significant mind-to-mind communications ( $p < 10 \times 10^{-8}$  = odds against chance of 10 billion to 1)
2. Meta-analysis of studies of clairsentience (Radin, 1997) demonstrate significant awareness of the inanimate world around us ( $p < 10 \times 10^{-5}$  = odds against chance of 10 million to 1); and in another series (Bem & Honorton, 1994) demonstrate significant awareness of the inanimate world around us ( $p < 4.76 \times 10^{-8}$  = odds against chance of 4.76 billion to 1)
3. Meta-analysis of studies of precognition (Honorton & Ferrari, 1989) demonstrate significant abilities to connect with awarenesses across time ( $p < 10 \times 10^{-24}$  = odds against chance of 10 million billion billion to 1)

It is of great interest, in the context of this discussion, that the above studies were done in many cases with a standardized set of five 'target' images. People reported simply whether the target was either a circle, plus sign, squiggly lines, square or star (see Figure 1). I believe the successes in parapsychology research may have been attributable in great part to the focus on

such simple, clearly distinguishable targets – similar to the question used by Monti in his research that regularly provides strong MT responses. It is also of note that the percents of correct responses were low but consistently beyond chance levels when very large numbers of people were studied.

**Figure 1. Zehner cards used in parapsychology research**



The distance between the perceiver and that which is being perceived by telepathy, clairvoyance and precognition appears to be irrelevant to the success of the perceiver. The military services of the US and Russia have made use of such abilities in what they term 'remote viewing' (Alcock, Burns and Freeman, 2003). The arrangement that works best for this is to have a sensitive viewer go into a quiet mental state and then have the guidance of another person to direct them to desired 'target' locations and to record their spoken observations (IRVA Web ref). It has been possible, for instance, to verify information retrieved in this manner when the viewer is simply given precise map coordinates, anywhere on earth.

Such intuitive awarenesses occur to varying degrees in different people. Many ordinary people report receiving intuitive impressions. They are most frequently reported in dreams and less often as spontaneously received information from an unknown source, often of interest or help in their lives. People who are gifted in perceiving in these ways are called psychics or intuitives.

The presence of disbelievers (often identified as 'skeptics') in the course of parapsychology research has often been noted anecdotally to diminish the successful occurrence of the phenomena under investigation. The experimenter effect has also been demonstrated in a parapsychological study where a believing researcher obtained significant results and a disbelieving researcher obtained no significant results, using the identical protocol. The first replication of this study confirmed these results but a second replication did not demonstrate significant effects (Schlitz, et al. 2006).

As noted with dowsers, psychics' awarenesses of other people's states of health and illness can be perceived from a distance. Awarenesses of these sorts, without the use of dowsing devices, have been reported primarily by gifted intuitives. Norman Shealy, a neurosurgeon who has been exploring and practicing holistic healing for decades, studied medical intuitives. Shealy (1988) found several who are able to identify physical problems very accurately in patients whose diagnoses he knew. Further research is clearly warranted and needed.

Some people are born with highly developed intuitive abilities. It is also possible for many apparently ungifted people to develop their intuitive gifts. As with dowsers who no longer need their instruments as aids in connecting with information they are seeking, intuitives may practice until they become proficient and no longer need boosters for these perceptions. Here are a few of the countless ways in which people can learn and enhance their intuitive awarenesses.

1. Teachers of intuitive skills often recommend meditation – for quieting the conscious mind and opening the doors to intuitive inner awarenesses. For these purposes it is usually

recommended to develop skills of focusing on single items, such as a candle flame; a flower or other object in nature; a mantra; or one's breathing.

2. Practicing with people who are open and willing to collaborate in such explorations is important. Pairs of people will take turns with the first thinking of something and the second doing his best to identify the thoughts that are being held in focus by the first. Skepticism is clearly legitimate and important in left hemispheric explorations. In right hemispheric explorations, skepticism can block the occurrence of intuitive awarenesses.

