

SIMPLE CLEARING

Possible Imbalance	Assessment	Balancing
1 Blocking	Muscle test by pressing on extended forearms. Say, "Body, show us a yes." Test. Muscle should feel strong. Say, "Body, show us a no." Test. Muscle should feel weak.	If the forearms test <i>anything other than</i> strong on yes and weak on no, the client typically has a phobia blocking their energy field. Use the Muscle Testing Trouble Shooting Guide to correct the testing.
2 Dehydration	Muscle test one forearm. While pressing, ask person to tug on hair. The muscle should remain strong.	If the arm goes weak during the hair tug have the person drink water .
3 Overload or Switching	Ask the person to hold their arms firm. Muscle test with your arms uncrossed and then crossed. Muscle test with one of your hands at a time. Each arm should maintain equal strength no matter which hand you test with.	If one arm feels weaker when pressed with one hand compared to the other hand, ask person to balance as follows: Hold one hand over the navel and rub the sacrum, K27 (area beneath the center of the collar bone), and the upper and lower lips (duck lips).
4 Over/Under Energy	Ask the person to hold their arms firm. Muscle test. Zip Up the energy field by moving your hand 3-6" in front of the body from the crotch to the lower lip. Muscle test. Zip Down by moving hand from lower lip to crotch. Muscle test. Zip Up and test. The person should test strong on the Zip Ups and weak on the Zip Downs.	If the response is different than expected, balance with a Cook's Balance or a Meridian Flush. Cook's Balance: Cross one leg over the other. Clasp palms together and fold hands up so that the pinkie's touch the chest. Then stand with feet apart. Touch fingertips together and point towards ceiling at heart level. Meridian Flush: Perform a series of Zip Ups from the crotch to the lower lip in front, and from the base of the spine over the top of the head to the upper lip in back. Have the recipient stand sideways to you and flush front and back simultaneously.

Even if the client is muscle testing correctly, ask, "Does this being have any blocks or partial blockages in your energy field today?" If yes, MT if it is caused by a phobia. If yes, clear the phobia(s).

Muscle Testing Instructions for Facilitators and Clients *or* How to Avoid the Common Mistakes of Muscle Testing. Copyright 2003, Judith A. Swack, Ph.D.

- I. **Preparation.** We start the work by explaining to the client that Healing from the Body Level Up (and energy psychology in general) works with the conscious mind, unconscious mind, body and soul simultaneously. In order to do the healing the client needs to be able to consciously access information from all levels of his being.
1. Accessing the unconscious mind. Teach the client that he can access his unconscious mind using the NLP technique of going inside and talking to the part that needs healing. The response takes the following forms:
 - Visual; a picture, a memory, a dream that you can see,
 - Auditory; a thought in words, a piece of music, a tone of voice,
 - Kinesthetic; a physical or emotional sensation felt in the body. (Sometimes there is a taste or smell response.)
 2. Accessing the body and soul. We teach the client how to consciously access information from the body and soul levels using an applied kinesiology technique called muscle testing (which is based on the same principle as lie detector testing; that is, the body will register true or false to questions).
 3. Once we have established communication with the unconscious mind, body, and soul, **THE CLIENT’S SOUL/DEEPEST WISDOM DICTATES ALL OF THE GOALS, DIRECTIONS, AND HEALING STEPS** that we do during a session. This includes information about which patterns interfere with the goal, where they are located in the body, and which interventions to use to clear it.
- II. **Muscle Testing.** Explain to the client, “there are two ways to muscle test, the easy way which is easy, and the hard way which is foolproof. Say to the client, “I prefer the easy way, but I’ll show you both so that we can decide how we want to do it.”
1. “The **easy way to muscle test** is to float your arms out in front of you and let your unconscious mind and body answer automatically. We will ask yes/no i.e. true/false questions of your body. Your conscious mind’s job is to send the question into your body, watch the answer your body gives, and *then* think about it. Remember, the sequence is **down, test, think** in that order.
 2. The reason we do it this way is that we don’t want your conscious mind to answer these questions. If I wanted your conscious answer, I’d ask your face. I’m assuming that if the problem were conscious, you would have figured it out by now and not be here in my office.
 3. So, we need to communicate with your unconscious mind, body, and soul to find out what else might be happening here. Even if your conscious mind thinks it knows the answer, we still want to know what the other levels of your being have to say.

