



The GSR Meter Course

By Peter Shepherd

**Biofeedback monitoring skills in the context
of transformational psychotherapy**

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Foreword

The **Galvanic Skin Response (GSR) Meter** is a type of biofeedback monitor specially designed to assist in one-to-one (two hand-held electrodes) and solo (single hand double-electrode) psycho-therapeutic and personal development procedures. There are many situations in which it is extremely helpful to be able to detect the presence of emotionally charged, suppressed mental content just below or at the borders of subconsciousness. This is a tremendous aid in assessing which of many specific topics is most relevant to be treated and at the same time, such material is also accessible and readily viewable by the subject. This can save many hours of wasted searching and discussion and when you have used a GSR Meter for a short time you will wonder how it is possible to be effective in developmental therapies without one!

Details of recommended GSR Meters are given at these Web sites (descending price):

[Clarity Meter](#)
[Ability Meter, Int.](#)

The Clarity Meter is USA-manufactured and the Ability meter is made in UK.

The following **GSR Meter Course** presents the basic information you need to understand the principles of GSR metering and to include the use of a GSR Meter in both your one-to-one psychotherapeutic and self-administered personal development sessions.

CREDITS

The techniques of GSR metering in this course are described in the context of Transformational Psychology. Further information about this approach to personal and spiritual development is to be found in the on-line book, '[Transforming the Mind](#)', at the [Heart Intelligence](#) _Web site and in the [New Life Course](#). The author, [Peter Shepherd](#), based the materials of Transformational Psychology and of the Bilateral Meter Course on principles originally researched and developed by Gregory Mitchell, the inventor of the Bilateral Meter. Considerable assistance was also given by Mike Wray in producing the GSR Meter materials in the accompanying PDF manual, [GSR Meter Course](#). Of course, many eminent transpersonal and analytical psychologists are underlying sources of these ideas and practical applications.

IMPORTANT NOTE

Whilst studying these materials be very sure that you do not pass by any word or concept that you do not fully understand, and that you are happy with your competence in each practical technique, before continuing further.

If at any time you are having difficulty, go back to where you were last doing well and spot the word, concept or technique that was not fully grasped. When that misunderstanding or inability to apply is sorted out, continue on from that point. If there is a problem, please do not hesitate to [contact Peter Shepherd](#) for assistance.

Introduction

Psycho-analytical procedures are greatly enhanced by the use of a simple biofeedback monitor. This serves to point out to the practitioner those emotionally "charged" topics which pass through the subject's mind, either consciously or pre-consciously. Without this device the practitioner is relying solely on body language; with the device, therapeutic procedures are so much more effective that it is now possible to use powerful techniques much more efficiently and successfully, and even to apply them upon oneself as the subject. The monitor operates by the Galvanic Skin Response of the body.

The Galvanic Skin Response

The simple psycho-galvanometer was one of the earliest tools of psychological research. A psycho-galvanometer measures the resistance of the skin to the passage of a very small electric current. It has been known for decades that the magnitude of this electrical resistance is affected, not only by the subject's general mood, but also by immediate emotional reactions. Although these facts have been known for over a hundred years and the first paper to be presented on the subject of the psycho-galvanometer was written by Tarchanoff in 1890, it has only been within the last 25 years that the underlying causes of this change in skin resistance have been discovered.

The Tarchanoff Response is a change in DC potential across neurons of the autonomic nervous system connected to the sensori-motor strip of the cortex. This change was found to be related to the level of cortical arousal. The emotional charge on a word, heard by a subject, would have an immediate effect on the subject's level of arousal, and cause this physiological response. Because the hands have a particularly large representation of nerve endings on the sensori-motor strip of the cortex, hand-held electrodes are ideal. As arousal increases, the "fight or flight" stress response of the autonomic nervous system comes into action, and adrenaline causes increased sweating amongst many other phenomena, but the speed of sweating response is nowhere near as instantaneous or accurate as the Tarchanoff response.

The most advanced layers of the cortex, unique to Man, link to the thumb and forefinger especially, and there is a further complex physiological response which occurs when the forebrain is aroused. Changes in Alpha rhythms cause blood capillaries to enlarge, and this too affects resistance.

By virtue of the Galvanic Skin Response, autonomic nervous system activity causes a change in the skin's conductivity. The overall degree of arousal of the hemispheres, and indeed the whole brain, is shown by the readings of the GSR Meter, which does not differentiate between the hemispheres, or between cortical and primitive brain responses. Higher arousal (such as occurs with increased involvement) will almost instantaneously (0.1 - 0.5 sec) cause a fall in skin resistance; reduced arousal (such as occurs with withdrawal) will cause a rise in skin resistance.

Thus a rise or fall relates directly to reactive arousal, due to re-stimulation of repressed mental conflict. Initially this may cause a rise in resistance as this emerging, previously repressed, material is fought against. When the conflict is resolved, by the viewing of objective reality - the truth of exact time, place, form and event - there is catharsis and the emotional charge dissipates; the release of energy giving a fall in resistance.

The Being or "Higher Self" is involved, because it is the Being that knows the objective truth and therefore is in conflict with distorted mental contents. The Being, however, is not part of the brain; it is a quality not a quantity, and is essentially not anywhere, except by consideration. The Being is a non-verbal knowingness that lies back of mental awareness and activity, but which is capable of influencing the composite human being, through will and creative choice, by postulate.

Jung and Mathison

One of the first references to the use of GSR instruments in psychoanalysis is in the book by Carl Gustav Jung, entitled "Studies in Word Analysis", published in 1906. Here the Swiss psychologist describes a technique of connecting the subject, via hand-electrodes, to an instrument measuring changes in the resistance of the skin. Words on a list were read out to the subject one by one. If a word on this list was emotionally charged, there was a change in body resistance causing a deflection of the needle of the galvanometer. Any words which evoked a larger than usual response on the meter were assumed to be indicators of possible areas of conflict in the patient, and these areas were then explored in more detail with the subject in session. Jung used observed deflections on the meter as a monitoring device to aid his own judgment in determining which particular lines of enquiry were most likely to be fruitful with each subject.

Without amplification, this device was difficult to use, thus it remained as little more than a laboratory curiosity until the development of sophisticated valve amplifiers in the 1930s. Once a portable psycho-galvanometer with amplification was available, the idea of using a psycho-galvanometer was picked up with enthusiasm by criminologists. These meters became known as "lie detectors", and have been used by various police forces, in this manner, for more than 60 years. On the other hand, little further work was done in psychotherapy with the psycho-galvanometer, until Biofeedback Research in the 1970s using the psycho-galvanometer in connection with meditation and relaxation became popular.

Biofeedback is the technique of self-regulation of awareness states by the subject. The level of cortical arousal is central to a person's level of awareness, so a machine that can measure this factor is of the first importance in biofeedback. Many papers have been presented on this subject over the last 25 years, and the most important findings of this research are:

1. A low level of cortical arousal is desirable for relaxation, hypnosis, and the subjective experience of psychic states and unconscious manifestations.
2. A high level of cortical arousal gives increased powers of reflection, focused concentration, increased reading speed, and increased capacity for long-term recall.
3. Cortical arousal has a simple relationship to skin conductivity. Arousal of the cortex increases the conductivity of the skin and conversely, a drop in arousal causes a drop in skin conductivity. With a sensitive meter the level of arousal can be brought under conscious control. With a few hours' practice the level of arousal can be consciously controlled over wide limits.

Volney Mathison was a pioneer in the discovery that all fears, feelings and resentments - all thought and emotion - were electrical in their nature. He found through experiments with lie-detectors during the 1940s that when a person was reminded of certain past events, or when a change of mood was induced in him, the needle in the meter would jump erratically; the degree of jump was in proportion to the strength of unconscious reaction. In skilled hands the meter could be used to locate a particular mental content, the nature of that content, the location of that content in space and time, and the amount of force contained within it.

His researches with lie-detectors in the 1940's made it possible for Volney Mathison to go on and invent the modern type of portable transistorized GSR Meter - a type that has survived with very little change, until the present day. The Hubbard E-meter was based on its design; contrary to propaganda, these early

types of meter worked well. Mathison went on to develop a word-list to be used in conjunction with the GSR meter. He would ask the subject under analysis, to take hold of the meter-electrodes, then he would read this list of words to him. Without fail, some of these words would trigger a response on the meter, and in some cases violently. Whenever this was the case, Matheson knew that these words were associated with violent and negative fear or resentment that had its origin in unconscious (reactive) complexes in the subject's mind. Most of the time, the subject was completely unaware that he was reacting on the meter in this way.

Reversal Theory

It has long been known in biofeedback research, that meditation and relaxation procedures cause a rise in skin resistance. It has therefore been assumed that high and low skin resistance correlate directly with relaxation and stress respectively, and that a high resistance indicates a pleasant relaxed state of mind, whereas low resistance indicates tension. However, the reverse is true in a psychotherapy session. When repressed material is coming to the surface (e.g. material associated with guilt or pain), the skin resistance rises and the client experiences feelings of tension; thus in a therapy session, high skin resistance indicates tension, and not relaxation as in meditation. Then, when the repressed material reaches the surface and the negative emotion discharges, there is usually a sudden large drop in skin resistance and the client experiences relief. This demonstrates a correlation between low skin resistance and relaxation of tension, which is in contradiction to the pattern of research findings in meditation.

This contradiction has been noted by Dr. Apter of Bristol University in his book "Reversal Theory". He refers to this as Paradoxical Arousal. His discoveries are that high arousal can be pleasant and exciting when a person is in the (active) Paratelic state, whereas high arousal is experienced as unpleasant in the (thinking) Telic state.

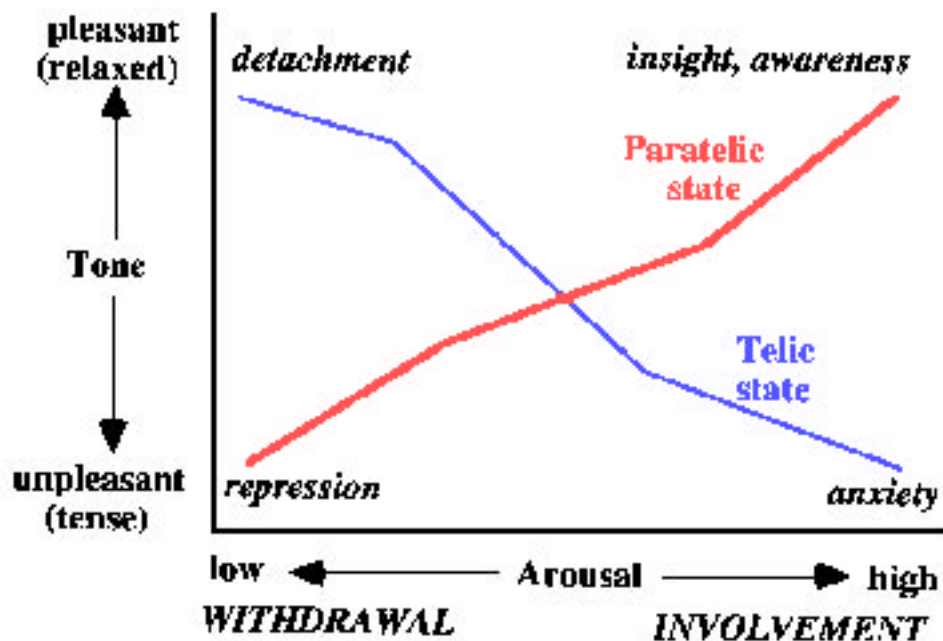
Apter's findings are that a person with a heavy traumatic history experiences high arousal as unpleasant, because the cortical arousal is unequal due to restimulation. It can be demonstrated in many cases that one hemisphere is aroused more than the other, as seen on the Bilateral Meter (a special type of Biofeedback Monitor using twin electrodes). In contrast, when cortical arousal is uniform this is experienced as a pleasant state of high energy (the Bilateral meter reflects this).

This is similar to Freud's early findings, that high arousal in a neurotic is experienced as internal excitement, which is unpleasant, whereas a person who is

substantially free from neurosis experiences arousal as energy for incitement, i.e. energy for action. Our findings substantiate Freud's early findings. Proportional to a client's erasure or transcendence of traumatic material there is an increased capacity to operate at high arousal, in a relaxed state without discomfort, and at a high emotional tone.

In order to resolve the paradox, I suggest that it would be more effective to correlate high and low skin resistance, not with "relaxation" and "stress" but with "withdrawal and "involvement" respectively; both these terms can refer either to a relaxed or to a tense state. The state of withdrawal is relaxed when it means detachment from worldly cares or abandoning responsibility (Telic); and withdrawal is experienced as tense when it means an inability to confront repressed material (Paratelic).

Involvement is experienced as tense when it means over-reach or anxiety (Telic), and is experienced as relaxed when it means enhanced awareness, or when there is a flash of insight and the sudden clearing away of a mental blockage caused by repressed material (Paratelic). A client who is involved in the session of analysis will be in the Paratelic state; if he goes "out-of-session" this will be a reversal to the Telic state:



It is for the above reasons that a fall of the meter needle, i.e. an increase in arousal, is usually more useful than a rise, i.e. a decrease in arousal, when a list is being

assessed to find a case entry point - the most appropriate item to handle. Usually, unless the arousal is too high due to overwhelm or terror, the fall of the needle indicates involvement, hence increased awareness and the ability to access and confront charged material. However, when the needle rises in response to a particular word or concept, this indicates withdrawal; it indicates in most cases that the client does not wish to take responsibility for this area of address.

