

# BEHAVIOR AND PHYSIOLOGICAL SCALE

This refers to objective events which can be measured

## *BEHAVIOR*

## *PHYSIOLOGY*

Tone  
4

	Motion toward, swift approach	Full control of autonomic by cortex, both cranio-sacral and thoracolumbar systems of autonomic functioning at optimum under direction of cortex; muscle tone excellent; reactions excellent; energy level high
3.5	Motion toward, approach	Moderate control of autonomic by cortex; cranio-sacral functioning well, thoracolumbar slightly depressed; muscle tone good; reactions good; energy level moderate
	Motion toward, slow approach	Autonomic functioning independent of cortex; cranio-sacral functioning well, slight activity in thoracolumbar muscle tone fair; energy level fair

Tone  
3

	No motion, Stay	Autonomic independent of cortex; cranio-sacral functioning well, but no activity in thoracolumbar; muscle tone, reaction time and energy level poor
2.5	Motion away, Recede slowly	Autonomic begins to take over control; cranio-sacral inhibited, thoracolumbar up; slight restlessness, heightened activity, wavering attention
	Motion away, Recede quickly	Increased activity thoracolumbar cranio-sacral more suppressed; increased restlessness, wavering of attention, inability to concentrate

Tone  
2

	Motion toward, slow attack	Increased activity of thoracolumbar inhibition of cranio – sacral; irritability; increased heart action, spasmodic contractions of gastrointestinal tract, respiration increased
	Motion toward, violent attack	Full autonomic mobilization for violent attack; complete inhibition of cranio-sacral, thoracolumbar in full action; respiration and pulse fast and deep; stasis of gastrointestinal tract; blood to peripheral vascular system
	Motion away, slow retreat	Autonomic settles down to chronic rage reaction, inhibition of cranio-sacral; imperfect gastrointestinal action; increased peripheral vascular circulation, increased pulse and respiration
Tone 1	Motion away, violent flee	Autonomic mobilization for full flight reaction; laxity of gastrointestinal tract; all blood to peripheral vascular system, especially muscles for rapid flight; breathing and pulse rapid and shallow
0.5	Slight motion, agitation in one place, Suffer	Autonomic mobilized for cry for help, grief; cranio-sacral on full; thoracolumbar inhibited; deep, sobbing breathing; pulse hard and irregular; discharge of tears and other bodily secretions
	No motion, Succumb	Shock reaction; thoracolumbar inhibited; cranio-sacral full on gradually decreasing as organism approaches death; breathing shallow and irregular; pulse thready; blood pooled in internal organs; muscles limp, lacking tone; pallor
Tone 0		

In any particular situation two or three of the above patterns will predominate. Usually the behavior and physiological patterns will be involved in any suppressor action. The speed at which the organism descends the tone scale varies widely. It may be arrested at any point, it may stay within one level for a long period of time before descending, or it may proceed so rapidly that the individual is unconscious almost before he realizes a suppressor is acting.

## Notes on the Lectures 1950