So, the proper attitude of your conscious mind (and mine) is an open ended scientific curiosity of I don't know the answer and am interested to find out what the rest of me has to say about the issue. Even if the question sounds fascinating, and many of them will, send the question straight down into the body rather than holding it in your head and thinking about it."

4. Stay consciously alert while we do the muscle testing. Whether you prefer to keep your eyes open or closed, stay awake and don't space out or go on auto-pilot. Each question needs to be sent down into your body for evaluation.
5. Now, **show me a yes; give me a body yes.** (*Muscle test the yes signal.*)
6. **Show me a no; give me a body no.** (*Muscle test the no signal.*) "

The facilitator presses gently on the client's arms just above the wrists using either the flat palms of the hands or the finger tips. Ask the client what he prefers. Press until you feel muscle resistance. On a yes, we expect the client's arms to hold strong (and not move). On a no, we expect the client's arms to float down all the way to the side of their body without resistance.

How do you know that the client isn't consciously answering the muscle testing? On an unconscious yes, the arm holds firm. If the conscious mind is answering, the arm jerks *up*.

On an unconscious no, the arm doesn't move down until the facilitator presses on it. On a conscious no, the client throws their arms down.

7. "The **hard way to muscle test** is for people who can't let go conscious control of their body, i.e. the control freaks. In this case we give the conscious mind something to do consciously in addition to sending the question down. We ask you to hold your arm out straight to the side at shoulder height, which takes some effort, and to hold strong *no matter what we ask you*. You still send the question down into your body, observe the answer, and then think about it.
8. Now, **show me a yes; give me a body yes.** (*Muscle test the yes signal.*)
9. **Show me a no; give me a body no.** (*Muscle test the no signal.*) "

The facilitator faces the client squarely, places one hand on the client's shoulder to stabilize himself, and presses firmly on the client's arm just above the wrist using the flat palm of the hand. Press until you feel muscle resistance. On a yes, we expect the client's arms to hold strong (and not move). On a no, we expect the facilitator to be able to press a client's arm all the way down to their waist while feeling muscle resistance all the way.

How do you know that the client isn't consciously answering the muscle testing? In this position as long as the client is consciously holding muscle resistance, he can't consciously influence the answer. Remind the client periodically to hold his arm strong. If that arm gets tired (isn't holding strong on yes after a while) switch to the other arm. If the client cannot muscle test the easy way, i.e. is rigid on yes and no, or controlling the muscle testing consciously, or doesn't trust their conscious mind not to interfere, use the

hard way. If the client muscle tests well the easy way, suggest that we use the easy way which requires less physical effort, and if there is any uncertainty about an answer, double check it the hard way.

III. Timing Issues for the Facilitator: Finish asking the question and allow it to register in the client's body *before* pressing on the client's arm. Timing: some clients register the answer immediately. Some clients may require a brief pause between question and testing, and some clients you may have to count to three before testing. With clients whose native language is different than the one you are working in, they may have to translate the question before sending it into their body. Have the client signal you when the question has registered in his body and then test him.

IV. Unexpected Results. If the client gives muscle testing signals that are different than what you expect (as described above), go to the muscle testing trouble shooting guide and heal the client's body and energy field to correct the muscle testing. Facilitators, do not surrogate muscle test yourself for the client and give the client answers from your body. The client may begin to suspect that the therapist is imposing the therapist's answers upon the client and doubt that the answers are really coming from within himself. The real work here is to unblock or repair the client's energy field so that he can get real answers from *within himself*.

INDICATOR MODE

For counting lists or numbers of things we switch into Indicator Mode. Say to the client, "In indicator mode, your arms hold strong while we count and go down when we get the right number. Then we'll double check the answer in yes/no mode." Then state the question as follows, "_____, in indicator mode (and then start counting).