3. A personal object can be presented by the first person to the second. This object belongs to someone who is unknown to the second. The second holds it in her hands and gives any impressions she perceives about the owner of the object. The first gives feedback on the accuracy of these perceptions. Then they reverse roles, with the second presenting a similar object to the first. This is called 'psychometry,' which is a common clairvoyant ability.

Extensive research has shown that believers in parapsychology score significantly higher than chance levels in research on parapsychological abilities, while disbelievers (usually identified as 'skeptics') perform significantly lower than chance expectations in the same research studies (Lawrence, 1993).

#### *Observations:*

1. We might take lessons from those who learn to develop their intuitive abilities through enhancing their focusing abilities. It is uncommon for MT to be taught in these ways. Perhaps the practice of meditation, which involves narrowing one's conscious mental focus, might eliminate 'noise' that interferes with clearer MT responses, by diminishing distractions that interfere with the focus of MT.

2. It would be interesting to test MT responses with the Zehner cards as concealed targets for intuitive awareness.

#### **Bioenergy awarenesses**

Many who use MT also practice various forms of energy medicine, such as Therapeutic Touch (TT), Healing Touch (HT), Reiki and other healing modalities. These practices, collectively called 'healing,' are based on the understanding that the physical body can also be understood and explored as an energy body. To view this from a scientific perspective, it is the application of Einstein's equation,  $E = mc^2$ , to living beings. A wealth of research confirms the efficacy of healing in addressing various physical problems (Benor, 2001; 2002).

Bioenergy practitioners may sense biological energies as information from the physical body. They can sharpen and enhance their understandings of what these bioenergies mean because many practitioners have feedback from

1. Personal observations (such as sensations in their hands as they pass them around the body of another person);
2. Reports from the people being scanned; and
3. Practitioners' direct observations of the physical conditions of those they are scanning.

Different practitioners often perceive different sensations relating to the same problems. For instance, it is common for some to feel intense heat when passing their hands over a part of the body that is injured, while others may sense prickliness, cold or stickiness. Each learns to hone her bioenergy senses through practice and feedback.

Healing can be done from any distance. Healers project the mental intent, wish or prayer to bring healing to those who are in need. Research confirms that distant intention can be effective for humans and can enhance or retard growth of plants.

Similarly to dowsers and remote viewers, there are healers who develop the abilities to access information about the physical, mental, emotional, relational and spiritual states of people. This can be done from any distance.

Energy Psychology (EP) practitioners have overlaps with healers in several regards. Practitioners of EFT and TFT utilize stimulation of acupressure points, another form of bioenergy therapy. All of these practitioners may sometimes use MT.

### ***Muscle testing for information outside oneself***

The focus in this discussion has been mostly on awarenesses of issues in one's own physical body. In bioenergy sensing it is also possible to access immediate awarenesses of another person's various states of being. These are much more complex, but vital to acknowledge because they can influence whatever more focused information is being assessed through MT. Because these awarenesses of other people's physical states and consciousness can be accessed by practitioners on demand, it is highly likely that they are constantly present but outside of conscious awareness.

The concept of obtaining intuitive information about other people's conditions appears to be well supported, since the above observations about psychic awarenesses outside of ourselves are robustly validated in research. This would make it possible to access virtually any information through our unconscious mind.

The good news is that we are able to access any information from anywhere in the world. The bad news is that this makes it difficult to isolate the human instrument for purposes of standardized assessments. The human instrument is very difficult to use with anything resembling a standardized calibration or isolation from countless internal and external distorting influences.

This brings us to the doubly-fraught explorations of one person accessing the states of being of another person. This is another common use of MT. Practitioners may use self-MT to identify conditions of physical, emotional and mental conditions of health and dysfunction of another person.

People who use self-MT can learn to ask questions about other people and other aspects of the world at large. They can improve their accuracy with practice and feedback.

- Unknown items on a restaurant menu can be checked for whether they will taste good.
- Whether a book or a film will be enjoyed and/or provide helpful information can be predicted.
- Whether a blind date will be worth pursuing can be checked out.

