Psychological Kinesiology Class 8 Summary

Postural Stress Release & Neurotransmitter Balancing

SUBJECT 1: Warm-Up Activation Sequence

Step-by-Step Procedure:

1. Stimulate Kidney 27 points while breathing deeply, moving from right to left and around to wake up the brain.
2. Check neck stress as a baseline.
3. Unroll the ears — this improves auditory processing and increases energy flow through the acupuncture meridian system. The ears act as antennae for the meridian system, so this is useful anytime fatigue sets in.
4. Hold the sagittal suture (the crown of the head) and breathe in while gently pulling apart. Repeat three times. This can help energize the body.
5. Thump the thymus gland to activate it.
6. Stroke upward on the central meridian.
7. Perform eye rotations with one hand, then the other, then both — this integrates the visual cortices of the brain.
8. Optional sun activation: Bring arms back, open the chest, and breathe deeply while allowing sunlight to shine in.

SUBJECT 2: Postural Stress Release

What It Is

Postural stress release clears trauma that has become anchored in the body at a specific physical position. When a person is in an accident or experiences a traumatic event, the body can retain stress responses associated with the posture held at the moment. This causes ongoing tension, pain, or panic whenever the body returns to a similar position.

Examples from class:

- A man T-boned at 50–60 mph held residual stress in the exact position his body was in during impact. After clearing each posture, the stress was gone.
- A woman struck by a truck as a pedestrian was taken through each phase — the impact, the fall, and the ambulance ride — clearing stress at every step.
- A man who fell from a ladder could not relax lying on his back to sleep. After clearing the posture of impact, that stress was eliminated.
- Megan, a class participant, had her head slam into a bouncy castle wall and ricochet back and forth. Multiple postures were found and cleared during the demonstration.

Step-by-Step Procedure

Step 1: Establish a baseline. Have the client notice any pain or stiffness and rate it on a scale of 1-10.

Step 2: Test the indicator muscle in the clear. Use the Pectoralis Major Clavicular (PMC) muscle as the indicator — it is particularly useful because it is tied to emotional stress and the stomach meridian. Test it with no thought or posture as a baseline.

Step 3: Have the client think about the accident. Re-test the PMC. If it goes weak, clear the stress first using a general stress release or video technique before proceeding. If it stays strong, continue.

Step 4: Have the client assume the posture from the beginning of the event. Ask them to recreate the physical position their body was in when the accident began.

Step 5: Re-test the PMC in that posture. If the muscle tests are weak, stress is present in that posture, and needs to be cleared.

Step 6: Hold the frontal eminences (stress release points). Place fingertips on the frontal eminences — the neurovascular points on the forehead above each eye. This increases blood flow and oxygen to the limbic centers of the brain and shifts the nervous system into a parasympathetic state.

Step 7: Hold the posture and breathe. Have the client stay in the position, breathe slowly and deeply from the belly, and relax as much as possible. Hold the frontal eminences throughout. This typically takes 10 to 30 seconds. A breath, a sigh, or a felt sense of release usually signals completion.

Step 8: Re-test the PMC. If the muscle tests strongly, that posture is clear. Move to the next posture in the sequence.

Step 9: Choreograph the full event. Continue testing each posture in the sequence of the accident — the initial impact, subsequent movements, and the aftermath. Each posture that tests weak is cleared using the same procedure.

Step 10: Allow the client to self-direct as needed If the client feels the need to hold a specific point on themselves (e.g., mingmen, the tailbone, or an area with strong sensation), allow it. The body often guides additional release.

Step 11: Complete the session. When no further postures test weak, have the client notice the changes and re-rate their pain or stress on a scale of 1 to 10.

Doing It Remotely

When working with a client virtually:

- Have the client touch their own frontal eminences while holding the posture.
- You can test surrogate muscle responses on yourself while the client describes the event and moves through postures.
- Have the client move around and describe positions — when you detect a weak response, instruct them to hold that position and apply the frontal eminences themselves.

When the Client Cannot Remember the Accident

If a client has amnesia around the event or doesn't know what posture they were in:

- Simply explore a range of movements — flexion, extension, rotation, twisting, lying on the back or side — while testing.
- The arm will go weak at whichever posture needs to be cleared. No memory is required.
- This approach also applies to childhood accidents, birth trauma, or any event the client cannot consciously recall.

When the Client Cannot Assume the Exact Position

If a client cannot physically get into the original position:

- Move as close to that position as possible.
- Touch or focus on the area of the body where the trauma was concentrated.
- Work through related movements, such as all neck movements for a head injury or spinal rotations for a fall.

Student Results

Megan (bouncy castle head injury): Megan went through multiple postures — the slide, the impact, the head ricocheting back and forth. Emotional and physical release occurred throughout, including tearing eyes, sensation down the large intestine finger, jaw involvement, and a strong energy release by the end. She reported feeling very good at the conclusion.

A student working on a recent injury (pain level 7–8): After the postural stress release, pain dropped to approximately a 1 out of 10.