Towards, Against & Away

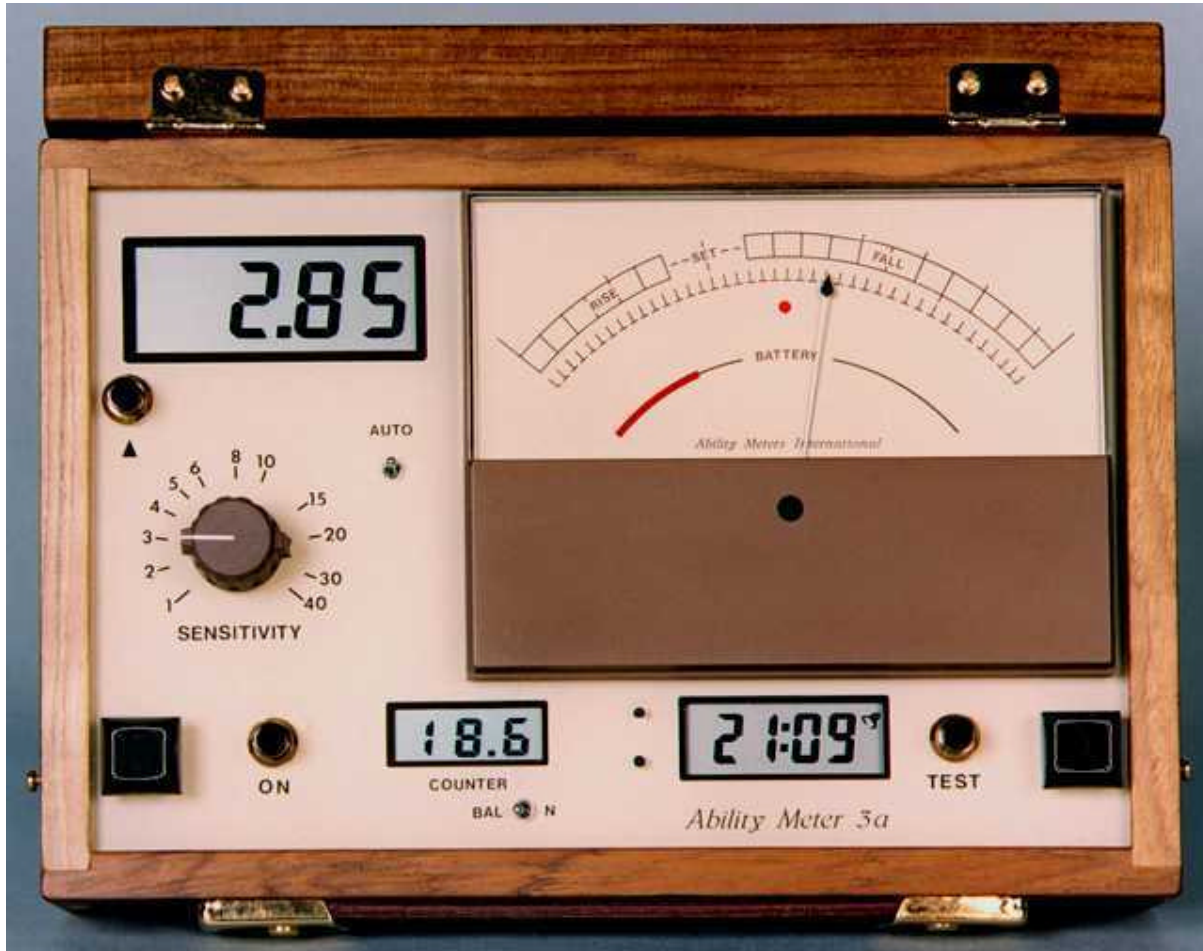
Suppressed emotional conflict causes a build-up of stuck energy in the mind, where conflicting flows (such as 'must do' versus 'can't do') form a mass or 'ridge' of energy. When such material is restimulated by events or by bringing up that topic in a psychotherapeutic session, the Biofeedback Monitor may respond in several ways. If the material is too hard to experience or confront, it is repressed and there will not be an instantaneous response on the meter, but as the energy builds up the client becomes dissociated and falls in arousal as a defense, and there is an increase of basal resistance. The ridge will remain in restimulation but out of consciousness, until attention is directed to the item and it is confronted. This is a flight away from the material.

If the client is able to view the material, some of the suppressed emotional charge is released, causing a fall in resistance. This happens instantly and means that the material is accessible to the client. However the mental defenses may kick-in and cause a backing off or resistance to the material, because its content may be hard to face with equanimity. This stops the release of charge and the resistance may then rise. The material is still accessible but the client is fighting against it.

A rise, then, relates to material which is being confronted but is also fought against. If viewed directly, the contents may overwhelm the client, and the client moves away from it in fear, which causes a high emotional arousal and fall in resistance, followed by a blocking off of the material and subsequent rise in resistance and suppression of the experience. This is what might happen outside the safety and guiding control of a therapist. But if the material is discharged gradually and safely by appropriate therapeutic techniques, the client becomes able to move toward the material, confronting and experiencing it openly, and gradually letting go of his defenses against it. The release of charge - energy previously used in suppression - increases arousal and there is a fall in resistance that is experienced pleurably. The client is able to integrate the experience and so is not fighting it or fleeing from it but rather going towards it.

1. The Galvanic Skin Response

The GSR Meter



Basically the GSR Meter we use is an electronic meter which detects and amplifies very minute changes in the electrical conductivity of an individual, depending on his or her mental and physical state at any given time. It has a transistorized circuit which magnifies any changes in electrical response as detected by holding either an electrode in each hand or a double-electrode in one hand. It is completely safe because the voltage across the electrodes is only about half a volt - an adequate voltage to produce the psycho-galvanic effect. A change in the resistance between the electrodes (i.e. change in conductivity of the body) causes a needle reaction or 'read' on the meter dial.

The GSR Meter has user-changeable AA batteries, a power on switch, a voltage test switch which also functions as an off switch, a large needle dial, a Sensitivity Control and a Balance Control (the Ability Mark 3 GSR Meter has automatic balancing negating the need for a Balance Control, and two manual Reset buttons and a Reset foot-switch). In addition there is a Balance Point display, a Balance Action display and a time display. There is a 'hold' switch for the Balance Action so that the electrodes may be put down and the session resumed without change in Balance Action (a pointer flashes in the Balance Point display when on hold). The Balance Action is reset to zero by re-pressing the power on switch.

In general, the GSR Meter tells you what the subject's mind is doing when he or she is asked to think of various things. When working with a client, two electrodes are used, one in each hand; when working alone, a special type of 'double' electrode is held in the left hand, leaving the right hand free to write session notes.

Provided you understand the GSR Meter, how it responds, and the various needle reactions, you can learn to interpret with remarkable accuracy exactly what the subject (or oneself) is going through, where he or she is at case-wise, and the best steps to take to ensure he or she can make fast case gains.

One of the most accurate ways of counseling is with the use of a GSR Meter. The meter can detect very minute changes in the electrical conductivity of an individual's body - depending on his or her mental and physical state at any given time. It uses a transistorized Wheatstone Bridge circuit to magnify any changes in electrical resistance. The voltage is only about half a volt so it's quite safe! The client doesn't feel anything as the current flow is so small.

There are many meters currently in use to measure changes in body resistance. Most of them work in the same way; the large needle dial reflects what the client's mind is doing when he is asked to think of certain things.

Provided you understand the meter, how it responds, and the various needle reactions, you can learn to interpret with remarkable accuracy exactly what your client is going through and determine the best steps to take to ensure he or she will make adequate progress. It is important especially with new clients, to keep them winning and the meter can greatly assist in achieving this.

It should be pointed out that the reason the meter reads has nothing to do with hands sweating and un-sweating as some people have suggested. For this to be true

the client's hands would have to sweat and un-sweat very fast to give you the kind of variation in readings common in the average session.

Although the meter may be likened to a lie detector, this is not how it is used within the correct therapeutic procedures. With the right line of questioning, and a harmonious rapport between practitioner and client, the meter is like a window into the person's inner state of mind. The next best thing to being telepathic!

The GSR Meter reads on thoughts and feelings BEFORE the subject becomes aware of them. This is mainly because the meter is a very responsive indicator of mental arousal. When a person is asked a question about a matter he may have emotional charge on, the effect is to cause a 'ripple in the water' so to speak, and once magnified by the meter electronics it is represented by a movement of the needle. By getting the subject to look for an answer to the question, the needle will be found to again give the same read as the subject's attention comes close to locating the relevant charge, and by saying "There" or "That" every time the same read repeats, the subject can have his attention guided to the exact item which made the GSR Meter read in the first place. This is called 'steering' and may be used individually as well as with clients. It's just like having a radar system which helps you home in on a target.

We will describe in detail what each part of the GSR Meter is and what its application is. The best way to become familiar with the GSR Meter is to have one available while you read this; get used to it, touch it, switch things on and off and so on, and in general try to get so acquainted with it that it becomes nothing more unusual than driving a car or using a TV.

BALANCE CONTROL:

The Balance Control is the main control the practitioner deals with during the session, and needs to be adjusted depending on the changing state of the subject. This is accomplished automatically with the Mark 3a GSR Meter. The electrical current passing through the subject's body via the electrodes, small though this current is, varies depending on just how much resistance is present in the subject's body. To compensate for changes in bodily resistance (due to the psycho-galvanic effect), you will need to adjust the Balance Control to keep the needle on the dial. When the subject thinks of something there is a change in mental arousal, a bodily change in resistance, and a corresponding variation on the needle.

Each subject has a customary overall body resistance or 'Balance Point' (BP), also called the 'basal resistance', which typically lies between 10,000 and 40,000

Ohms, equivalent to 2.4 - 3.4 on the Balance Control. This is indicated by restoring the needle to the Set position and noting the position of the Balance Control on the Balance scale, which runs from 0.5 to 6.5. This position is called the Balance Point. Various physical conditions can affect this value and should be assessed before the session. The age of the subject, cold hands or feet, dry or sweaty hands, electrodes that are too big or too small to be held comfortably, can all affect the Balance Point. So can fatigue, hunger, tight shoes or clothing, drugs or alcohol, or even unhealthy eating habits. It is necessary to eliminate all of these factors before evaluating the Balance Point.

The position of the Balance Control when it is in the normal range has no direct connection with emotional tone. A dead body would have a constant level of resistance and hence Balance Point. The live body, controlled by the Being via the mind (through the brain interface), has a very different read on the GSR Meter. A Stable Case (one who has a 'majority shareholding' over the reactive aspects of the mind) can affect the GSR Meter at will, whereas a depressed person who is dissociated from his case may only register as a stuck needle. A 'dead in the head' (unconscious or 'not there') person probably won't add or subtract from the dead body read. The average person, however, will be found to register in the 'normal' range (2.2 to 4.0), and have a fairly responsive needle behavior. (Note, this is using two hand electrodes. 'Solo' dual electrodes, held in one hand, have less skin contact and so the Balance Point is about 0.5 higher, so the normal range is then 2.7 to 4.5.)

During the course of a session, where reactive mental content is deliberately restimulated, the Balance Point may move to a high position (4.5 or more, using two hand electrodes) or to a low position (2.0 or less, using two hand electrodes) but when the case being handled is resolved the BP (Balance Point) will return to normal.

During any session, as the subject confronts various parts of his mental environment - pictures, emotions, concepts and so on - the Balance Control will have to be moved up and down to keep the needle visible on the dial; this is because of variations in electrical resistance as emotionally charged items are pulled in, viewed, and fully confronted (seen exactly for what they are). In fact this is a very good way of measuring just how much valuable work has been done in the session. The GSR Meter has a Balance Action display for this purpose. A count of Balance Action gives you a guide to the case progress of the subject or the lack of it. This information is used to judge what processes or steps would benefit the subject most and which ones to discontinue if the Balance Action was minimal.

Noting the Balance Action gives you a good idea of when a session is going well or when it is ineffective and some remedy needs to be taken. If a procedure is producing good Balance Action, the last thing you would do would be to change to a different procedure.

Working with a procedure, it will usually be found that as the case handling is continued, the Balance Action will increase and remain good for some time, and as the case progresses, with most of the charge on the subject in question having been dealt with, the Balance Action will gradually diminish. This can be a helpful way to gauge just how far one has progressed on the issues being examined without overrunning the matter or leaving something important overlooked.

A Balance Drop (BD) occurs when the Balance arm needs to be moved to a lower position in order to get the needle back on the dial after a Long Fall. This only happens on a case when some mental mass has been released, i.e. something in the case has been spotted and confronted. Hence BDs are what you are looking for and represent case gain (= Balance Action).

If the BP (Balance Point) is high at the start of session, i.e. above 4.0 (or 4.5 using solo electrodes), this means that there is something in restimulation, and the correct action by the practitioner would be to locate and release it without restimulating anything else. The practitioner's job is usually to firstly detect the area in which the subject is most restimulated and then with the correct procedure run that restimulation out.

A high BP is often an inevitable consequence of restimulation of highly charged (deeply suppressed) areas of case - it will go down again when that case is resolved. It also relates to a feeling of disagreement or protest, and these things need to be communicated and resolved. However, problems like dry or wet hands, cold electrodes etc. as mentioned above make a big difference to the position of the Balance Control due to large variations, not of the case state but of the physical state of the body.

SENSITIVITY KNOB:

Once you have the subject on the GSR Meter with the needle showing on the dial, there is another important control which is a subsidiary of the Balance Control. This knob is the Sensitivity adjustment, which is another way of saying a 'variable amplifier' or volume control. In the same way as you can increase the power of a microscope to be able to home-in on a detail, with increased Sensitivity you are able to detect in detail what is going on in the subject's case. Sometimes the mental

masses are so solid that to make any detectable impingement, you have to work with a Sensitivity that is wound up very high. On the other hand the subject may be so separated from his case (so that restimulation is excessively out of control, as with a psychotic) that unless you use a low Sensitivity setting the needle is moving about so much that it is very difficult to keep it on the dial long enough to see what it is reading on.

The practitioner usually sets up the correct Sensitivity setting at the start of the session but as the session progresses, he may have to alter it according to how the session is running. If the subject is restimulated at the beginning you may have to use a high Sensitivity, but as the session runs you might find the needle is all over the dial and the Sensitivity needs to be reduced. You also might find that you have to turn up the Sensitivity as the subject contacts some important and massy area of case, or else the needle just seems to go solid and nothing you ask apparently reads.

During the session it is up to the practitioner where he sets the Sensitivity. It is normally set at the start of session so that a light squeeze of the electrodes causes a Fall of about half a dial. To be on the safe side there is nothing to stop you turning it up if you plan to, say, assess a correction list (i.e. check the items on a list to see if one causes a Fall). If the subject has symptoms such as a tight (barely moving) needle, then by all means turn it up.

The Spirit-Mind-Body Relationship

Several students have expressed to me that they do not understand why the human brain should have anything to do with the Spiritual Being, since one is Physical Universe and the other is Spirit. To illustrate that there is an important connection, I would like to explain the Galvanic Skin Response (GSR) mechanism by which the GSR Meter operates.