Caregivers using MT on themselves in order to answer questions about their clients can enhance their MT skills and their confidence in using MT with feedback from their clients. With practice, the accuracy of these awarenesses can also be improved.

Ethical uses of this form of MT requires, of course, that the second person gives permission to the one who is doing the MT to use it in this way.

Clinical reports and my own experience indicate that the more MT is practiced, the more accurate and confident the practitioner can become. MT is never a 100 percent accurate, but still worth taking into consideration in making decisions.

### ***My personal experience with MT***

*All concepts setting boundaries to what we term the self are arbitrary. In the systems view, we consist of and are sustained by interweaving currents of matter, energy, and information that flow through us, interconnecting us with our environment and other beings.*

*Yet, we are accustomed to identifying ourselves only with that small arc of the flow-through that is lit, like the narrow beam of a flashlight, by our individual subjective awareness.*

*But we don't have to so limit our self-perceptions... It is as plausible to align our identity with the larger pattern, interexistent with all beings, as to break off one segment of the process and build our borders there.*

- Joanna Macy

My personal experience with using self-MT has been enhanced by using it to ask many kinds of questions about issues outside myself. The MT method that works most comfortably for me is to rub my right index finger over my right thumbnail as I focus on a question. Smooth is my 'yes' and resistant/ rough/ not moving is 'no.' Over time, I have found this method also allows for answers of partial 'yes' and partial 'no' – through sensations of hesitant smoothness or partial resistance.

Frequent practical questions I ask in order to keep honing my MT skills and enhancing my confidence in using them:

- Is this line [at a store checkout or in my car approaching a busy intersection] going to get me through fastest now?
- Is this avocado or cantaloupe going to be ripe when I want to eat it on [date]?
- If I phone this person, will I be able to speak with him/her directly now?
- Is it for the highest good of this client for me to share this insight I have with this client now?

All of these questions give me immediate feedback. Most of them are objective, with confirmation or refutation of the MT question I asked. I've never recorded series of answers to get a precise percent of accuracy, but it's high enough that I'm encouraged to persist in asking in these ways.

When I was just starting to do this about a dozen years ago, my percent was considerably lower. As my accuracy improved, I reached a point where I felt an inner knowing of 'yes-ness' or 'no-ness' in what I was asking, even before I did the MT with my fingers. As I first noticed this, my percent of accuracy went way down. I realized that I was getting distracted into thinking about the MT process rather than in just letting it happen. As I let go of that cognitive distraction, my accuracy increased again and I've now come to trust those inner knowings that come without MT.

I feel and think I've probably had innate intuitive gifts from childhood. As early as age four I can recall feeling the rightness or wrongness of choices I was making. However, my focus earlier in life was more along the lines of "is this proper/ right/ within my mother's approval zone?" rather than "will I be successful?" Over the years of my adult life, I've continued to develop that inner knowing of rightness and wrongness and increasingly trust it.

Finding erroneous answers through MT is often as interesting and helpful as finding correct ones, and sometimes moreso. This invites explorations of what might have gotten in my way of focus or clarity. Quite frequently it is the clarity that needed sharpening. Here are a few examples:

1. The unconscious is almost as literal as a computer. If I ask an important question it is best if I write down the exact wording I use. When I get unexpected or confusing answers, it is most often due to my poor phrasing of the question.

*Example: Is this book I'm thinking of buying going to be helpful to me?*

*I have many times gotten a 'yes' response, but then found the book not particularly relevant to my specific interests. However, at a later date, the book proved very helpful. This feedback has led me to add the word 'now' to such questions, when I am weighing the benefits of purchases or other decisions.*

2. If I feel strongly about one side of an issue that I am exploring through MT, it is often helpful to have another trusted MT person do the MT on herself, and then hold the question in her awareness while I do the MT.

3. To maximize the benefits of this variation it is often helpful to consecutively focus on positive and negative versions of the question, and see whether the answers are consistent with logic.

4. Investigating inconsistent responses is often very helpful, pointing out issues with how the questions are being stated, and pointing to additional important factors that have not been considered.