Examples:

"This trauma occurred at what age, going for indicator, between conception to birth, 0-10 years old, 11- 20 years old, 21-30 years old, ..."

"What is the priority intervention to use, going for indicator, 1, 2, 3, 4, 5,"

Until the client is familiar with switching modes, during the first few sessions, remember to look the client in the eye while saying, "In indicator mode..." and wait till they nod to let you know they've switched modes. Then say, "double checking with yes/no....," look the client in the eye and wait till they nod to let you know they've switched back into yes/no mode.

Handy tips for keeping yes/no and indicator modes distinct. Some of our colleagues like to say, "In indicator mode, *counting* 1,2,3, etc." Some of our colleagues like to say, "Drop to indicate, 1,2,3, etc."

Never say, "Going for indicator *is it* 1,2,3, etc." "Is it" is a yes/no question, and mixes the two modes creating confusion.

MUSCLE TESTING TROUBLE SHOOTING GUIDE copyright 2001, revised 2012
Judith A. Swack

1. The client tests **strong** on **yes** and **strong** on **no**. Say to the client, “you have a blocked energy field. This is caused by one or more phobias. It can be difficult to function when your energy field is blocked so, let’s clear it now.” The client agrees. Do the **Unblocking Procedure, page 6**.

Note: I have had several clients for whom it took three or four sessions of tapping to unblock their energy fields.

2. The client tests **strong** on **yes** and **tense or sticky** on **no**. Ask the client by muscle testing, “does this being have any **partial** blockages in your energy field?” If the answer is yes, say, “this block is caused by one or more phobias. It can be difficult to function when your energy field is partially blocked so, let’s clear it now.” The client agrees. Do the **Unblocking Procedure, page 6**.

3. The client tests **strong** on **yes** and **stronger** on **no**. Tell the client that this usually means that he has a phobia of saying “no” or a phobia of weakness. Ask the client if he recognizes that as a problem in his life, and discuss. Then have the client read the Introduction to Phobias and Traumas, page 6. Do the **Unblocking Procedure, page 6** and word the phobia, “I’m afraid to say no because...” or “I’m afraid to feel weak because...”

4. The client tests **weak** on **yes** and **strong** on **no**. Say to the client, “you have a reversal. That means you have a limiting belief that is affecting you strongly. A limiting belief is a one sentence structure that you feel is true even though you know better. What is the limiting belief that is up for you now?” Have the client **speak the limiting belief and locate it in the body. Treat the reversal with Natural Bio-Destressing (EFT)** because *these kinds of reversals are actually phobias*. Retest the client, and if he now muscle tests normally i.e. strong on yes and weak on no, muscle test and ask if there are any remaining blocks or partial blockages in his energy field. If yes, treat all the phobias until he tests that his energy field is completely unblocked.

5. The client tests **weak** on **yes** and **weak** on **no**. It could be **low blood sugar** or malnutrition. Ask the client when was the last time she ate. If it was several hours ago **feed the client** a beverage with sugar or a starchy snack. If the client has an eating disorder, discuss the eating disorder and tell her it will be the first thing we treat. Tell her that she must eat more the week before she comes in because her body is too weak to muscle test.

6. The client tests **weak** on **yes** and **weak** on **no**. If it isn’t low blood sugar, say to the client, “you have a blown energy field. This is caused by one or more phobias that caused you to blow a fuse. It can be difficult to function when your energy field is blown so, let’s turn the circuit breaker back on.” The client agrees. **Do the Unblocking Procedure, page 6**.