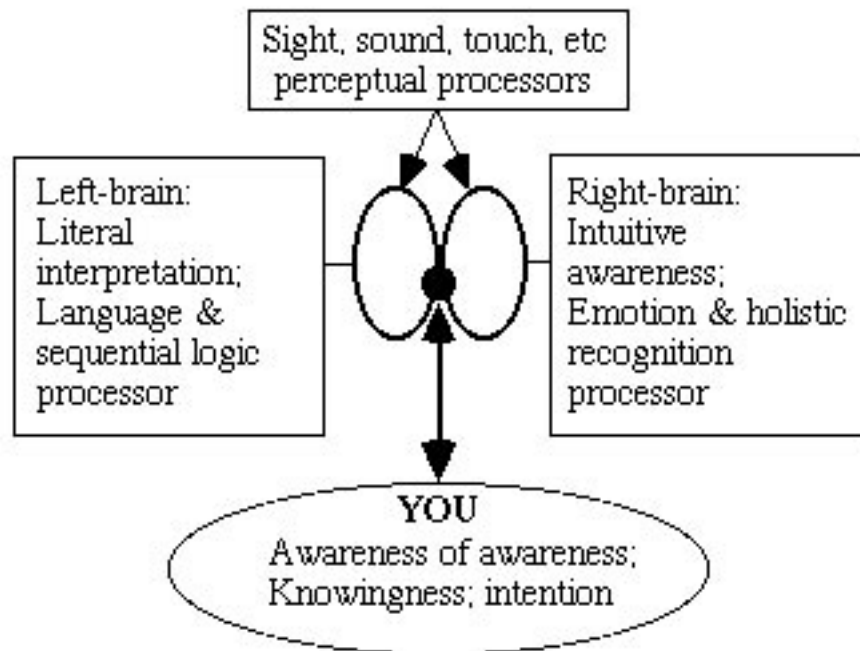
The Being is able, at will, to adopt a viewpoint from which to perceive and to have considerations, opinions and intentions. This Higher Mind is one kind of mind - the mind of the Higher Self. The Being also has the ability to stick itself in a fixed and located identity, such as the identification with a human body, in order to perceive, experience life and express itself through an organic system.

But the human body also has a life of its own: it is a genetic entity - a life form programmed by genes. It is further conditioned by stimulus-response learning, imprinted by traumatic (intense) stimuli and cultural (repetitive or long duration)

stimuli. The body has inbuilt survival drives and develops a sophisticated intelligence (like a monkey but more so due to further evolution of the brain). It may also be programmed by the Being. This second kind of mind, the Body-Mind, that of a fixed identity - a Composite between Body and Spiritual Being - therefore has both analytical and reactive programs, both of which may be aberrated: irrational computations and stimulus-response emotions. In the case of a human being, the imprinted mental programs are carried out by the brain, an incredibly sophisticated computer.

A stimulus, such as an image or perception, may cause an increase of brain arousal if the stimulus is interpreted as frightening or interesting (incitement to act), or a decrease of brain arousal if the stimulus is interpreted as reassuring or of no interest. This stress or relaxation response is transmitted throughout the autonomic nervous system, and because the nervous system is electrical, the emotional response is measurable as a change in skin resistance. Increase in tension and arousal will cause a 'fall' of the needle to the right of the dial on a GSR (Galvanic Skin Resistance) GSR Meter corresponding to a fall in body resistance, and relaxation or detachment will cause a 'rise' of the needle to the left corresponding to a rise in body resistance.

Overwhelm would cause the Balance Point (overall body resistance) to drop below 2.0 on the meter scale as the arousal and tension from a perceived threat causes the needle to continue falling towards the bottom of the Balance scale; and dissociation (a detachment or withdrawal caused by non-confront) would cause a rise above 4.5 on the meter scale. A 'floating,' softly oscillating needle phenomena, on the other hand, occurs when there is no reactive activity or conflict occurring between the Body-Mind and the Higher Mind and there is an open-channel. The needle follows the gentle pulse - reach and withdraw - on the (subtle-energy) communication line. this is referred to as a 'Periodic Needle' (P/N).



If the Higher Mind and the Body-Mind are not differentiated, confusion results. Part of the misunderstanding stems from an identification of the thinking personality, the left-brain verbal ‘ego’, with the awareness of awareness which is the Being. The verbal intelligence is very much ‘of the brain’, whereas the Being is not ‘of the brain’ but influences the brain through non-verbal communication: will, communicated through intuition.

Because the communication of the Being is non-verbal, the right hemisphere is the medium for such communication. This is the nature of ‘intuition’: the Being communicating via the non-verbal right-brain to the verbal left-brain, expressing awareness often interpreted by the right brain in the form of metaphor or symbolic images, in order to relay intentions. For the Being to be able to influence all of the Body-Mind’s activities depends therefore upon integration of the left and right hemispheres, so that the brain is ‘awake’ and not obscuring this direct communication line. The following diagram illustrates how the Spiritual Being (YOU) inter-relates with the human Body-Mind:

The Spiritual Being is able to operate a mind quite independently from the brain, making mental pictures (including all perceptics) as desired and communicating pictures to the right brain, or communicating intention, will or choice to the right brain. These then change the arousal level and affect the GSR Meter.

The Body-Mind has learned the programs for 'intelligence': it can do an IQ test unaided by the Being. Only the Being, however, has knowingness, awareness of its own goals and creative intention or will. Being essentially outside of space and time, it has an objective viewpoint that is unaffected by the irrational or reactive mental processes of the Body-Mind subconscious. It is the source of the highest values of life, love and truth. It is the conflict between the knowingness of the Being (causation) and the Body-Mind's lies or suppressions (alteration and negation) that causes a stress-response and therefore the GSR Meter to give a read.

The brain does have functions, they can be improved, and these functions relate directly to spiritual awareness; the whole of preparatory case handling works to this end, since brain malfunction (inhibited communication between hemispheres) is a direct consequence of unfroneted experience and charged (frustrated) intentions, i.e. the suppression of the experience of reality in the right brain by the defense mechanisms of the left-brain ego.

The Use of Biofeedback in Therapy

The GSR Meter is used in therapeutic sessions to measure the energetic charge that exists in the mind on any item or topic being examined. The Ability Meter measures the resistance of the body, which varies extremely rapidly according to the degree of arousal of the autonomic nervous system, whether reaching towards ('fight') or moving away ('flight') causing a tension response; or alternatively the GSR Meter will reflect the reduced arousal of a relaxation response.

The overall (basal) reading of body resistance, itself provides the practitioner with useful information about the subject. Values lower than 5K ohms ('2' on the GSR Meter's Balance control using two hand electrodes) indicate a high level of brain arousal, with high anxiety (towards overwhelm) and concentrated introspection. At the other extreme, values higher than 100K ohms ('4.5' on the Balance scale using two hand electrodes) indicate low arousal and withdrawal from the mind (dissociated states of poor concentration, limited self awareness, non-confront, over-stimulation, boredom, fantasy, switch-off, apathy). Readings between these extremes indicate progress of the case during a session.

When repressed material is coming to the surface (e.g. material associated with guilt), initially the body resistance rises as the material is resisted, but as the client begins to confront the material he naturally experiences feelings of tension. There will be a fall of the needle as the material becomes accessible, often causing some anxiety in the process, but with the help of the practitioner this can be overcome and the material confronted - that is, if the client is 'in session': interested in his own case and in good communication with the practitioner. Then, when the repressed material is fully confronted and communicated to the practitioner, the negative emotion discharges. There is usually a large drop in body resistance and the client experiences relief.

The same phenomena occurs in individual work. A question may cause the needle to fall on the GSR Meter indicating that charge is accessible, but as the material in answer to the question is examined there may be resistance, causing a rising needle; with further confront, more falls will occur. When fully confronted (viewed with equanimity) - the objective truth realized - there is a long fall and corresponding relief, followed by a 'periodic' needle. For this to occur the client must be 'in session': interested in the subject being examined, in touch with his inner feelings and willing to reveal and confront them.

Restimulation (stimulation of reactive mental content) may occur in session due to the materials being examined, or out of session due to environmental occurrences or random chains of thought. Restimulation, if slight, may cause detachment as an effort to withdraw and be relaxed, but when the restimulation increases so that the reactive content is very real, anxiety arises and inevitably, tension. The state of withdrawal is relaxed when it results from detachment from worldly cares or abandoning responsibility; or alternatively, withdrawal is experienced as tense, when there is an inability to fully confront repressed material or circumstances. Involvement is experienced as tense when matters are confronted but unresolved, or it becomes relaxed when there is a flash of insight and the blockage is cleared away. If that which is being confronted becomes overwhelming, arousal may become too high and the person may revert to withdrawal and detachment again.

When restimulated mental content is confronted, repression dissolves into awareness. When not confronted, detachment may suffice but if further involvement is enforced, anxiety results. These, then, are basic functions of the mind and are clearly represented by the GSR Meter.

A high level of arousal can be pleasant and exciting when a person is relaxed and aware, with integrated hemispheric arousal, such as when insight has been gained in session; or high arousal may be experienced as unpleasant when tension exists, trauma is being repressed and one hemisphere is aroused more than the other. Proportional to a person's erasure or transcendence of traumatic material, there is an increased capacity to operate at high arousal, in a relaxed state without discomfort.

The object of psychotherapeutic procedures is to bring into the light of inspection, old inappropriate programs or behavior patterns and their corresponding imprinted decisions and postulates. This does not necessarily demand looking into the past; the patterns and decisions will be active in the present, especially if the topic being addressed is one that the client particularly has his attention on, or is concerned about.

The GSR Meter helps the Practitioner to discover these key items, since when one's attention is drawn to an item, the charge on the item will cause an increase in brain arousal, which is visible on the GSR Meter as a sudden fall in body resistance, i.e. an instantaneous fall of the needle. (The needle is much quicker to fall in response to tension than to rise in response to relaxation, this being a characteristic of the autonomic nervous system; 'reads' on the GSR Meter are

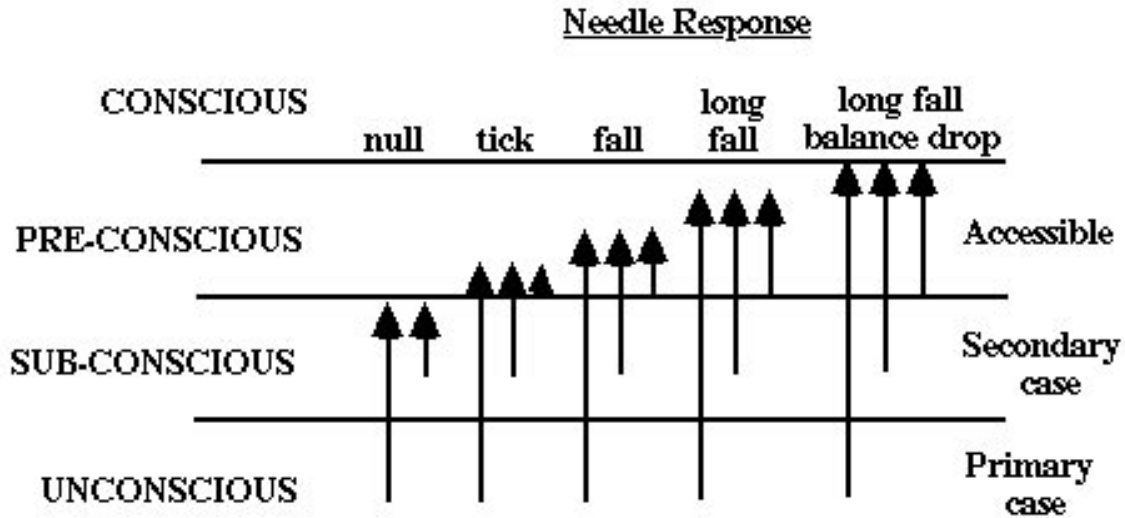
therefore easily distinguishable from hand movements or fidgeting, which causes an equally fast rise and fall).

The needle will first react to items when they are just below conscious awareness, i.e. in the pre-conscious mind and therefore accessible to conscious inspection. There will always be a minimum response time of 0.1 to 0.5 second (varying between individuals), depending on the time taken for mental processing and for the nervous system to conduct the impulse to the hand electrode. The pre-conscious response will however come within 0.75 second at most. A response time of approximately 1.0 seconds or more correlates with the first aware (i.e. conscious) reaction: this is called a 'latent' response. It is the initial pre-conscious reaction that is of most interest, since we are trying to coax into awareness the repressed parts of mental content.

A fast needle movement that stops very suddenly as though the needle had hit a wall indicates material that is heavily repressed with a defense mechanism (this may correspond to guilt) and has been forced back into the sub-conscious. The faster the needle reaction, the greater the emotional content. A large read ('long fall') indicates that the item is both near to the surface and also that it is ready to be faced. When the read is noted by the Practitioner, he will have more than an inkling of what the buried item is and be able to 'pull' the material and examine it objectively.

It should be noted that even a 'tick', a tiny read of the needle, means that an item is available. While a tick or small fall may not be related to significant case, very often such items are actually more heavily repressed and are the 'tip of an iceberg', connecting with the primary case of the unconscious. It is therefore also important to spot the feelings, emotions, appearance and comments of the person on the GSR Meter, as these reflect the depth of the charge that is being contacted. The GSR Meter is an invaluable aid but it does not necessarily tell the whole story; as a Practitioner you should not ignore your feelings and 'knowingness' on any item being examined.

The following diagram illustrates different types of needle reads, and what depth of case the read may relate to:



A 'Balance Drop' is a long fall of resistance that stays down for a period, and usually accompanies a conscious realization about the material being viewed. When the therapeutic process begins, the restimulation of the unfroneted reactive mental content will tend to cause an increase of body resistance (felt subjectively as 'mass') and the Balance Point (position of the Balance Control) rises. As introspection occurs and the item is confronted and cleaned of charge, the Balance Point drops. This means arousal increases but also, in this context, it means less withdrawal, less inhibition from past patterns and therefore the subjective feeling is one of greater freedom. Insight will have been gained and when the client feels that the problem is solved and the charge has been released, his attention is unattached in the present and a 'floating' needle action results: oscillating gently and evenly over an area that may be as much as a dial wide. This corresponds with finding a truth - an understanding, that has no charge (further lies) attached to it.