With time and further practice of MT, I've come to add, as part of the question, "and will this be for the highest good of all?" This is in line with my growing feeling that I am part of a collective consciousness and that I wish to contribute to the highest good of all, not just to seek my personal benefits in life.

I've developed a method of self-healing that incorporates many of the awarenesses discussed in this editorial. WHEE (Wholistic Hybrid derived from EMDR and EFT) AKA TWR (Transformative Wholistic Reintegration) invites people to connect with every level of their being: body, emotions, mind, relationship and spirit. Right and left hemispheric awarenesses are harmonized with cognitive and feeling affirmations plus tapping on the left and right sides of the body (Benor, web references).

I teach clients to use self-MT. Many find, as I did, that this enhances their personal intuitive awarenesses and accuracy. Many also report that this expands, deepens and qualitatively enhances their connections to the intuitive and personal spiritual dimensions of their lives.

People who come to me are to a great degree self-selected. They are more likely to be believers in intuitive awarenesses, healing and MT. My personal observations about careseekers may therefore be biased relative to the general population of caregivers.

## Discussion

*The intuitive mind is a sacred gift and the rational mind is a faithful servant.*

*We have created a society that honors the servant and has forgotten the gift.*

- Albert Einstein

Research on MT has generally focused on the methodology for accessing inner awarenesses

rather than on the human instrument that is used for doing so. Considering that this instrument is extremely complex and exquisitely sensitive, we must 'keep in mind' (left hemisphere) and hold the awarenesses (right hemisphere) that MT explorations will be subject to expectancies, noise and other influences that are extraneous to the focus of the research, It is no surprise that there have been disappointing results with research that has not taken all of these into account. This is all the more likely when using methodologies appropriate for left hemispheric phenomena.

This may help to explain why there have been some positive results when addressing absolutely factual questions, such as the name of the person being tested, compared to more general questions that would be subject to diverse influencing factors which are outside the focus and awareness of the researchers. In doing the research this way, we are asking questions that could be influenced by beliefs, expectations, emotions, relationship issues, and countless other factors in the people being tested. It may be necessary to use larger numbers of people in these studies in order to find significant effects.

It might also be helpful to conduct more phenomenological studies, such as:

1. Observing within clinical uses of MT, which questions elicit accurate responses.
2. Observing within clinical uses of MT, which questions elicit erroneous responses.
3. Adding a third option to the MT procedure of 'I don't know' or 'I don't want to answer'.
4. Using MT procedures such as the thumbnail smooth or rough/sticky sensation to elicit partial 'yes' and 'no' responses.

To dismiss MT as unreliable, based on testing people for awarenesses of information that is not of vital relevance to them. This might be a particular problem when the human instruments are under research scrutiny – which would tend to shift them into self-scrutiny, a left hemisphere activity. MT, an activation of intuition, is primarily a right hemisphere activity.

We might have better results if we studied people who have acquired expertise in MT for assessing the problems of others, and who might hold their intuitive, left brain focus despite being under research scrutiny. This would, however, introduce complexities involved in transpersonal experiences.

And last, it might be more successful if the research design focuses on:

1. Incontrovertible, factual questions such as the participants' names as the focus of the protocol.
2. When including more abstract and subjective questions, it may be better if these are of high significance to each person in the study. This may be a challenge in the research design, which would ordinarily be planned to include the same, standardized questions for all participants.

*It is a journey, a life long journey. I will never have all the answers, only a greater understanding which will open to even more questions.*

- Diane Wind Wardell

## **In Summary**

Muscle Testing is a methodology that is deceptively simple. MT appears to access right hemispheric awarenesses. To date, our left hemisphere habits of cognition lead to expectations of researching MT with study designs which may actually be inimical to generating significant findings. We might learn helpful lessons from people who use other approaches to develop their

intuitive awarenesses, such as specialists in biofeedback, dowsing, hypnotherapy and parapsychology

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Dowsing research is often published in  
*American Dowser*  
*Journal of the American Society for Psychical Research*  
*Journal of the British Society of Dowsers*  
*Journal of the Society for Psychical Research (UK)*

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