UNBLOCKING PROCEDURE

1. Have the client read the **Introduction to Phobias and Traumas**, page 8.
2. Ask the client to do a head to foot scan (I call it an emotional CAT scan) and **locate the phobia**. Explain that the phobia may feel like an anxiety, fear, or nervous energy in his body.
3. Talk to the phobia and have it say what it is afraid of. Since it is a phobia, make sure the wording sounds extreme, exaggerated, and irrational. Remind the client that a fear phobia ends in death, eternal torment, or rejection, and a shame phobia ends in an insult that feels like a slap in the face.
4. **Treat the phobia with Natural Bio-Destressing (EFT)**, page 10.
5. Retest the client. If the muscle testing is still off, map and clear the next phobia(s) until he muscle tests normally i.e. strong on yes and weak on no. Then muscle test and ask if there are any remaining blocks or partial blockages in his energy field.
If yes, treat all the remaining phobias until he tests that his energy field is completely unblocked.

Special Case Example I. A client tested **weak on yes** and **weak on no**; the fear was located in her solar plexus. When asked what the fear was, she said there was nothing there, she was blank. I took her answer at face value; there was nothing in the solar plexus. Since the solar plexus is the will center, I concluded that it was telling us that she had no will of her own. I said angrily to the client, “yes and no are irrelevant if you have no will of your own. Who did this to you?” She replied, “I don’t know. My father?” I said, let’s test that. She stood up and muscle tested beautifully strong on yes and weak on no and confirmed by muscle testing that her father had taken away her will. In that instant, she decided to take her will back!

Special Case Example II. A client tested **weak on yes** and **weak on no**. He seemed unable to lift his arms. I asked him why he was so passive; what traumatized him so badly that he couldn’t even lift his arms? He replied that during divorce proceedings his ex-wife threatened to take away his children. Although he got joint custody, he hadn’t been the same since. I told him it was time to get his power back. He immediately lifted his arms and muscle tested accurately!

The Moral of the Story: The first step of HBLU is to access the client’s deepest wisdom through muscle testing. Assume that if you get anything other than strong on yes and weak on no, *the client is showing you something important about himself that needs immediate healing!* This trouble shooting guide is meant to help you figure out what you are seeing. If the client is doing something other than the common examples in this guide, use your intuition, powers of observation, and your client’s insights and guesses to figure out what the client is showing you and treat it. Remember, the unblocking process itself is tremendously healing, and may even take 3-4 sessions to complete.

SELF MUSCLE TESTING

1. **CIRCLE AND PRESS:**

- a. Make a circle with the thumb and ring finger of your non-dominant hand.
- b. Insert the thumb and index fingers of the other hand into this circle from the bottom.
- c. Hold light tension in the circle.
- d. As you ask questions, press the fingers inserted into the circle outward.
- e. Yes = the circle stays closed and holds the press fingers inside.
- f. No = the circle opens.

2. **CIRCLE AND POINT:**

- a. Make a circle with the thumb and ring finger of your non-dominant hand.
- b. Insert the index finger of the other hand into the circle from either the top or bottom.
- c. Hold light tension in the circle.
- d. As you ask questions, pull the index finger and circle apart.
- e. Yes = the circle stays closed and holds the index pointer inside.
- f. No = the circle allows the index pointer to pull out.

3. **FINGER RUBBING:**

- a. Lightly touch the pads of the index finger and thumb of one hand together.
- b. As you ask questions, lightly slide the pads across each other.
- c. Yes = the pads slide very smoothly, there is no resistance.
- d. No = the pads are sticky against each other, there is resistance.
- e. This can also be done using both hands rubbed against each other.

4. **ONE HANDED:**

- a. Place the pad of the middle finger of one hand on the top of the nail of the index finger on the same hand.
- b. The index finger is straight with the middle finger bending to touch it.
- c. As you ask questions, press down on the index finger with the middle finger.
- d. Yes = the index finger stays straight.
- e. No = the index finger bends downward.

5. **LEG TESTING:**

- a. Place one ankle on the top of the opposite thigh at the knee.
- b. Place both hands against the back of the calf of the top leg.
- c. As you ask questions, press the top leg away from you.
- d. Yes = the top leg stays on the thigh of the bottom leg.
- e. No = the top leg falls off the thigh of the bottom leg.