This mini-satori may be accompanied by considerable excitement and the subjective feeling of 'That's great!' or 'I know that's true'. It is the indicator that the current procedure has reached an endpoint and a break in the session is then normally a good idea. A release, though, is not necessarily a full erasure, and an insight is not necessarily the *whole* truth. So depending on the procedure in use, often it is necessarily to take this item up again and explore where that leads.

2. Needle Reads

There are a variety of ways the needle may behave and it is important to be able to recognize each one so as to correctly interpret what it means and hence what step to take next. Needle actions fall into two categories:

1. A **Characteristic needle**; being a pattern of needle behavior that reflects the mental condition of the person on the GSR Meter .
2. A needle **Reaction**; being a *change of the Characteristic*, which reflects a change in the mental condition of the subject.

Characteristic Needles

Different needle characteristics indicate different physical or mental conditions. Here are some of the more common Characteristic needles:

- A **Rising Needle (Rise)**: the needle moves to the left, indicating an increase in body resistance.
- A **Falling Needle (Fall)**: is a move of the needle to the right, indicating a decrease in body resistance.
- A **Stuck Needle (STN)**: is a needle that barely moves. It is often linked with a high overall body resistance and indicates dissociation (a lack of emotional or somatic conjunction with thought., i.e. ‘poker face’) or a shutdown of reactions, sometimes called ‘body armor’. The person’s attention is stuck on a particular Item that is heavily in restimulation but suppressed, so that he is probably not conscious of its exact nature.
- An **Agitated Needle (AN)**: is a needle moving in a jerky, uneven manner; not as a response to any presented Item. It often indicates that the subject may be confused by questions, or may have considerations related to the procedure, or may be at variance with the practitioner. The GSR Meter cannot be read properly, nor can the subject form any clear ideas. Generally an Agitated Needle can be smoothed by asking the subject to deliver withheld communications. When this has been done the needle action will become smooth.
- A **Periodic Needle (P/N)**: is a needle that moves gently and smoothly left and right like a pendulum. It generally indicates unfixed attention, a state of internal quiet, and occurs at the start of a procedure when attention is free and when a procedure has been completed and charge has been released so that again, attention is free. One should be able to recognize this movement

without hesitation and not pursue a particular line of questioning beyond it, without a reappraisal of the procedure or line of questioning.

Instant Needle Reads

Where a change of characteristic is concerned one can only know if this occurs in reactive response to a word or question if there is an instant needle response. An ***Instant Read*** is a read that occurs almost instantaneously (between 0.1 - 1.0 seconds) after an Item is presented to the subject. The longer delay for a reactive read (<1.0 sec) can be accepted if the subject is not using his native language, or if his comprehension is generally slower than average. You must judge how this affects each person, watching their expression and behavior as additional indicators of response.

In contrast, a ***Delayed Read*** is one which occurs later than 1.0 second after the Item is presented. Such a read is usually disregarded when you are looking for a restimulative item as it is not clear what it is a reaction to; it is most likely to represent an analytical cognitive process which links with another restimulative topic. Nevertheless it is used when 'steering' the subject, when a restimulated area of case is being looked at or talked about - by indicating to the subject when the needle reads, this gives a 'handle' to help the person spot the charged item for himself.

Needle reads vary in magnitude and in significance. Reads include the following types:

- ***Tick (T)***: is a small jerk of the needle, less than 3 mm.
- ***Small Fall (SF)***: is a read consisting of a small Fall, moving between 3 mm to 1 cm towards the right of the dial.
- ***Fall (F)***: is a read of moderate size (1 to 2 cm). This means the item causing the Fall is real to the subject and is confrontable; it is in the pre-conscious and is therefore accessible.
- ***Long Fall (LF)***: is a read of greater size (2 to 6 cm). This means the item causing the Fall is already emerging from the pre-conscious and is therefore readily accessible.
- ***Balance Drop (BD)***: is a Fall so large and of such duration that it requires adjustment of the Balance Control to keep the needle centered on the dial. This represents a sudden recognition by the subject on the GSR Meter and a powerful reaction.

- ***Stopped Periodic Needle (Stopped P/N)***: is a read in which a Periodic Needle stops its characteristic motion and starts to do something else. It indicates the presence of charge and is equivalent to a Long Fall in significance.
- ***Null (X)***: is a lack of needle read to a given Item.
- ***Fibrillation (Fib)***: small, rapid left and right movements of the needle. Indicates mental indecision, vacillation and departure or loss.
- ***Frantic Needle (Fran)***: violent agitation of needle indicating high internal arousal and conscious repression of communication.
- ***Rise (SR)***: a needle movement of 1 to 2 cm towards the left of the Dial. Represents an unfronted restimulation, a backing off. A Continued Rise would indicate a protest or an overrun (continuing the procedure too long, past a release point).

Falls and Rises of the Needle

A fall in resistance is generally correlated with bringing some Item into the consciousness of the person and thereby neutralizing the charge that suppressed it below the level of consciousness. This may happen very quickly, almost subliminally. When the difficulty in confronting the Item is removed and the energy of the charge is no longer needed for this purpose, then this energy becomes available for all other purposes; IQ will increase and the subject will feel better. Unconscious suppression of memory makes a constant drain on one's resources of mental energy.

Generally speaking, the greater the needle response to an Item the closer that Item is to the threshold of awareness. But equally large Falls can be produced by conscious thoughts if an effort is made to conceal these thoughts from the practitioner, such as in the case of a withheld communication (hence the success of the Polygraph lie-detector - and its unreliability, since the response could equally be a reactive association). The immediacy of the response to a stimulus Item determines whether the thought is unconscious, i.e. before the client is aware of it.

In a normal session one observes frequent rises and falls of the Balance Point (BP), as charged material is restimulated and then confronted. The total amount of downward movement (falling resistance) of the BP is called 'Balance Action' (BA).

A rapid rise in the BP, when accompanied by inappropriate mirth, anger, discomfort or unpleasant feelings, often indicates an overrun item, something that has gone beyond its proper level of discharge (release) and because attention has remained on it, the charge has been 'pulled back in' again; or it may be a protest by

the subject. A Fall may have occurred but was not noticed and so the charge on some item was bypassed. When a rapid rise in BP occurs, then the subject will often protest that too much is going on. This allows the practitioner to spot the difficulty; a quick recheck over relevant material reveals the cause.

Interest and Meter Reads in Assessment

Falls and Balance Drops are useful in assessing the most advantageous areas of case to examine next. By noting their magnitude during the assessment, different items can be rated according to the size of the GSR Meter read. Generally, an Item which gives a large read is easier to address than one which gives a smaller read, so go for the largest read - the 'major reading item'.

Items which give a Null (x) read - even though they may intellectually seem to be of significance - are not worth pursuing and cause trouble if you do, because you would be trying to dig up charge which either isn't there or isn't accessible.

There are times when one's attention is drawn to an item which gives just a tick on the GSR Meter, perhaps due to 'body armor' or an underlying heavily suppressed item that is associated with it. By addressing such items, a larger read may well be awakened. Nevertheless, the major reading item is always senior to interest in assessment of comparable items.

Further notes on needle reads

A **Stuck Needle** is easy to see and describe. It isn't just still, it is very stiff, or tight. This happens when there is a very solid restimulation - so solid you need a very high Sensitivity to see it start to read.

In the presence of a disagreement or upset the needle reaction can pack up altogether. There may be a disagreement with the chosen procedure or upset about the session. Nothing reads except the upset or disagreement. The answer is to repair the upset or disagreement. Don't try to do anything over the top of this.

Now, if there isn't an upset or disagreement then something is well and truly in restimulation. Put the Sensitivity up. Something will read somewhere. The question or Item which unsticks the needle will be the only thing which will make that needle read. Don't be surprised if there is a stressful situation connected with the Item.

None of this should be confused with a null needle. A **Null** read means that it didn't read on the question you just asked, but it could read on another question, especially if you ask the right question. It doesn't mean the needle has gone totally rigid as in the Stuck Needle. But before you write off a question as being uncharged, use the 'Suppress buttons': 'Suppressed' 'Invalidated' and 'Unacknowledged' as follows: "On (question), has anything being suppressed?"

...invalidated? ...unacknowledged?" Once you get a read on one of these it releases the suppression and the question will normally then give a read.

A **Rising needle** means a continuous movement of the needle towards the left and if long enough you have to move the Balance Control to a higher position. It essentially means 'not confronting' or 'backing off'. If the practitioner restimulates something which is not easily confronted, a rise occurs. To get benefit from psychotherapy it is often necessary to cause the Balance to rise before it eventually comes down again (= Balance Action and case gain); the skill is not overdoing it (overrun) or under-doing it (incomplete action). The practitioner would be doing a poor job if he didn't cause the Balance to rise and fall frequently during the session. If in session you get nothing but a rising Balance, you have exceeded the subject's reality, you are doing something wrong - it could be an overrun or protest, and it could be an indication that the session is about to go sour. But it could just as easily be a healthy sign that the subject is getting to grips with an important area of charge; you would have to observe how he looks and sounds. It would be a mistake to interrupt just because the Balance is soaring if he is working well; judge the situation.

A **Fibrillation** is an unusual needle behavior in which there is a narrow, steady dance of the needle. It is usually a constant distance and constant speed, the speed being rapid - 5 or 10 times a second - and it means 'leaving' or 'death' or "I don't want to be here". If the subject wants to get out of the session, this can cause Fibrillation, but also it can help detect being stuck in the subject of a death, or it appears if exteriorization (movement out of the body) is about to take place; it seems to signify a vibration as if the Being was attempting to leave his body. You can turn off a Fibrillation by simply asking "What's happening?".

The **Agitated needle** pattern is very irregular. What you will see is an agitated, jerky, sticky behavior as if it was trying to avoid something, and in fact it is. An Agitated (or 'dirty') needle turns on for one or more of the following reasons, and is in fact a very important needle phenomenon to be able to spot and deal with, if you want to have smooth and successful sessions. It can occur if the practitioner's communication is mishandled in some way or if he has evaluated or invalidated the subject's data, or if the subject has an upset or is withholding something he doesn't wish to be known. Here is where the needle seems to be avoiding the issue, as is the subject. Unvoiced considerations by the subject will create an Agitated needle, or simply that he has his attention on something which is not being covered by the current case handling in session.

This needle phenomenon is quite common in sessions, although a really smooth practitioner who is aware of exactly what is going on can act in good time and will maintain a smooth needle action throughout. If a practitioner fails to spot and handle an Agitated needle, the needle will go tighter and usually rise and become STUCK.

Whatever caused the Agitated needle, the practitioner has to get in communication with the subject, and get off what dirtied the needle, and when the subject has voiced it, the needle will be seen to be clean or even float. Questions such as "In this session, have you thought of something that you haven't told me?" or "In this session, was there something you looked at or thought about that you haven't said?" or "Do you have any considerations about this session?" can be used.

A **Frantic needle** is a left/right action of the needle where it slams backwards and forwards as if it was going crazy. The needle is usually all over the dial, traveling faster than the eye can see, and is impossible to control. It is as if there was a serious malfunction of the GSR Meter, as if the needle had become electrified. (Sometimes a broken wire in the leads or poor connections at the jack-plug cause the needle to fly about in this way, as does intermittent contact with a ring). A Frantic needle would tend to indicate that the procedure has not been followed correctly, e.g. one has attempted to move on to the next item without properly removing the charge from the current item. You will also find misdeeds and withholds connected to the subject of this item, and probably these will be well 'justified'.

Various body motions cause **Body Reaction** 'reads'. The only valid one of these is when you do a Metabolism Check at the beginning of every session - after a deep breath and during the exhalation you should get a decent read unless the subject is not well enough fed or rested. Other than this, all sorts of body motions will affect the GSR Meter - coughs, laughs, yawns, scratching, shaking, tensing muscles, sighs, stretching, lifting a finger off the electrodes, shuffling about in the chair, gripping the electrodes, sneezing, or even a stomach growl. The needle will do anything from giving strange reads to disappearing off the dial. The person on the GSR Meter must be educated to keep still when in session, especially when you are assessing various items for the major read, and the practitioner should learn to discount any of these body reactions. Sometimes, when you contact or get off charge, the subject will cough, sneeze, yawn or laugh, signifying that there is some outflow of bottled up charge occurring. In general, wait until the body motion is over with before continuing, and don't take up one of these as a valid read. Note:

Body motion reads will rise as fast as they fall, whereas reads connected with mental processes fall much faster than they subsequently rise again.

A **Clean** needle. During most of the time in session the needle will be Clean and by this we mean easily affected; it doesn't mean the needle is on the move all the time; it's just not stuck, although it could be still. The term Clean needle is used to describe the needle in the normal mode as opposed to a Stuck or Agitated needle. There is of course no particular handling needed if the needle is Clean, but it does mean that questions and items are likely to read without any bother (which is not the case if the needle is Stuck or Agitated).

A **Periodic Needle** (P/N) is the smooth, uninfluenced movement of the needle on the dial. The needle sweeps back and forth periodically as if it is disconnected and not affected by anything. A P/N means that charge in the area you have been addressing is disappearing and when fully handled the P/N will be wider and will continue. Mental charge prevents the needle from floating as the rises and falls effectively resist or increase the current flow. If the subject blows this reactivity the needle is 'floating in thin air' so to speak. If you now direct the subject's attention to some other charged area of his or her case, the P/N will stop. So, the P/N just applies to the area you have confronted. (Note that 'to confront' does not have aggressive connotations; in this context it means to view fully, objectively and with equanimity). The width of the P/N depends on your Sensitivity setting and just how much charge you have blown off the case in one go.

Sometimes the P/N is short-lived because there are other pressing areas requiring attention. Nevertheless, it is still a valid P/N and should be indicated (pointed out) to the subject before it packs in. On the other hand, if the P/N continues this is called a Persistent P/N, and is accompanied with the subject feeling very, very good. You would end off there because nothing else will be found to read, the person's case has moved off, and it is important to let him have this win rather than chance overrunning the release. Persistent P/Ns can last for hours or days. Start again only when the P/N is no longer persistent. Always indicate a P/N, but not before the full End Point (EP) has been voiced/experienced, i.e. the subject has realized a truth and has VGIs.

