

Afference & Efference

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As long ago as before the war I was practicing the Bates System of Eyesight Training. There are primarily only two conditions to be considered in this work, Hypermetropia and Myopia, or long sight and short sight. All other forms of stress or ailments are derived from these two when looked at from this point of view. Hypermetropia is the inability to focus at the near point and Myopia is the inability to focus at the far point.

Within a relatively short time I had realized that these two conditions were created in the mind of the subject and the physical condition was a manifestation of the mental attitude.

The way in which we use our mind becomes the way in which we use our body and the attitudes of mind of these two conditions creates its own manifestation in the function of the muscles of the eyes. In other words, through the use of the eyes we created the stress in them.

I realized that the attitude of mind that created Hypermetropia was one of a compulsive withdrawing or retreating, and that of Myopia was one of a compulsive outgoing: Hypermetropia was a pulling away from the action of seeing and Myopia was a forcing forward. The result of these two forms of compulsive action was to create a pulling back of the eyeball in the Hypermetropic and a forcing forward of the eyeball in the Myopic, producing, respectively, a foreshortening of the eyeball in the first case and an elongation in the second.

It became obvious that to be able to change this condition it was necessary to alter the attitudes of mind and then the condition of the eyes would change spontaneously. At that time I did not know what to do about this, I saw that it was necessary to effect this change and I realized that it had to be done at an absolutely fundamental level, and so I resolved to find an approach which would function in this very primary way. The change had to come from within the subject and not the acceptance of the will of another. Many years later I realized the answer to this when I evolved the method which I called Prenatal Therapy, and later, Metamorphosis.

In the meantime I looked for names for the two states of mind which were producing these conditions. The names Hypermetropia and Myopia were for the end result, the final outcome of the attitudes of mind, and what I was wanting was two names for the attitudes themselves. I first of all used the terms under-identification and over-identification but these were rather a mouthful and after much thought and reference to various books and dictionaries I decided upon the terms Afferent and Efferent. These two Latin words do not actually mean compulsive withdrawal and outgoing compulsion. Afferent means "to bring forward" or "bringing or conduction inwards or towards"; it is an inward action, but not compulsive; and Efferent means "conveying outwards or discharging", and again, it is not compulsive. But I felt that these two words were right. It was years later, when I had developed Metamorphosis, that I realized that I was using these two words for the normal function and that the names of Hypermetropia and Myopia were referring to the same states when under stress - abnormal. Afference and Efference are words which refer to the entirely normal function of our mind, and, in normality, their action is simultaneous. It is only when there is stress that these two states of mind become separate functions and assume the characteristics of Hypermetropia and Myopia.

So these two words, Afferent and Efferent, were in use in my very early investigations before the war, and immediately after it.

My pursuit of the means of effecting changes in these primary attitudes of mind continued through a whole variety of methods of healing techniques and it was not until I began to be interested in what was then known as Reflex Therapy, and now Reflexology, that I realized that I was getting near to an understanding of a means of erasing or changing these primary attitudes of mind. This was somewhere in the middle of the 1950's. I must have spent quite a few years in the pursuit of Reflex Therapy. There were quite a few "schools" of this technique and, mostly, different from each other. This being the case I decided that I would pursue the matter for myself without reference to other methods. This was easy because there were abundant feet available amongst my patients and friends. The chart that I created was similar in most respects except that I "found" the spine to be down the medial aspect of the arch. This seemed ridiculous because the bottom of the feet corresponds to the front of the body and the top of the feet to the back. They were placing the spine down the front of the body, and in most schools it is still so.

In addition to the discovery of the reflex points for the various organs and parts of the body I found several "reflexes" which seemed to have no correspondence with the physical functions of the body. At first I observed seven points that had considerable activity; these were the pineal, pituitary, first cervical vertebra, seventh cervical vertebra, ninth thoracic vertebra, the top of the sacrum and the tip of the coccyx. The pineal and the pituitary were obvious, but the others seemed to have no part in the physical function of the body. In addition to this there was a different "feel" about these points. I thought of the chakras and there was certainly a relationship but there was another theme functioning here that was not related to the chakras.

Then I observed that a callosity on the lower medial side of the heels always seemed to relate to the mother of the patient. A mother needs a father and so I looked for him. He was on the medial edge of the first joint of the big toes: but this was the reflex point for the cervical vertebra. This puzzled me and I thought about it for a long time and then, one morning in September when I was relaxing in the bath before going to work, it suddenly came to me that the "mother" and "father" reflexes were merely symbols of a function or a moment of time and that here was evidence of the moment of the beginning, not of mother and father or even of their activities, but of the result of these activities. Here was the moment of the conception of the subject. It was curious because father registered the beginning and mother the end of the period of time of gestation. But this put the seven other unaccountable reflex points into focus. The spinal reflex was also the reflex for the gestation period.

This changed the whole concept of the work from a method of affecting change in the physical functions of the subject to a method of approaching a period of time in life. We had moved from a physiological function to a mental function during a period of time. The reflex of the spine revealed the formative patterns or attitudes of mind during the gestation period of the subject.

This opened up an entirely new concept and a new approach to healing methods and its application revealed a process whereby the subject became their own healer, not the practitioner, who was only a catalyst in the matter. I called this Prenatal Therapy because it was a therapy of the prenatal period.

When Prenatal Therapy became well established I began to direct my interest into a more abstract direction. As the prenatal period of our lives started with conception it was logical that the moment of conception must contain the principle of the whole of the gestation period. Therefore the same principle of treatment of the reflex for this "moment of time" should be effective. It was. Treatment of the conception point proved to have a very abstract approach to the prenatal pattern. Whereas in Prenatal Therapy it was possible to interpret the nature of the stresses in the subject and to further interpret them as mental and physical conditions, in the treatment of the conception point there was full evidence of stress but its nature had no pattern which was interpretable.

The response, however, was more deep seated than that of Prenatal Therapy and, because it was working on the period of time before the structure of our body had begun, there were no physical reactions.

I called this approach Metamorphosis. (St. John later determined that it was important to include the entire prenatal pattern when doing the hands on aspect and not just the conception point. Of primary importance here is what he called “pre-conception”, the period when our genetic and karmic influences are gathering to determine who we will be. Metamorphosis is a philosophy on creation and life - Afference and Efference - accompanied with the understanding of Prenatal Therapy. Prenatal Therapy without Afference and Efference takes on different approach and in effect is not Metamorphosis.) (Keep in mind that the word karma here is not in reference to any religious understandings - it pertains to thought patterns that have an affinity with us in some way that influence how we view life. This is versus the genetic patterns that influence our physical nature.)

At this stage I had reached a point of understanding this work from a creative rather than a therapeutic point of view. The nature of the work was more of a philosophy and the view of creation and the way in which our Being functions was beginning to come into perspective. An understanding of our mechanism other than that of the body was beginning to form; a view of the nature of Creation and its problems. This brought my interest into the relationship between people, not only between males and females but between all of mankind, although that between the male and the female was primary in this pattern of events. It was from this point that I began to find the patterns that I eventually realized were identical with those of Hypermetropia and Myopia.

The pattern of Afference and Efference was in my mind for a considerable time - years, in fact. I could see it in every aspect of life and in the lives of so many around me.

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