6. **STANDING TILT TEST:**

- a. Stand up and face North.
- b. Relax your whole body particularly around the ankles
- c. Yes = tilt forward (North)
- d. No = tilt back (South)

INTRODUCTION TO PHOBIAS AND TRAUMAS

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What is a phobia? A phobia is an exaggerated, irrational emotional (and physical) reaction that is out of proportion with what is happening in reality. People with phobias find that they can't mentally control or permanently talk themselves out of this reaction. Phobias range in severity from mild (i.e. the person may not even realize his anxiety is phobic) to severe (enough to send someone into a panic or freeze them up completely). I usually ask people to rate their phobic response on the following scale of 1-10+:

DISCOMFORT SCALE

- 10+ I am numb, frozen; I feel nothing.
- 10 Panic. The discomfort is the worst it can possibly be. I can't tolerate it.
- 9 Discomfort is very close to intolerable.
- 8 Fear is very severe.
- 7 Fear is severe.
- 6 Fear is very uncomfortable.
- 5 Fear is uncomfortable, but I can tolerate it.
- 4 Fear is noticeable and bothersome, but I can deal with it.
- 3 I feel a slight degree of fear, but I am totally in control.
- 2 I'm rather calm, quite relaxed, with no fear.
- 1 I am perfectly calm - totally relaxed.

How do people get phobias? A phobia is a conditioned response of the fight/flight/freeze reflex that starts when a person experiences a traumatic shock (physical or emotional). At the time the flight/fight/freeze reflex fired off, anything that was in the environment can get associated with that memory. Later on these associations can trigger this original reflex reaction, (like a body flashback) resulting in a phobic reaction, even when nothing dangerous or upsetting is occurring in the present moment. Depending on the circumstances the shock may imprint as a phobia, or in more severe cases, a trauma.

Phobias come in two flavors, fear and shame.

Fear phobias imply an outcome that is life-threatening and end in some form of death, eternal torment, or rejection. For example:

- "I'm afraid to speak in front of a large group of people I don't know because they will disagree with what I'm saying and kill me."
- "I'm afraid to feel angry because I will kill someone." *Sometimes, people also add "and be sent to hell" or "sent to outer darkness" (a place worse than hell).*

Shame phobias involve character assassination, i.e. there is something fundamentally wrong with me that I am ashamed to admit. For example:

- "I'm ashamed to speak in front of a large group of people I don't know because I'll forget what I'm saying and prove that I'm a stupid idiot.
- I'm ashamed to feel angry because it means I'm evil.

A fear and shame hybrid phobia example is:

"I'm ashamed and afraid to speak in front of a large group of people I don't know because I'll forget what I'm saying, look foolish/stupid be rejected."

A person can have more than one phobia on the same subject. In the case of fear of driving over bridges, I often see, “I’m afraid to drive over a bridge because it will collapse under me and I will die” and “I’m afraid to drive over a bridge because I will drive off the edge to my death.”

In order to clear a phobia it necessary to use accurate wording. Phobias are extreme, black and white statements of the very worst things the client’s unconscious mind and body imagined at the time of the initial shock. There are no maybe’s, would’s, could’s, or might’s. Phobias are statements of certainty. If the client does not name the most extreme version that his unconscious mind and body imagined (imagination is a two edged sword) you cannot clear the complete phobia. So, in order to lighten up this process, I tell the client we are going to play a television game show called “Name That Phobia.” I remind the client not to give me any limp wording; phobias are very electric.

Note: There is no such thing as a fear of the unknown. This is a strategy to consciously avoid where the unconscious mind went because it’s too painful/scary. Remind the client that the unconscious mind knows what it imagined and will tell us exactly what the phobia is so that we can clear it.