A **Read** is usually simply any Fall of the needle, to the right of the dial or off the dial as in a Balance Drop. Usually they are noted as small fall (SF), fall (F), long fall (LF), or Balance Drop (BD or LFBD). Any one of these means there is something there, look no further - you have found it. Find out what it is that reads and handle it to P/N, before digging for anything else. A read gives you a foot in

the door, you have located something which the subject will have reality on as being interesting, or valid, or troublesome, and it is something which WILL RUN. The most important of these is the Balance Drop which indicates that you have located a heavily charged item which the subject now recognizes and will have definite interest in - and it will be confrontable. The needle has a Long Fall (off the dial) and then tends to stick for a small time before slowly rising again. If the needle started on the left of the dial, the BD read may not actually go off the dial, but you would still need to adjust the Balance Control to move the needle back to Set position.

When faced with a list of reading items or questions to run you always take up the largest (i.e. major) reading first. As regards the subject of BDs: during a procedure, BDs can occur repeatedly as the subject gets to grip with the charged material. A BD also often happens just before a P/N and means that the last of that charge is going. Some BDs during a case handling can be dramatic, blowing down again and again, sometimes from a high BP such as 5.1 coming right down to between 2 and 3 on the dial. This is an unmistakable release of charge and the practitioner keeps the needle on the dial (which is done automatically on a Mark 3) and watches for the P/N.

The most-used needle action is the Fall, and here are the approximate sizes : Short Fall (SF) - a quarter to half an inch; a Fall (F) - up to 1 1/2 inches; a Long Fall (LF) - up to 3 inches. A Long Fall usually takes the needle to the far right of the dial, and in the case of a BD or Long Fall BD (except as mentioned above) the needle proceeds to disappear off the dial, requiring you to move the Balance Control down 0.2 divisions or more.

Note that just because something reads doesn't mean it is 'true'. You can just as easily get False and Protest reads (described later) and reactive (restimulation) reads as well as confirmation reads; hence the GSR Meter should not be used as some kind of Lie Detector - that use of the technology is too limited and unreliable for our purposes. The response simply means there is emotional charge of some kind attached to the item, that needs to be recognized and expressed by the subject to discharge it.

A **Tick** is the little jerk of the needle to the right, not big enough to be a Short Fall and not small enough not to count. It means there is something there in the reactive mind and either your Sensitivity setting is far too low or it's such a suppressed item that you'd be better going for a bigger read to handle first. Ticks aren't usually taken up because you really have to dig to find out what it is, and the subject might

not have any reality on it. If you are assessing a list, you might get a Tick or two, and these might widen into a bigger read on the next assessment once you have handled all the other reads. On the other hand they might disappear because their charge is covered already in another item.

Sometimes, though, when looking at a suppressed area of case, a Tick is all that reads, and so it is taken up and if necessary the Bypassed Charge Checklist is used to help open up the charge on this suppressed item. It may turn out to be the tip of an iceberg.

An Upset P/N looks exactly like a small P/N, except that the subject will not be looking and feeling good and communicating positively. Sometimes this Upset P/N can look a bit ‘dirty’ or ‘sticky’, but mostly it will be as smooth as a release P/N. When the needle is P/Ning like this, the person has divorced himself from the session and hence the GSR Meter won’t read on anything. You need to check for the upset and handle it as described later.

A **Recognition P/N** sometimes occurs as an instant read when the right Item is indicated to the subject, or when it is read out (‘called’) from an Assessment list. This is equivalent to a major read; you know it is a ‘hot’ item, and it will often be followed by a BD. It does not mean you don’t need to run the item!

When you see a P/N, provided it is not an Upset P/N or a Recognition P/N, it should always be indicated (pointed out to the subject). Be careful, though, that you are not chopping the subject’s communication or preventing the full EP from occurring. If you miss a P/N, the subject will re-introvert and go on searching further, pulling what was released back in again, resulting in a higher BP and a person who is confused as to what has gone wrong. This applies to practitioners working with clients and individually.

Usually a P/N occurs after a BD, but not always; sometimes the needle can simply move into a P/N. However, just because you get a BD is no reason to think you will necessarily get a P/N. There may be a great deal more charge to come off this particular item before you get the P/N. The correct procedure on seeing a BD is to get the needle back on the dial and to watch for a P/N; if it doesn’t occur you continue the procedure.

Remember, don’t expect the GSR Meter to tell you if you have completed or not. Listen to and observe the subject! The client consults his own knowingness and observes a feeling of release, and if it is so, the GSR Meter will confirm the release

with a P/N. The GSR Meter is just a guide and it is the individual who is the senior factor in the session.

False Balance Point Checklist

The position at which the subject registers on the GSR Meter, the Balance Point, depends not only on the state of the subject's case but also on physical factors. Here is a list of things to watch out for and take into consideration if you are faced with a high or low Balance Point at session start.

1. Does the GSR Meter have sufficient voltage?

Before session, test the voltage of the GSR Meter to make sure the needle moves well to the right, clear of the red 'danger area' marked at the bottom of the meter dial. If not, replace the batteries. A set of 4 AA batteries should last for 1000 hours and the meter will function properly as long as the voltage tests clear of the red area.

2. Are the leads connected to the GSR Meter and electrodes?

If there is a break in the circuit, you won't be able to get the needle on the dial. If this is the case, check that all connections are sound and the plugs are in place.

3. Are the electrodes cold?

Until the electrodes warm up to the temperature of the hands, the BP will be higher than normal. The electrodes supplied with GSR Meters are metallic-coated plastic tubes which take very little time to warm up. The BP will be seen to quickly drift down as the electrodes warm up and stop when at the body temperature. Now you can tell if the BP is high or not.

4. Are the subject's hands dry?

Some people have dry or callused hands due to the type of work they do or old age. This severely inhibits the current flow between the hands and the electrodes. A person's hands can also be dry if they are frequently in water or washed repeatedly. Excessively dry hands look shiny or polished. The correct handling is to use hand cream, well rubbed in, and any excess wiped off with a tissue. Now you can tell if the BP really is high or not.

5. Are the subject's hands cold?

This also causes the BP to be high. In cold weather this can make a significant difference to the BP position. Even when the weather isn't cold, some people continually have cold hands (and feet), possibly due to circulation problems. Sometimes warming the hands before the fire is not good enough because they are cold right through. If this is the case, the BP will be found to still be high after warming the hands. Or worse still, the BP slowly rises as they cool down again. Trying to get reads on the GSR Meter can be very difficult if not impossible in that situation. There are two main ways to cure this. One way is

to increase the circulation and thus the internal heat level by jogging or a brisk walk. And, of course, another is to increase the temperature of the room.

6. *Is the subject's body cold?*

This is similar to 5. above. Ensure the room is adequately heated and if the person is prone to becoming cold, use a coat or blanket. If you find the subject is excessively cold when the room temperature is normal, there could be a medical or nutritional problem and this should be resolved first. Seek advice on this, otherwise you will find the GSR Meter, not to mention the client, just doesn't respond well.

7. *Are the subject's hands excessively sweaty?*

The hands of some people sweat a lot causing low BP (below 2.0). This happens often in hot weather of course but can also happen if the person is extremely nervous or overwhelmed. Wiping the hands with a tissue or towel will resolve this for a short time. If you are planning a long session, it is best to thoroughly wash and dry the hands. You can also use a powder, although that doesn't last for very long and you will find the BP going below 2.0 again.

8. *Is the subject's grip on the electrodes too tight or too slack?*

The grip should be firm but relaxed, not loose but not squeezing either.

9. *Has the subject slept well?*

Lack of sleep also causes a high BP. Ensure adequate sleep to be sessionable.

10. *Does the subject have arthritic hands?*

This always causes high BP and has to be taken into account. It can give a continually false high BP despite using hand cream or whatever. You will have to make allowances for it, i.e. ignore it unless it becomes unusually high - meaning there are case factors present also. A high BP will usually require a correspondingly high Sensitivity setting.

11. *Is the subject hungry?*

Again, this affects the BP and is easily resolved. To be sessionable, ensure the subject is on a fully nutritional diet, with adequate protein and B vitamins.

12. *Is the procedure being done in the subject's normal waking hours?*

Again, violation of this affects the BP and needle behavior. The BP can be high very early in the morning or very late at night, or even at siesta time if there is low blood sugar level (the remedy for this is a protein snack - not more sugar!).

13. *Is the subject wearing any tight clothing?*

This has been known to have a big effect on the BP. Tight shoes, belts and so on. These are the usual offenders, but you might find others, like the subject is wearing rings or the chair is uncomfortable.

Metering Tips

Psychotherapeutic procedures are aimed at releasing reactivity in the mind. Questions and items cause an immediate reaction in the mind, causing the needle to read almost instantly. Practitioners who look at the GSR Meter waiting for something to read after one or two seconds have not understood that the GSR Meter reads almost instantly to a restimulative question or item, even if the reactive material in the mind was first experienced long, long ago. The contents of the reactive mind are not structured in terms of time sequence - all the contents are 'hanging in present time' (i.e. no time) waiting to be restimulated.

1. You don't have to wait for the mind to chew something over when a question has been asked; if there is something on that question, it will make the needle read as soon as you have thought or uttered the complete concept of the question (provided the question is asked with good intention, i.e. impingement).
2. As the subject, one does not have to answer or say one word to make the needle read. All he has to do is listen.
3. If the subject knew about the subconscious reactive contents of his mind, they wouldn't be subconscious or reactive. But the GSR Meter responds to the reactive emotional charge. Hence you don't follow up something unless it gives a read. You don't let the subject's analytical (cognitive) mind control the session or give it free reign to talk about anything it likes. It is the practitioner's responsibility to control the session. This applies just as much to individual as to one-to-one work.
4. As mentioned above, time doesn't really exist in the reactive mind. Just because something happened a long time ago is no reason to give the Ability Meter longer to get back to you. If it's a 'live' question and ready to run, the GSR Meter will respond immediately.
5. The practitioner has more control over the subject's case than the subject since the subject is influenced by the case. In self-administered procedures it is essential that the Practitioner should learn to separate the two roles of practitioner and subject and when being the practitioner, BE the practitioner; when being the subject, BE the subject.
6. The pace of a session is neither rushed nor slow, as both of these will drastically affect the subject's feeling of being comfortably 'in session' and make him want to control the session.

7. If things aren't reading which one would expect to be reading, then it is likely that the subject's attention is preoccupied or distracted and unless you find out what this is and get it into the open you could be missing all manner of important charged items. Usually, in this sort of situation, the needle will be Stuck or Agitated or giving an Upset P/N, no matter what you are assessing or doing.

Needle reactions on advanced subjects

As we have seen from earlier material, the GSR Meter reads on the subject's case or REACTIVITY. The advanced subject, unlike those who are beginning to resolve their case, is more aware and usually recognizes what is wrong as soon as it is mentioned. His thoughts and intentions are much stronger and read as a 'surge' on the GSR Meter. He could say or just think "Yes" or "No" and get a Fall, since the person has become somewhat differentiated from his case and more able to influence his mind and therefore the GSR Meter. Therefore, when a question or item reads it is wrong to *assume* that it means there is charge.

In self-administered (solo) sessions, if a question reads but you know that you instantly thought "No!" in response to the question, you could just check: "Did this question read on 'No!'" It will probably read again confirming this and you just have to indicate: "It read on 'No!'", and there is your P/N. This is one reason why advanced work is best self-administered; it would be hard for an external practitioner to keep up with one's subjective knowledge of what is going on in session, which is often at lightning speed.

One other thing just in case you get baffled by it; if you get a read like a brief Agitated needle, this means 'No' always. A real Agitated needle continues and won't clean until you find out what made the needle dirty.

If the Practitioner is still fumbling with the GSR Meter and the session notes, he will have less attention available for his case. In this situation he will fail to get realizations or at best go past them and forget to note them. His attention is not on his case but on the GSR Meter or the technique or on the administration. The place to master these three things is while you are training, not when you first begin working in depth.

When self-administered procedures are running correctly it can be VERY fast. It is not unusual to suddenly have a realization, a BD and a P/N almost instantly, one after the other. Unless you are trained well so that you know what a P/N is, and can

handle the GSR Meter and make appropriate notes without thinking, you could miss the End Point (EP). The realization in these situations can be a sudden new thought which leads to more new thoughts in rapid succession. Because it is so fast, the original thought could be forgotten. It's a mistake to think "Let's keep on going while the going is good!" No, you have arrived, and to keep on going leads to overrun. Always stop when you get this upsurge or new enlightenment. It is time to take stock of what you have realized, and indicating the P/N ends the cycle, and gives an acknowledgement of it. Have the win; after all, this is what you are doing the procedures for.

3. Running a Session

The Communication Cycle

If a practitioner has a natural communication cycle, uses the GSR Meter correctly and never evaluates for the subject, nor invalidates the subject's replies, the subject gets realizations and makes gains. The definition of IN SESSION is a subject who is interested in his own case and willing to communicate to the practitioner. There are many ways to distract a subject from his case in session. Examples of these are: a practitioner who doesn't make himself heard, fails to acknowledge, delays in giving the next question, fails to handle an origination, laughs loudly, over-acknowledges, moves about, is being interesting, and many, many more things which put the subject's attention onto the practitioner.

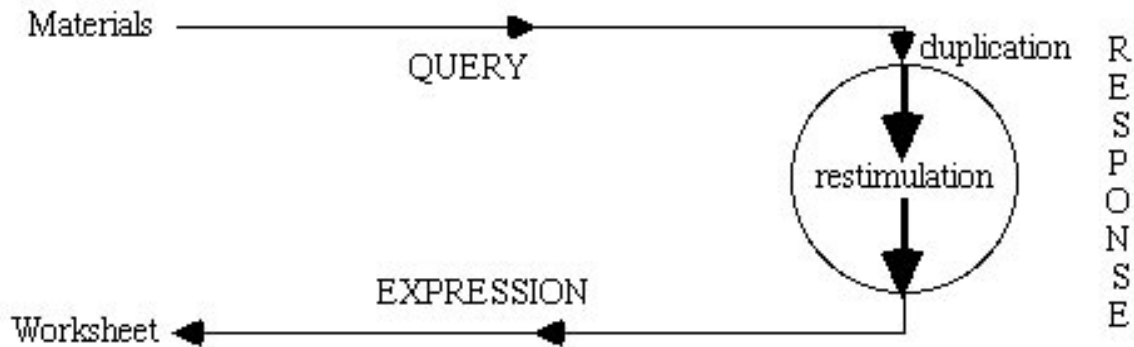
We call this malpractice, whether in the context of a one-to-one session or a self-administered session. In the presence of bad communication and/or incorrect metering and/or invalidation or evaluation, the subject is prevented from viewing his case. He will not make gains and certainly won't have any new realizations. When the subject voices a realization, you know he has been confronting his case and is making gains.