Audrius (twisted ankle): After the release, the ankle felt significantly more stable with noticeably more strength when bearing weight. Some structural work was identified as still needed due to heavy ongoing use, demonstrating the value of combining techniques.

Jill (shoulder injury, pain level 7): Pain reduced from a 7 to a 4. The facilitating student noted the importance of celebrating incremental wins as pieces of a larger healing process.

Important Notes on Combining Techniques

Postural stress release addresses the **emotional and neurological anchoring** of trauma. It works alongside — not instead of — structural techniques such as:

- **Injury recall technique** (addresses neurological and physiological components)
- **Ligament reset technique** (for structural damage in accidents)
- **Fascia release** (fascia frequently bunches up in accidents)
- **Proprioceptor reset** (spindle cells often need resetting after injury)
- **Scar clearing** (with figure eights and other techniques, both physical and emotional scars)

SUBJECT 3: Neurotransmitter Deficiencies — Psychological Symptoms and Causes

Overview

Neurotransmitter imbalances have distinct psychological and lifestyle signatures. Knowing these helps identify which neurotransmitter to test and address. The most commonly found deficiencies in practice are **GABA** and **dopamine**.

Dopamine Deficiency

Psychological symptoms: Mood swings, aggressiveness, being easily angered, inability to handle stress, guilt, feelings of worthlessness and hopelessness, depression tied to a sense of loss, suicidal ideation, procrastination, fear of being observed, attention deficit disorder (ADD/ADHD), and difficulty focusing.

Note on depression: Dopamine-based depression tends to present as mental shutdown — the person simply cannot think or engage. This is different from the ruminating depression associated with serotonin and GABA deficiency.

Lifestyle causes: High-paced lifestyle without adequate rest, lack of sleep, goal-less living, overuse of stimulants.

Nutritional causes: Insufficient foods rich in tyrosine and phenylalanine (the building blocks of dopamine) — such as almonds, avocados, grass-fed meats, wild-caught fish, pasture-raised eggs, and lentils. Excess sugar, simple carbohydrates, junk food, coffee, and illicit drugs temporarily spike and then deplete dopamine.

Emotional causes: Profound loss, grief, and regret.

Environmental causes: Exposure to cadmium (e.g., through cigarette smoke).

Related conditions: Low adrenals, low thyroid, Parkinson's disease (extreme dopamine depletion).

Practical tip: The app focusmate.com pairs users with an accountability partner for 25- or 50-minute work sessions. This structure helps raise dopamine by creating goal focus and follow-through.

Acetylcholine Deficiency

Psychological symptoms: Anxiety, bipolar mood swings (cycling between mania and depression), hysterical behavior, attention problems, difficulty concentrating and making calculations, personality and language changes, rule-breaking, impaired judgment, and reduced creativity.

Lifestyle causes: Overstimulation without enough downtime, insufficient time alone, and lack of sleep.

Nutritional causes: Too many high-fat and deep-fried foods; insufficient choline-rich foods such as whole grains, meat, fish, eggs, and wheat germ. Inadequate water intake — acetylcholine helps keep cell membranes moist.

Emotional causes: Extreme guilt and self-blame.

Environmental causes: Exposure to aluminum through cookware, deodorants, or environmental sources.

Related conditions: Multiple sclerosis (in extreme cases).

GABA Deficiency

Psychological symptoms: Anxiety, restlessness, fears and phobias, depression, short temper, rage, feelings of dread, guilt, feelings of worthlessness and hopelessness, lack of emotional maturity, difficulty adjusting to change, poor emotional stability, psychosis, manic depression, OCD, poor verbal memory, and difficulty concentrating.

Lifestyle causes: Taking care of everyone else while neglecting self-care; insufficient aerobic exercise (brisk walking is highly effective and, per research, more effective than Prozac for depression).

Nutritional causes: Insufficient foods rich in glutamine, such as organ meats, whole grains, vegetables, nuts, legumes, cantaloupe, and oranges. Excess sugar, white flour, and simple carbohydrates.

Emotional causes: Despair and apathy.

Environmental causes: Exposure to lead.

Serotonin Deficiency

Psychological symptoms: Depression with rumination (the mind cannot stop thinking), impulsiveness, restlessness, being a loner or socially withdrawn, codependency, lack of common sense, lack of pleasure, masochistic tendencies, OCD, paranoia, perfectionism, phobias, rage, confusion, memory loss, and difficulty concentrating.

Note on depression: Serotonin-based depression involves an inability to quiet the mind — different from the shutdown quality of dopamine deficiency.

Lifestyle causes: Insufficient sleep, lack of aerobic exercise.

Nutritional causes: Insufficient tryptophan-rich foods — such as turkey, wild game, eggs, cottage cheese, and avocados. Excess coffee, alcohol, white flour, and simple carbohydrates.

Emotional causes: Shame and humiliation.

Environmental causes: Exposure to PCBs, pesticides, and mercury (including mercury from silver dental fillings).

Related treatment note: SSRIs (selective serotonin reuptake inhibitors) are the conventional medical treatment for serotonin-based depression.