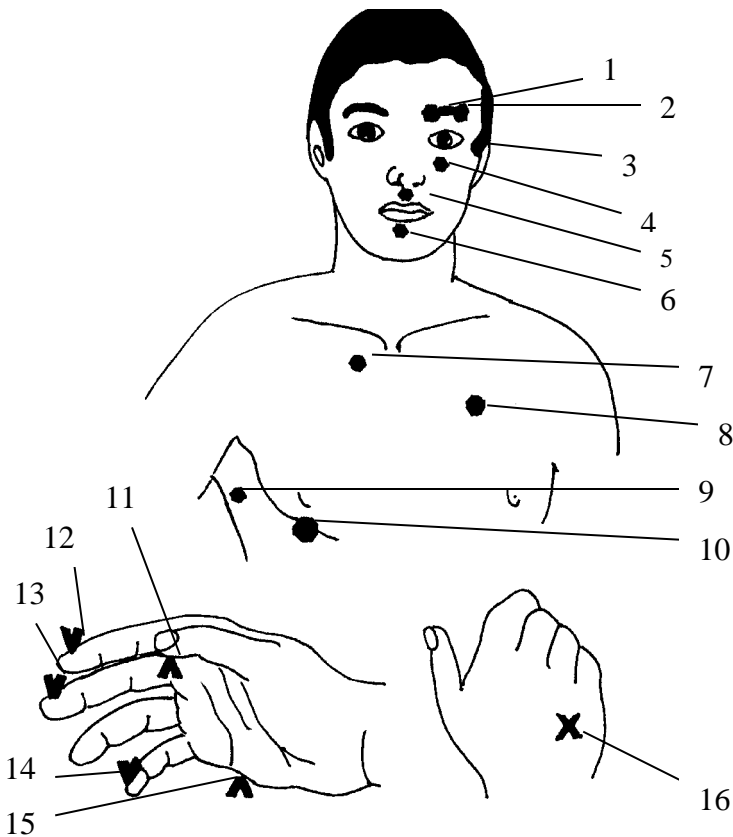
How do we clear phobias?

We ask the client to name the phobia precisely. Then we determine which example of the reaction would be the best one to use. It is usually the most charged example, either the worst example, or a recent example that makes it easy to recall the feeling. *Note: When you clear the most emotionally charged example it clears all the other repeats of the pattern through all time (forward and backward).* Then the client concentrates on the feeling that memory evokes and uses a technique, typically an energy psychology technique like Natural Bio-Destressing. These techniques activate the calming reflex, and clear the phobia by neutralizing the fight/flight/freeze reaction and deactivating the triggering stimuli. When a person has cleared the phobia he is now normally cautious as opposed to phobic. So if you have a fear of snakes, you will no longer react to a picture in a book or seeing them in a zoo. This does not mean that you’re going to go handle them if you’re not trained. Remember, *you don’t have to be frightened to be cautious.*

How are Phobias structured?

- Phobias commonly come as a two-part structure.
- I. The **initial shock** is the reaction the client experiences while in the phobic life situation. We clear this while having the client *imagine being in* the moment that the phobic reaction occurs. (For example, with public speaking, imagine being on stage.)
 - II. **Anticipatory phobias** are the dread that something bad will happen again in the future. We clear this using either the best /most highly charged example of having experienced the anticipatory phobia in the past, **or** use the imaginary worst case scenario of the future. (For example, with public speaking, focus on the fear you felt when you were asked to give a speech, or the fear you feel backstage before you get in front of the audience.)

Natural Bio-Destressing



Natural Bio-destressing (modified EFT process)

- A. Concentrate on a specific feeling and notice its location in your body.** On a scale of 1-10+ rate how severe is the feeling.
- B. Tap the Karate Chop Point, #15,** while saying three times: "I totally and completely accept myself, even though I have this (problem, feeling of fear, guilt, anger, etc.)"
- C. Stimulate nerve endings 1-15 by tapping** with fingertips for a few seconds.* If you feel a lot of energy moving, or the scene is changing, stay on that point till the activity plateaus. If nothing happens on a specific point, move to the next one. Use your intuition about how long to stay on a point.