The subject's attention is supposed to be directed to his case and anything which draws his attention towards the practitioner or room throws him out of session. The practitioner who misses P/Ns or suddenly calls P/Ns when the subject is still looking inward, or at the wrong points, or tells the subject what is happening on the GSR Meter at the wrong moments, lessens the chance of any gain and it is just plain bad practice.

The competent practitioner never evaluates (interprets) or invalidates (criticizes) the subject's data at any time, and he never interrupts or distracts the subject's attention onto himself or the GSR Meter.

The definition of IN SESSION and the above considerations apply just as much to self-administered procedures. When a realization occurs in session, and this is often accompanied with a BD, the Practitioner writes it down (and the notation 'BD' as well), acknowledges the realization and watches for and indicates the P/N. He doesn't question to meaning or validity of the realization. No other command or question or action is taken while this is occurring; you have got what you were doing the procedure for, and the job is done.

You will notice that there is a disciplined **cycle of communication** being applied here. You ask the subject a question (which he can understand and answer), you listen to and duplicate the answer that is given - i.e. fully grasp the content of what the subject says, and finally (and only then) you acknowledge the subject so that he knows you have received and understood his complete answer.



There are other factors involved: the subject has to be ready to receive the question and be paying attention; the question has to be communicated with sufficient clarity and impingement to be fully received by the subject; and the subject has to make an additional communication cycle within his own mind in which, having duplicated the question, he looks for the answer, finds and elucidates it and then replies to the practitioner.

There are three main communication lines involved. The first is the practitioner's communication to the subject; this is the QUERY line. Second is the subject's line to his own mind, to retrieve the material restimulated by the practitioner's question; this is the RESPONSE line. The third is the subject's expression to the practitioner, the EXPRESSION line.

The practitioner is only there to use the QUERY line to make the subject confront parts of his reactive mind, using the RESPONSE line. Charge will blow off to the degree that reactive materials are confronted and this blowing of charge is represented by the EXPRESSION line, giving a report as to what has been confronted.

The degree of truth that the subject realizes is conditional upon his awareness, responsibility and confront; as more is expressed the full truth is approached. The truth as perceived by the subject at any time is relative truth; it is conditional upon the subject's awareness, responsibility and confront. So his expression is always conditional.

This process of increasing Awareness, Responsibility and Confront continues from procedure to procedure, session to session, so that the subject's viewpoint contains less and less alteration and negation and more and more responsible causation. In the case of self-administered sessions, one is alternating being the practitioner and then the subject. One has to wear the appropriate 'hat' and be prepared to swiftly swap hats, in order to maintain a smooth and disciplined communication cycle. This is not to say that you have to switch from being one person to another; it is simply a disciplined awareness of the communication lines involved, with the QUERY line coming from the course materials, the RESPONSE line showing on the GSR Meter and the EXPRESSION line delivered to your Worksheet notes:

To sum up, nothing should come in the way of the first principle of therapeutic procedure, which is that anything which is unwanted and which persists must be thoroughly viewed, at which time it will vanish. To put this another way: if something is not confronted (i.e. if it is suppressed and denied, justified and rationalized = negated, altered), responsibility is not being assumed, and so it will persist. In short, what you resist, persists.

This course presents a range of Transformational Psychology techniques to use in session, as and when they are appropriate to the client. But please do not be confused; rather than what 'technique' you are using, far more important are these four things:

1. To take responsibility for and control the communication cycles, so the client feels safe and in your hands.
2. To notice when the meter reads and to act on it, asking what that was.
3. To have empathy for the client, to put yourself in his mind and really listen to what he's saying, so you can picture and understand his situation. Because you're not affected by the charge like the client is, you'll be able to see what it is the client isn't seeing and can ask an appropriate question to get him to see it. This may be a set procedure or technique if you are aware of it, based on your past experience and training, or it may simply be the question that directs him to look appropriately.
4. Neither the question, nor your response to his reply, should invalidate (make wrong) the client's views, nor should you ever interpret or evaluate what you think he should find out or what he has expressed. All the client's gains will come from looking and judging for himself.

These are the fundamentals of effective counseling in Transformational Psychology. Once you have confidence that you can keep these fundamentals in place and succeed with the basic case handlings presented on this course, you can move on to more advanced techniques. Practice makes perfect. Time well-spent perfecting your expertise ensures that you do not have too many new variables to deal with when you learn to apply more complicated procedures.

Session administration

Correct session notes are very important in that they not only give the practitioner a useful shorthand way of recording exactly what is going on in session, they also give an external Case Supervisor sufficient and accurate information on which to decide what the next steps should be and what, if any, corrective actions are needed. Most new practitioners fail to grasp the importance of a precise system of administration and just how much it affects the success or failure of the case handling.

Worksheets

The 'Worksheets' are a complete running record of the session and successive sessions. It will be found that it is more efficient to write bigger than normal and space things out, so that it is easier to read the notes afterwards. To do otherwise leads to having too much attention on the Worksheets instead of on the GSR Meter, and most importantly, the subject - in this case, yourself.

Have a look at the following sample Worksheet (W/S) and you will see what is required. There are the preliminary checks, i.e. Room OK?, Rested?, Fed?, Drugs?, Aspirin?, Alcohol?; the Sensitivity setting resulting from an electrode squeeze; the Metabolism Check giving the size of Fall when breathing out strongly; then the W/S should show the Start of Session (S.o.S.), Time, and BP position.

Once you start the session, each action taken (e.g. question asked) should be recorded in abbreviated form and note whether or not it read (e.g. F for Fall or X for no read).

Also in the Worksheets, the BP is noted at regular intervals. Any Balance Drops (BDs) and P/Ns are always recorded. Along with the P/N at the end of a procedure, any realization is noted; and whether or not the subject is looking and feeling good and communicating positively which can be abbreviated GI (good indications); and the BP position.

You don't have to write down everything that is said. There isn't time for this, but anything of importance (i.e. which reads) must be recorded. Proper notes are essential for those times when you need to find out where you went wrong or if you need to continue a procedure from where it was left off.

As you can see, there is also appropriate admin for the end of session (E.o.S.).

Sample Worksheet

Page 1
DATE

Room - OK

Rested - OK

Fed - OK

Drugs - OK

Alcohol - OK

Anything else want to say - No

10:25 a.m.

Sens. 6 [per electrode squeeze] 3.6 (1) [BP with single electrode]

Metab LF [= OK]

_____ S of S [Start of Session]

GIs [good indicators]

Ind P/N [indication of P/N]

[Question] F [read]

Answer [any BDs noted]

Ind P/N [indication]

[GIs (good indicators) or BIs (bad indicators) noted]

[BP noted when significant changes and at start & end of each procedure]

1.15 p.m. 3.3 (1) [Final BP with single electrode]

E of S [End of Session]

BA = 5.5 [Balance Action for session]

Note: the single electrode, because of the reduced skin contact, normally gives a reading about 0.5 division higher than when holding twin electrodes.

Metering Exercises

SETTING UP FOR THE SESSION.

(Using a GSR Meter)

The following is the checklist used by new Practitioners for each session they do, to help them become used to the Meter and grooved-in to what is needed admin-wise for each session. After practicing several times, the Practitioner should find that the necessary steps then come naturally.

1. Before the session you should make sure that the room is at a comfortable temperature and free from the possibility of distractions and interruptions. Then ensure that the following are OK - the room, food, rest, and no recent intake of drugs of any kind or alcohol. Ensure you have a pen (and a spare), enough paper and a stapler.
2. Set the meter up on the desk, using the lid as its stand. Position the Worksheets on the right of the meter and your technical materials on the left (or computer screen if the materials are viewed in a browser). Note down the date. Mark the Worksheet page number.
3. Press the meter's battery check button to ensure the voltage is adequate.
4. Switch the meter on and adjust the Sensitivity to 6 (a typical setting). Note: on a Clarity meter you can use the AutoSense function, so you don't need to worry about the Sensitivity setting.
5. Plug in the electrode's jack plug, then hold the single electrode in your left hand, resting your arm on your thigh or on the table, with a cushion if desired.
6. Wait for the electrode to warm up for 10 seconds, then with your right hand, move the Balance Control so that the needle points to the Set position on the dial. Note down the Balance Point, i.e. the reading of the Balance Control.
7. Calibrate the Sensitivity control (unless you're using AutoSense). Gently squeeze the electrode and note how far the needle moves to the right. Adjust the Sensitivity setting as needed, up or down, until you get the required needle movement for a squeeze of the electrode - about half a dial long. Note down the Sensitivity setting.
8. Do a Metabolism Check. Take a deep breath and let it out firmly and fully. Note the length of Fall which occurs during this breath - this is the measurement of Metabolism. It should be 2 cm or preferably more to be sessionable. If metabolism is inadequate don't start the session - it will get nowhere. You may need to eat, rest or take exercise - some aerobic exercise or a brisk walk around the block is usually enough to 'get you going'.

9. Write down the time.
10. Move the needle to Set with the Balance Control and note down the Balance Point (reading on the Balance scale).
11. If necessary on your meter, switch the Balance Action counter to start counting.
12. Say "Start of Session" and note down 'S of S'.
13. Note down the needle characteristic (e.g. P/N) and indicators (e.g. GIs).

Now practice the End of Session routine:

1. Assuming you have completed the Case Handling, you finally check:

"Is there anything you would like to say before ending this session?"

Note down any reading originations or if there is a P/N, then note down the time and Balance Point. It may be necessary to continue the session and handle an issue that is brought up at this point, if the subject's comments and emotional tone indicate that the Case Handling is not after all completed satisfactorily. Or the subject may be happy about the Handling but have introduced a reading topic that can be looked at in the next session.

2. Say, "End of Session" and note down 'E of S'.
3. Write down the time.
4. Note the total Balance Action for the session.
5. Switch off the GSR Meter and remove the jack plug.

BODY MOTION.

Set up the GSR Meter as above and (using the solo dual-electrode) physically carry out each of the following - a deep breath, slacken the grip, sigh, stretch, yawn, scratch a leg, cough, lift a finger off the electrode, laugh, tighten the grip, move about in the chair, fidget the fingers. Observe the needle action, and with the right hand on the Balance Control, maintain the needle on the dial at or near the Set position. (Note: with the Ability Model 3a you use the Set buttons on the bottom left and right corners of the box, or the Foot-switch, to keep the needle at or near the Set position - if the needle goes off the dial, it automatically resets). Continue until you are familiar with the characteristic needle movement for each of these physical actions.

METER STEERING.

Set up the GSR Meter as above and then give yourself the command: "Think of the events of yesterday". Whilst running through these memories, you should notice

any reads. Then repeat the command and when the previously reading items are recalled again, notice the same reads occurring and for each one, say to yourself "That" or "There" and write down what it was that caused the needle to read and the type of read. This should be practiced until you feel adept at guiding yourself to isolate a particular charged memory by the type of read caused by the recall. Then run through other times, such as the events of last week or last month.

GENERATING TYPES OF READS.

Now produce the following types of reads by asking the appropriate type of question, as noted below. Use the guiding technique if necessary.

1. **A Fall.** Ask for: a problem; lie; disagreement; loss; sexual thought; time of mild fear or anxiety.
2. **A Rise.** Ask for: something hard to confront; something confusing; elsewhere; irresponsibility.
3. **A Stuck Needle.** Ask for: times of anger, betrayal, hate, being stopped, refused help, terror or failure.
4. **Fibrillation.** Ask for: time when you desired to leave, violent injury, shock, exteriorization.
5. **Periodic Needle.** Ask for: a past win, a time of release, a happy time.

Continue until you have been able to cause and recognize each of these types of needle response.

INSTANT READS.

Set up the GSR Meter as above and then check the following questions, noting down the read which each question gives:

1. What is your name?
2. What is the color of your hair?
3. What is your weight?
4. What is your height?
5. What is the color of your eyes?
6. What physical imperfections do you have?
7. Are you married or single?
8. Where are you from?
9. How is your sex life?
10. What is your occupation?
11. What did you dream about last night?
12. Do you like cats?

13. Do you like spiders?
14. What do you like to look at?

Notice what happens when you deliver the question with little impingement and then with a lot of impingement. Also notice what happens when you ask a question verbally (out loud) and then non-verbally (within your mind). Continue until you can spot the instant read, i.e. the read which occurs when the client has grasped the full meaning of the question, and can distinguish an instant read from a prior read (one which comes before the meaning of the question has been grasped) and a latent read (one which comes later as a result of thinking about the significance of the question). Continue until you are comfortable at delivering questions in such a way that they impinge and you get reads.

Assessing Lists

One of the most important activities a Practitioner needs to be expert in is assessing prepared lists of questions. There is a wide range of such lists, a couple included in this course; each one is used for a different purpose or in a particular situation. In addition the Practitioner can make up lists of questions or topics that he feels may be relevant to the client - note such a list should always end with 'something else?' in case the most charged question or topic has not been mentioned. No matter what non-optimum state the client is in or what action he is stuck on, he can be dug out by the use of such lists. This section shows you exactly how to get the best out of assessment.

Firstly, the Practitioner has to master the appropriate style of communication for Assessment. To make a list (such as a list of questions or items) read properly, one has to ask the question or speak the item in a way which impinges on the mind and restimulates reactive content. There are many wrong ways to go about it; some may think you have to shout the questions or use force in some way; some practitioners just speak robotically without interest, or end up asking the questions in some unnatural way. The easiest and best way is to ask all the questions in the same way you would ask a question to a friend, such as "Do you like Mozart?" or "Would you lend me your car?" The point is that you ask the question as if you really want to know; hence your communication must have intention that reaches into the reactive mind - you are genuinely participating and want to know.