SUBJECT 4: Neurotransmitter Balancing Protocol

Testing the Points (In-Person and Remotely)

The following acupressure points correspond to each neurotransmitter:

Neurotransmitter	Test Point
Dopamine	Central Vessel 24 (CV24)
Acetylcholine	Gallbladder 1 (side of the eye)
GABA	Large Intestine 20 (beside the nose)
Serotonin	Bladder 1 (inner corner of the eye)

To test remotely: Have the client touch each point themselves while you test a surrogate indicator muscle. When the muscle goes weak while a point is held, that neurotransmitter is deficient in the context being tested.

Step-by-Step Procedure: Neurotransmitter Balance

Step 1: Establish context. Either test in the clear (general deficiency) or in the context of a specific goal or stressor that the client is working on.

Step 2: Test the indicator muscle in the clear

Step 3: Have the client touch each neurotransmitter point in turn Test CV24, Gallbladder 1, Large Intestine 20, and Bladder 1. Note which points cause the indicator muscle to go weak.

Step 4: For each deficiency found, identify the contributing factors Work through the following categories, testing whether each factor is involved:

- **Lifestyle** — sleep, exercise, meditation, relaxation, time management, social media boundaries
- **Nutrition** — diet additions, diet deletions, supplementation (e.g., choline for acetylcholine deficiency)
- **Emotional stress** — use emotional stress release, the neurotransmitter affirmation technique, or the video technique as indicated by testing
- **Acupressure tapping** — tap the relevant neurotransmitter point to help clear the deficiency

Step 5: Emotional stress release (if indicated)

1. Have the client sit comfortably. Hold the frontal eminences and guide them into slow, deep breathing to establish parasympathetic dominance.
2. Once relaxed, ask them to notice what comes up around the situation — feelings, self-talk, resistance, overwhelm.
3. Guide them to simply observe what arises without resistance. Awareness itself facilitates release.
4. Ask what they would like to feel and what they want to see going forward — a positive future orientation.
5. Re-test the neurotransmitter point to confirm release.

Step 6: Recommend ongoing support. Based on test results, advise on specific dietary changes, supplements, lifestyle adjustments, and daily tapping routines. A practical daily routine: tap dopamine and acetylcholine points in the morning; tap serotonin and GABA points in the evening.

Balancing in the Context of a Goal

Neurotransmitters can also be tested and balanced specifically in relation to a goal the client is trying to achieve or manifest. The deficiency may only appear when the person focuses on that particular context.

Demonstration — Megan's goal (new church position): Megan was given a leadership position at her church without a clear briefing, felt overwhelmed, and had no defined boundaries. Her goal was clear and effective communication, strong boundaries, and a willingness to engage positively with the role.

- **Deficiency found:** Acetylcholine (Gallbladder 1 tested weak in the context of the goal)
- **Factors identified:** Lifestyle — time management and managing social media/email overwhelm; Nutrition — insufficient choline (diet addition and supplementation indicated); Emotional — stress release needed
- **Emotional release process:** Megan identified feeling thrust into an unknown role, questioning her capability, and wanting to run away. She was guided to recognize she could ask for support rather than trying to refuse or push through alone. She articulated a clear vision: a formal meeting to define the role, clear pathways for handling matters, and honest communication about her time and energy boundaries.
- **Result:** On re-test, the acetylcholine point tested strong. Megan reported feeling significantly more strength and clarity around the situation — less overwhelm, more structure, and a plan to communicate her needs effectively.

Additional Student Results

Audrius (serotonin deficiency): Serotonin deficiency was identified. A protocol was established that included dietary changes and point tapping. Andres noted feeling gratitude for the clear guidance.

Michael (serotonin deficiency): A dietary change was recommended that Michael was reluctant to make. The facilitator noted that even partial compliance — reducing rather than eliminating a problematic food — can be meaningful, and that connecting the feeling of improvement to the dietary change is the most powerful motivator.

Bobbi (writing a polarity school manual — GABA/acetylcholine deficiency): Bobbi felt chest tightness and breath-holding when thinking about the writing project. After tapping the relevant point, the sensation released, and he felt significantly lighter. He identified a practical strategy: tap the point before each work session to clear the block and build momentum.

Cindy (zoom presentation anxiety — dopamine deficiency): Low dopamine came up around performing on camera for a recorded presentation. The affirmation technique was indicated, with themes of grief, regret, and fear arising during tapping and eye rolling. All cleared by the end of the session. Coaching offered: shift focus from the fact of being recorded to the enthusiasm for the content and the impact on the audience.

SUBJECT 5: Looking Ahead — Consciousness Calibration

The next session will introduce the work of Dr. David Hawkins (*Power vs. Force*), which uses muscle testing to identify levels of consciousness on a logarithmic scale. Key topics will include:

- How consciousness levels act as attractor fields, drawing experiences that match their resonance
- Using muscle testing to evaluate career paths, relationships, and life choices
- The connection to the law of attraction — gratitude and love as high-resonance attractor fields
- Practical application: calibrating decisions and goals to desired states of consciousness

Recommended reading: *Power vs. Force* by Dr. David Hawkins