- 1-4 Tap around the entire eye socket starting at the bridge of nose by eyebrow
 5. Under nose
 6. Under mouth
 7. Under collar bone
 8. Sore spot on chest (rub gently)
 9. Under arm on rib (ouchy spot)

10. Bottom rib below nipple
 11. Side of thumb
 12. Side of index finger
 13. Side of middle finger
 14. Side of little finger
 15. Karate chop spot

D. Do the 9-Gamut

Tap the Gamut Point, #16, on back of hand through the following steps:

1. Close eyes
2. Open eyes
3. Look down to one side
4. Look down to the other side
5. Roll eyes around in a circle in one direction
6. Roll eyes around in the other direction
7. Hum a tune
8. Count to 40 by 2's
9. Hum a tune

E. Repeat Step C

- F. After every round, recheck how severe is the feeling.** It should be gone altogether or very low on the scale. Think about what you learned and what feels or seems different about the situation to you now. If the level of that emotion still seems high, notice what *else* about the situation makes you feel frightened, angry, sad, etc. Focus on that subject and repeat the process.

*At any point, feel free to add deep breathing, pacing back and forth, gently stamping your feet, or massaging or shaking the tension out of your body.

LOSS TRAUMA

I. MAJOR NEGATIVE EMOTIONS

- A. *Initial Shock/Fear*
- B. *Anger/Rage*
- C. *Sadness/Sorrow*
- D. *Hurt/Pain*

II. LIMITING (CORE) BELIEFS

- A. Responsibility (*guilt/shame/blame*)
 - 1. It's my fault because ____.
 - 2. It's other people's fault because ____.
 - 3. Disconnection from God. It's God's fault because ____.
- B. Anxiety about who will take care of me?
- C. People leave me. I can't trust them.
- D. I am powerless or helpless/I have no control.
- E. I am bad/unlovable/unwanted/undeserving-unworthy.

III. FEELING OF EMPTINESS (also known as loss or grief)

IV. ANTICIPATORY PHOBIAS

V. OPTIONAL

- A. *Bitterness/hate*
- B. Other negative emotions
- C. Parts that feel "I'm already dead"
- D. Other limiting beliefs
- E. Irrational thoughts
- F. Limiting decisions
- G. Limiting identities
- H. External messages
- I. Amend making or forgiveness?

J. ROOT CAUSE: Was there an earlier trauma, grudge, or underlying belief that predisposed you or set you up to incur this trauma?

VIOLENCE TRAUMA

I. MAJOR NEGATIVE EMOTIONS

- A. *Initial Shock/Fear*
- B. *Anger/Rage*
- C. *Sadness/Sorrow*
- D. *Hurt/Pain*

II. LIMITING (CORE) BELIEFS

- A. Responsibility (*guilt/shame/blame*)
 - 1. It's my fault because ____.
 - 2. It's other people's fault because ____.
 - 3. Disconnection from God. It's God's fault because ____.
- B. Safety issues
 - 1. My boundaries have been violated or breached.
 - 2. I don't feel safe. I feel vulnerable.
 - 3. I am a victim. I am a target.
 - 4. People/men/women are dangerous and/or crazy.
 - 5. I don't trust anyone.
 - 6. I can't receive from anyone.
- C. Power and control issues
 - 1. I am powerless/helpless. I have no control.
 - 2. Power is bad.
 - 3. I am afraid of power (mine and or other people's).
- D. I am bad/unlovable/unwanted/undeserving-unworthy.

III. FEELING OF POLLUTION

IV. ANTICIPATORY PHOBIAS

V. OPTIONAL

- A. *Bitterness/hate*
- B. Other negative emotions
- C. Parts that feel "I'm already dead"
- D. Other limiting beliefs
- E. Irrational thoughts
- F. Limiting decisions
- G. Limiting identities
- H. External messages
- I. Amend making/forgiveness

J. ROOT CAUSE: The setup

Choose a trauma that you would like to clear. Decide which outline, Loss or Violence, best describes this trauma. Muscle test each line of the appropriate outline and ask if you have unbalanced (i.e. exaggerated, irrational levels) of negative emotion on that line. If so, focus on that feeling or belief, locate it in your body, and treat it with the Natural Bio-Destressing technique.