The other main point is knowing which words to accentuate. Some people start off the sentence loud and clear, but mumble the last few words or let the sentence fall off. No way will this read on the GSR Meter, and so it is important to maintain the

same volume to the end. In fact, there is no harm in accentuating the last word a little. Try this with the above two questions. Usually it is best to drop the tone of the voice very slightly whilst accentuating the last word with a raised tone, like you naturally would with a question. Again, try this with the above questions to get the idea, and end off when you get the right level that you feel is natural and comfortable.

Believe your GSR Meter when assessing. You don't normally take up answers to non-reading questions. It is reactive material that you want to take up, not analytical, intellectual or chit-chat answers.

Steps in assessing a list of questions:

1. Introduce the procedure that will be followed, such as: "I am going to run the Life Stress Repair List to handle your current feeling of stress. I'll ask you a list of questions. You need to understand the questions but you don't need to answer them. If a question reads on the meter, however, I'll inform you of that and then you'll need to tell me what comes up for you. Just express your reaction to the question, don't think about it intellectually or censor your thoughts to give me an answer that 'seems sensible'."
2. Position the assessment list conveniently close to the GSR Meter, read each question in turn and deliver it in such a fashion that it sounds natural, clear and impinges; i.e. without force or strain and not losing impact by the time you get to the last syllable. Try to speak each question one after the other with no hesitation and equal time spacing. This inspires confidence.
3. When you get a Fall or larger read, immediately point out the read to the client and note the question number down along with the read and expect an answer. Repeat the question and/or guide (if further reads occur) as needed to get an answer. Record the answer and any important reads or BDs.
4. Get the material that comes out in response to the question ('pull the read') until you feel satisfied that the charge has been viewed in full. If necessary ask: "Is there more to it?" or clarify the client's response.
5. If there is no P/N, ask: "Is there a similar, connected incident/situation?" Continue to the EP, i.e. a satisfactory (to the client) realization and accompanying P/N. Indicate the P/N to the client.
6. Continue assessing and handling until you have an EP for the list.

When assessing a list of items or possibly charged topics you are usually looking for the item on the list which has the biggest read, so that you then handle just this particular one first - the 'major reading' one - with an appropriate Case Handling.

This method can be used to ensure that you take up the right subject matter as a first step. By assessing all the items before taking any up, you will have a list of reads of various size. You want to be able to home in on precisely the issue which will make a difference. Perhaps the client is ill or heavily over-stressed or not able to sleep properly because of this condition. If their condition is serious they will be searching for an answer. All you are trying to do is locate the exact area of charge and indicate this to the client. He might not be up to addressing this area yet, but spotting it can produce considerable relief in itself.

Sometimes the relief from doing this cools things off enough for the client to start on the route to recovery. The last thing you want to do is risk taking up something not so crucial only to see the client becoming bogged in what may not be the main reason for his problem (if this happens - what is called 'bypassed charge' - the client is likely to become upset and miserable). This form of assessment can be of great use in situations where you don't know where to direct the client next.

However, when you are assessing a list of questions, you handle the first question that gives a Fall or larger read (which means it is accessible); then you continue assessing the list from that point, handling each reading question, until you reach an EP for the list (realization, GIs, P/N). This is by far the most common way of using a prepared list.

Believe your meter. It is a big mistake to take things up that don't read. Don't get hunches that 'this should read.' It either does or it doesn't. Sometimes even the most unlikely meter read leads to gold. This will astound you when it happens.

Don't let the client control the session by answering all the questions whether they read or not. Occasionally, it is possible that a question doesn't read but when the client is keen to originate something about it, and in doing so it now reads. In this situation you can take it up. But proceed with caution, if it seems to bog down or go nowhere, go back to your assessment.

Bypassed Charge Checklist

The Bypassed Charge Checklist is a tool which serves to uncover suppressed and therefore bypassed emotional charge that exists on an item - a person, situation or period of life experience - to bring relief and resolve confusion. The Checklist consists of 22 buttons, e.g. 'suppressed', 'evaluated' and so on, which describe the way in which the charge has been and is continuing to be bypassed. These buttons are used in relation to a charged (reading) Item. The Checklist offers 22 'angles' to

get at a known charge and blow it. The reading Item serves as the 'prefix' to each question, e.g. "On (Item), is something being (button)?"

When running the Bypassed Charge Checklist, you ask the first question; if it doesn't read, ask for an example concerning the question. Get the client to invent one if necessary, to demonstrate understanding. This makes the button more real. It may well read now; if not you leave it and check the next button.

If the question does read, point this out to the client and expect an answer. Then you go back to repeat the identical question until it no longer reads and you've run out of answers, i.e. it has gone flat, or there is a P/N. You then take up the next button on the Bypassed Charge Checklist and proceed in the same way - if it reads you answer it, and keep on asking it until it goes flat or there is a P/N.

After a while, going down the list, you will come up with a realization - something that opens up the subject of the Item as a whole and makes it confrontable and open to inspection. There will be a wide P/N and GIs. You use as many buttons as needed to get to this EP, which may mean repeating the list from the top.

When repeating questions, they may be phrased differently, e.g. "On (Item), is something being mistaken?" may be rephrased: "On (Item), is a mistake being made?"

Bypassed Charge Checklist:

On (Item) is there...

- something being SUPPRESSED?**
- something being EVALUATED?**
- something being INVALIDATED?**
- something you're being CAREFUL OF?**
- something NOT being REVEALED?**
- something being MADE NOTHING OF?**
- something being SUGGESTED?**
- something being MISTAKEN?**
- something being PROTESTED?**
- something you're ANXIOUS ABOUT?**
- something being DECIDED?**
- something being WITHDRAWN FROM?**
- something being REACHED FOR?**

something being IGNORED?
something being STATED?
something being HELPED?
something being ALTERED?
something being REVEALED?
something being ASSERTED?
something being AGREED WITH?
something being FALSIFIED?
something UNKNOWN?

Life Stress List

Assess the **Life Stress List** (following). In most sessions, especially with new clients, many of the questions will read. Once you have come to the last question, you can reassess the list. Other questions will now read or sometimes the same questions read again. Just continue until you reach a good end point (EP).

1. Announce the step you plan to take, such as "I am going to assess a Life Stress List to locate what is causing the present difficulty."
2. With the prepared list to the right of the meter, read each line in turn and deliver it to the client in a way that sounds natural, clear and impinges. Tell the client that he is not expected to answer - you are just finding out what reads - but that if one does read you will then immediately ask him what that thought or feeling was. (If the client wants to make comment, of course you do not cut that off - he or she may have realized something or just needs to get something off their chest).
3. When you get a read, note it down along with the question number and either say that read or look at the client expectantly, repeat the question and/or guide as needed to get an answer. Record the answer and any important reads or BDs.
4. When you have recorded the answer and feel satisfied that the charge has been viewed in full, if there is no Periodic Needle or realization then go deeper by asking "Is there a similar, connected time/incident when?" In the space you put the substance of the original question from the prepared list.
5. When you achieve an End Point by going deeper, write down the result of this, i.e. the realization, details about what is releasing, the client's appearance - brighter, smiling, laughing, and the P/N, and that it was indicated to the client.
6. Continue to assess the list and handle each reading question until you have reached a significant change. The client will give the right signals which show you when you can end off. The signals will be statements and realizations which explain the difficulty. The client will also look and sound positive.

Done right there is no shortage of reading questions which the client can respond to. In the unlikely event that you can't get reading questions to take up, then you can use the Suppressed and Invalidated buttons. Occasionally you will come across someone who doesn't seem to read in the same way as others do. Probably a lot of

material has been repressed or perhaps nullified by those around the client. You ask "On the question, 'Is there something that has upset you?', has anything been suppressed?" If so, this question will read and the client will have an answer - "Well, (so and so) accused me of being upset with them and not to bother them with it." Similarly you can ask if anything has been invalidated or made nothing of.

If a question reads, get as much detail and specifics as possible - who, what, why, where, when, how. To pull off the charge it is necessary to see the reality of the situation very clearly.

In addition, you can use the Bypassed Charge Checklist on the aspect of the answer (the Item) that is most charged (giving a F, LF or BD). Then go back and recheck the question. To complete your handling of the question, if necessary find a Similar Connected experience or situation, or maybe several such, to reach a P/N on that question. Continue assessing down the list until you reach an End Point of realization, good indications and P/N on the subject of stress.

LIFE STRESS LIST

- 1. Is something upsetting you?**
- 2. Is something concerning you?**
- 3. Is someone nearly finding out something?**
- 4. Are you not communicating something?**
- 5. Are you doing something you are worried about?**
- 6. Are you being invalidated?**
- 7. Is someone evaluating something incorrectly?**
- 8. Are you experiencing a loss?**
- 9. Are you experiencing a failure?**
- 10. Is something going on too long?**
- 11. Is there something you can't stop thinking about?**
- 12. Is there something you find difficult to express?**
- 13. Is there a failure in communication?**
- 14. Are you being unjustly criticized?**
- 15. Is there something or someone that annoys you?**
- 16. Is there something or someone you are trying to avoid?**
- 17. Are you being ignored?**
- 18. Are you not being properly acknowledged?**
- 19. Are you having trouble getting someone to listen to you?**
- 20. Are you having difficulty getting your ideas understood?**

- 21. Is your affection being rejected?**
- 22. Is there a disagreement?**
- 23. Are you being made less of?**
- 24. Does something seem confusing?**
- 25. Are you resisting something?**
- 26. Is something or someone hard to understand?**
- 27. Are there too many obstacles?**
- 28. Is something or someone out of control?**
- 29. Are you having trouble controlling yourself?**
- 30. Is there a problem which doesn't seem solvable?**
- 31. Are others worried about you?**
- 32. Are you worried about others?**
- 33. Is a goal being frustrated?**
- 34. Can you not get agreement on something?**
- 35. Is there someone in your life who constantly gives you problems?**
- 36. Is there a past traumatic incident which is on your mind?**
- 37. Is there something you can't get your mind off?**
- 38. Is there something you feel guilty about?**
- 39. Are you suppressing your true feelings about something?**
- 40. Are you avoiding a situation which needs attention?**
- 41. Are you afraid someone might find out about something you've done?**
- 42. Is there a lack of trust?**
- 43. Is there something you regret having done?**
- 44. Is someone continually telling you what to do or think?**
- 45. Is someone overly dependent?**
- 46. Do you feel you have let yourself down in some way?**
- 47. Are there any opinions you dare not express?**
- 48. Is there something you try not to think about?**
- 49. Are there opinions you find difficult to keep to yourself?**
- 50. Is something else stressful, that you are aware of?**

Upsets Repair List

Assess down the following **Upsets Repair List** (below) and when a question reads, handle it. Get as much detail and specifics as possible - who, what, why, where, when, how. To pull off the charge it is necessary to see the reality of the situation very clearly. Ask:

"Tell me more about that?"

"Exactly how (e.g. is your reality being rejected?)?"

"When did you first start to feel (e.g. that your reality is being rejected)?"

"What was your attitude (to that) at the time?"

"Where were you at that time?"

"Tell me exactly how you felt about that at the time?"

"What decisions did you make as a result of that experience?"

"How does that (upset or incident) seem to you now?"

If necessary ask for a Similar Connected incident or situation and handle similarly.

End each reading question of the assessment on a P/N and good indicators and continue down the assessment list until there is a realization and good indications on the subject of Upsets in your life.

Repair

If the session bogs down and indicators are not good, perhaps with a rising BP, you can check the following to release bypassed charge:

"In this session, has anything been...

suppressed?"

asserted?

invalidated?

missed?

protested?

decided?

unacknowledged?

also "Have I failed to find and clear...

something I've been careful of?"

something I did not reveal?

something I've been anxious about?

UPSETS REPAIR LIST

- 1. Is anything being protested?**
- 2. Are you withholding a protest?**
- 3. Is something going badly wrong?**
- 4. Is your affection being rejected?**
- 5. Are your feelings being rejected?**
- 6. Is your opinion being rejected?**
- 7. Is your communication not being accepted?**
- 8. Is your communication being cut short?**
- 9. Is your communication being ignored?**
- 10. Is an earlier rejection being restimulated?**
- 11. Is an earlier upset being restimulated?**
- 12. Is a feeling of upset being suppressed?**
- 13. Is a feeling being ignored?**
- 14. Is an earlier disappointment being restimulated?**
- 15. Is an earlier communication breakdown being restimulated?**
- 16. Is there something you don't understand?**
- 17. Is there a misunderstanding?**
- 18. Is an earlier misunderstanding being restimulated?**
- 19. Is someone being misunderstood?**
- 20. Is a reality being enforced?**
- 21. Is there a disagreement?**
- 22. Is something being made less of?**
- 23. Is something being invalidated?**
- 24. Is there a criticism?**
- 25. Is someone being treated as unimportant?**
- 26. Is something being regarded as unimportant?**
- 27. Are you upset about something that you did?**
- 28. Is someone nearly finding out something about you?**
- 29. Are you doing something that is resulting in an upset?**
- 30. Is there an injustice?**
- 31. Is there a false accusation?**
- 32. Is the truth about something not being accepted?**
- 33. Is someone jumping to a wrong conclusion?**
- 34. Is something being taken the wrong way?**
- 35. Is there some false information?**
- 36. Is there something that you find confusing?**
- 37. Is something different than you expected it to be?**
- 38. Is there a problem that does not go away?**

39. Is the wrong reason for an upset being given?
40. Is your attention being fixed on something?
41. Is an agreement not being kept?
42. Is a goal being disappointed?
43. Is your help being rejected?
44. Is a decision being made?
45. Is something being asserted?
46. Is an observation being invalidated?
47. Is a traumatic experience being restimulated?
48. Is a belief being invalidated?
49. Is a willingness not being acknowledged?
50. Is something being rushed?
51. Is something going on too long?
52. Is someone evaluating for you?
53. Is an action unnecessary?
54. Are you being forced into something?
55. Is something being forced upon you?
56. Is something being done without your agreement?
57. Is something being found out?
58. Is there something you feel is missing?
59. Is something being taken for granted?
60. Is there something someone isn't grasping?
61. Is there something you want to keep secret?
62. Is someone trying to make you feel wrong?
63. Is someone failing to help you?
64. Are you failing to help someone?
65. Is something being left incomplete?
66. Does some action seem wrong to you?
67. Are you deciding to be upset about something?
68. Are you not accepting responsibility for something?
69. Is someone else not accepting responsibility for something?
70. Does something make you feel embarrassed?
71. Does something make you feel unsafe?
72. Does something make you feel intimidated?
73. Is a statement too generalized?
74. Is a criticism nearly right?
75. Is someone trying to make you feel wrong?
76. Is someone trying to provoke you?
77. Is something happening too slowly?
78. Is something being forced on you that you don't really want?

- 79. Is a grievance not being acknowledged?**
- 80. Is there a loss of status?**
- 81. Is a win being belittled?**
- 82. Is a win not being acknowledged?**
- 83. are you silently protesting to yourself?**
- 84. Have you been asking yourself the same question for a long time?**
- 85. Have you being looking for an answer for a long time?**
- 86. Are you not being asked the right question?**
- 87. Is the real upset being missed?**
- 88. Is there no upset in the first place?**

4. Frequently Asked Questions

Q: *What is your basis of assumptions that values lower than 5K ohms indicate a high level of brain arousal (tense level) and values higher than 25K ohms indicate low arousal and withdrawal from the mind (calm level)?*

A: The use and calibration of the GSR meter is based on experience with many subjects undergoing psychotherapy. When a topic is encountered that causes tension, such as the remembering of a traumatic experience, the basal resistance falls, sometimes quite dramatically. Similarly a ‘fall’ occurs if some information that is withheld is nearly being found out, or if a serious upset is being recollected (from current experience or the past). There are many other such ‘case’ issues which cause this instantaneous meter response.

At the point of overwhelm by such emotional arousal, the resistance measures about 5K ohms; below that the person is unable to look further at the topic or experience. What can happen then is a complete shutoff where the resistance climbs up to 25K ohms or beyond; the person is in a state of dissociation, unable to confront the issue and in this ‘safer’ space, may feel subjectively better, although still suffering from the repressed undercurrents of the issue being addressed. This highly suggestible state is similar to that achieved by deep hypnosis or certain meditation practices where consciousness is much reduced. (Note that Monroe techniques that attain a ‘mind awake-body asleep’ state do not suffer from this dissociation and accompanying high basal resistance, and neither do truly enhancing meditation techniques).

A client may indeed begin in this low consciousness state, with a high basal resistance, and as the right topic is found and he is gradually directed to confront the issues or experience involved, the resistance will lower. With guidance, though, he will not become overwhelmed but be able to look fully at the experience and become neither tense nor overly relaxed about it, as he realizes how his subsequent thoughts had not been rational, resulting in the bad feelings associated with it. So a mid-range resistance is the healthiest state.

Normally, though, when an issue is first brought to a client’s attention, the subject itself will cause an increase in arousal (instantaneous drop in resistance) that is ‘reactive’, i.e. a stimulus-response reaction from the pre- or sub-conscious - this suppressed emotion one can call ‘charge’. Then he will back off from it somewhat, causing a rise in resistance. Then, as it is therapeutically addressed, the resistance

moves back to a mid-range position. With competent therapy, a client is not so badly overwhelmed when addressing the issue that the resistance 'falls out the bottom' as described above.

So you can see that the GSR meter is a valuable aid in the psychotherapeutic process, both in detecting the most 'highly charged' issue to address (usually the most accessible, though with suppressed emotional undercurrents); and also to guide the handling of the issue, leading to an equanimity in facing up to it fully.

In the optimal balanced state it is also found that left and right brain hemispheres are equally aroused and phase-synchronous in their wavelengths - this can be monitored with the Bilateral Meter. There are no suppressed 'fight or flight' emotions and at the same time there is full involvement and alertness. States of genuine 'high consciousness' that are not dissociative but are insightful are indicated by balanced measurements on both the GSR and Bilateral Meters, and a needle movement that gently 'floats' or oscillates in an unforced manner.

There is more to states of 'high consciousness' than left/right brain synchrony. Peak experiences, states of release from previous suppression, OOB, lucid and transcendent experiences, all involve 'unusual' brainwave patterns - the balance of delta, theta, alpha and beta frequencies - that mirror the state of consciousness. Monroe brainwave entrainment brings about hemispheric synchrony but also affects the brainwave pattern. For example, OOB and lucid dreaming experiences may be triggered by attaining the mind awake-body asleep state: the mind is kept awake by beta stimuli even while the body sleeps due to delta waves, and visualization is stimulated by alpha frequencies. Certain patterns may be measured (using real-time EEG equipment) in successful meditators which show that they are not dissociated or mentally switched-off (with corresponding high basal resistance) but instead they retain full alertness and attentiveness even though the body is deeply relaxed.

Q: *How and where you get these values? (experiment, statistical analysis and etc.)?*

A: The range 5K-25K is from practical observation of many clients; below 5K and above 25K the client is less able to address any issue objectively.

Q: *Can you site the medical explanation on how skin resistance is being measured?*

A: The level of brain arousal affects emotional state and fortuitously this affects skin resistance - a symptom convenient to measure through two electrodes in contact with the skin, across any two points on the body. For example, the two points may be adjacent on one hand or across from one hand to the other. If an EEG is used simultaneously, you will observe the increase of brain arousal corresponding to the changes of measured skin resistance. The best point at which to measure skin resistance is the thumb and forefinger because this part of the body is most heavily represented neurologically in the evolutionarily advanced thought centers of the brain used to manipulate objects, and therefore closely in touch with will, left brain focused action and right brain contextual holding.

Q: *Can you give other reasons for the occurrence of tensions?*

A: The initial 'backing off' of reduced confront (rising resistance) is the result of denial of responsibility in the area addressed, a feeling of being at receipt of another's cause. The aim of the case handling is to turn this around so that the person takes responsibility for his own decisions, actions and feelings; this increased confront results in a mid-range resistance. The kind of things that can make a person feel at effect are painful experiences and outcomes, suppression of needs and wants, withheld communication, frustration through attempted manipulation of another, or another refusing to listen, or a problem that seems insurmountable. When emotional tension is suppressed, it doesn't go away, it festers and affects rational thought. When the suppressed topic is touched on again in therapy, it will be clearly visible as an instantaneous fall in resistance, corresponding to arousal of the sympathetic nervous system 'fight/flight' response, and visible on the meter through the psychogalvanic response affecting skin resistance. Relaxation of this tension occurs much more slowly through the parasympathetic nervous system, as homeostasis is restored.

A useful illustration of how tension and relaxation need to be balanced for optimal functioning is seen in the sexual response. Sexual arousal is a parasympathetic function and so is destroyed by tension, such as may be caused by anxiety or upset and the associated suppression of feelings and communications. At the same time there has to be enough tension - interest and involvement - for sexual arousal to occur, so a dissociated withdrawn state is equally dysfunctional. When these issues are resolved sexual function returns to normal.

Q: *What biological component(s) of our body carries the skin resistance?*

The skin is just the surface contact with electrodes; in fact it is the entire body resistance that is being measured, and this is affected by nervous system responses as a whole - it isn't just a response of increased conductivity caused by increased sweat emission. In addition the nervous system is an electrical system affected by the more subtle energies of the body's chakra system as well as thought energies and communication flows and blockages. The mind and the spiritual consciousness (to a greater or lesser extent) directing it is not merely contained in the physical brain; rather the nervous system is a conduit between the etheric or metaphysical and the glandular and muscular actions of the body. The body, too, has its own dynamics, genetically based and centered on survival, and this body-mind interacts with the etheric; indeed in many persons it is dominant.

Q: *My currently area of study is looking into the advantages and disadvantages of having a high and low cortical arousal. You mention that many papers have been written on this subject in the last 25 years. I was wondering if you could specify some of these papers and information sources so that I can expand my knowledge in this area.*

A: The nitty-gritty of it is that very low arousal (high basal resistance) is over-relaxed, effectively switched off. Very high arousal (low basal resistance) is a state of extreme anxiety and overwhelm. Optimum mental functioning occurs mid-way between the two, varying as appropriate between more aroused (focused, enthused, alert) and less aroused (relaxed, enjoying). Lowered arousal after a state of anxiety can of course be a welcome relief. We can think things over. But low arousal can after a while become boring and then we look for a new activity, goal, or involvement. We reverse our state of arousal in this way quite frequently. My book 'Transforming the Mind' talks about this Reversal Theory in more depth.

Here is a list of some of the papers written on the subject of Galvanic Skin Response...

Guest, Hazel (1990)

Sequential Analysis: monitoring counseling sessions via skin resistance
Counselling Psychology Quarterly, Vol.3, No.1, 1990, pp. 85-91

Toomin, M.K. & Toomin, H. (1975)

GSR biofeedback in psychotherapy: some clinical observation
Psychotherapy: Theory, Research and Practice, 12(1), pp.33-38

Thayer, R.E. (1989)

The Biopsychology of Mood and Arousal
New York, Oxford University Press

Gale, A. (1989)
The Polygraph test
London, Sage

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Stern, R.M., Breen, J.P., Watanabe, T. & Perry, B.S. (1981)
Effect of feedback of physiological information on responses to innocent
associations and guilty knowledge
Journal of Applied Psychology, 66(6), pp. 677-681

Lykken, D.T. (1981)
A Tremor in the Blood
(New York, McGraw Hill)

Svebak, S. & Stoyva, J. (1980)
High arousal can be pleasant and exciting: the theory of psychological reversals
Biofeedback and Self-regulation, 5(4), pp. 439-444

Blundell, G. & Cade, C.M. (1979)
Self-awareness and ESR
London, publications department of Audio, Ltd. (electronic engineers).

Seligman, L. (1975)
Skin potential as an indicator of emotion
Journal of Counselling Psychology, 22(6), pp. 489-493

Abrams, S. (1973)
The polygraph in a psychiatric setting
American journal of Psychiatry, 130(1), pp. 94-98

Jung, C.G. (1907)
On the Psychophysical relations of the association experiment
Journal of Abnormal psychology, 1, pp. 247-255
Reprinted in the Collected Works, Vol. 2, chapter 12.

Tarchanoff, J. (1890)
Galvanic phenomena in the human skin in connection with irritation of the sensory
organs and with various forms pf psychic activity

Pflüger's Archiv für Physiologie (see ref. in Jung's Collected Works, RKP, Vol 2, paragraph 1038)

Q: I'm wondering about using the Clarity Meter instead of muscle testing for meridians, alarm points, food allergies, etc. Will this device work as a substitute for muscle testing?

A: That's a good question and I don't know the answer from my direct experience, since I don't know enough about kinesiology - for instance, does muscle strength increase or decrease along with the tension (fight/flight response) that the GSR indicates? The GSR would, I believe, respond one way or another to the kinds of stimulus that kinesiology muscle testing measures. It would be necessary to do tests using the meter alongside muscle testing to find out what works and doesn't and what the equivalent indications are. However I would have thought that since the GSR also responds to emotional thoughts, that it would be easy to be confused by associations the client has that are separate from the stimulus being examined. EMG, a type of feedback that uses muscle tension, would seem to be more appropriate.

Hank Levin of Clarity Meters contributes the following reply...

The mechanism of detection utilized by the Clarity Meter incorporates the deeper knowingness of the client, as does the technique of muscle testing.

That said, there is a diversity of opinions by practitioners of muscle testing about how it actually works. Some consider that it is a very mechanical physiological process, and therefore not only reliable but quite objective (not easily influenced by the practitioner). Others consider that it taps only into the client's deeper consciousness if the test is being done on the client, and into the practitioners consciousness if the test is being done on him/herself, as in some diagnostic procedures. Yet others consider that regardless of who's muscle is being tested, the test taps into both the deeper consciousness of the client and that of the practitioner, and as such, it may be accurate enough to be useful, but not far enough beyond being influenced by either party to be considered totally objective.

In my opinion, though I have seen muscle testing used reliably and effectively, I consider that it is highly reliant on the training and perspicuity of the practitioner. My own chiropractor uses it extensively; however, he is a highly studied professional, and demonstrates abilities in the areas of anatomy and nutrition that are both intellectually impressive and intuitive.

I myself do not have enough knowledge of the systems that incorporate "acupoints" or "meridians" to know how you use them; however, I have done some experimentation with food allergies, as well as toxins and body contaminants. I made up lists of contaminants, starting with the periodic chart of elements; then proceeded to common household and industrial materials and solvents, as well as foods, and assessed those lists on the Clarity Meter. I also had other practitioners assess the lists. I was impressed with the results, and I think that much more research needs to be done in this area.

However, I do find that the meter will also read on the client's misunderstanding of a word--if he does not know what "beryllium" is, the meter will read on that word. At that point, the practitioner needs to ascertain whether the meter read on the misunderstood word, or on the knowingness that there is a contaminant present. This is done by simply checking with the meter. On one occasion beryllium--a highly toxic metal--was indeed identified, and was found to be a common hardening alloy in dental fillings.

The meter will also read on the client's protest. For instance, if the client has enough emotional objection to being found allergic to sugar (not unthinkable, as most of us are now addicted to it), it might read on "sugar." This might have to be clarified by the practitioner.

However, I believe muscle testing is subject to the same limitations!

I have also used the meter successfully for gold, silver and mineral prospecting. I ran an assay laboratory for a time in Southern California. The techniques for using the meter in these circumstances is rather similar to its application in health matters. I will be writing a book about that eventually.

In conclusion, I would say that the use of the Clarity Meter (or other similar devices) in health assessments is a promising area that deserves much further investigation. It is my conclusion that its success is very much contingent on the knowledge of the practitioner (and perhaps to a less extent that of the client) of the information being assessed or investigated. However, even if studies showed that its use was statistically accurate enough to be useful, because no "scientifically" acceptable explanation can be given for how it works, it would be illegal (and otherwise politically inadvisable) to recommend it for diagnosis of health conditions.

As a psychologist I use the meter as described and from long experience I know the description is accurate in practical terms. However the exact biology involved is not my area of expertise. Nevertheless, I hope the above information clarifies the reader's understanding, as well as introducing some concepts that will probably be new to most biofeedback exponents. I would be happy to correspond with readers who would like to discuss any of these areas in further depth:
[mail to Peter Shepherd.](#)