The Importance of Research in Touch for Health Kinesiology

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To get on in life, face forward:
"Life is a series of collisions with the future; it is not a sum of what we have been, but what we yearn to be."
--Jose Ortega y Gassett

"The past always looks better than it was.
It's only pleasant because it isn't here."
--Finley Peter Dunne (as "Mr. Dooley," a character in Dunne's newspaper column)

"We are tomorrow's past."
--Mary Webb

Over 25 years ago, I decided to make the simple, safe system of Touch for Health available to anyone who was interested in learning to be more aware of imbalances in their life energy and utilize simple yet powerful techniques to improve the flow and balance of their energy. Since that time, I think all of us using muscle testing in the subtle energy model agree that Touch for Health Kinesiology (TFHK) has been beneficial on a large scale throughout the world. As more and more people use the system of TFHK in lay, paraprofessional and professional settings there is a greater general public and professional awareness of its existence. With that awareness comes both the potential for increased access to this information, as well as the possibility of increased limitation and control of TFHK. With the current "mainstreaming" of many "alternative" or "complementary" therapies, we need to look carefully at how we want to maintain and increase access to the benefits of TFHK. This will require that we decide to what extent we want to "fit in" with the dominant models of health care, scientific research, and third party payer systems-whether those third parties be governments, "HMO's" (Health Maintenance Organizations), Insurance companies etc. We also need to consider to what extent we want to assert ourselves as different or alternative to the dominant systems. I don't feel that this is an either or question, but rather one of articulating multiple options and strategies for making our unique contribution to the well-being of humanity through out special techniques of touch and energy balancing.

I believe that significant data which supports the beneficial effects of TFHK already exists, and that we can easily generate much more positive evidence, but we need to gather and analyze the information in a way that will be most accessible to the public, scientific researchers, governments, etc. TFHK is a prime example of a valuable tool within the realm of Complementary and Alternative Medicine (CAM) that public is learning about and demanding access to, and also that scientific, medical and governmental

authorities are looking at critically in terms of safety, efficacy, cost, and also as a potential threat to established modalities, organizations and bureaucracies. It is an exciting time as many doors are opening, and it is important to be aware of the opportunities as well as the obstacles for making TFHK as widely accessible as possible.

Way back when we first started teaching TFHK, we faced the issue of ACCESS- who should be able to learn the techniques and who should be able to use them to help other people, and under what circumstances? The issues that made TFHK grow like wildfire right from the beginning are ever more urgent today- and today there is a far greater public awareness of these issues. It's only been about 100 years since the world, especially the West, experienced a drastic shift in the way we think about and deliver health care. The first industrially manufactured pharmaceutical drug was aspirin, patented by Bayer in Germany in 1899. Until that time only natural remedies were used in one form or another. Before that, there hadn't been a great deal of change in our knowledge of natural remedies since the written records of 55 AD.

In the last 100 years we have shifted from more holistic, relationship based health care models to drug-based, profit-driven, disease care industries. Drugs are big business. Machines and the mechanical model of disease and human physiological function are big business. There is NO DOUBT that a great deal of new knowledge and skills have been developed, with great benefit to humanity, and few of us would want to give up access to the full armamentarium of drugs and surgery. However, the cost of our reliance on modern, "scientific" medicine has been high. In the United States the cost of health care as a percentage of the gross national product is now higher than anywhere else in the world. In countries where they cannot afford to follow the United States' model, the costs are lower, and yet, in many cases, the life expectancy and other parameters of health are better. Apparently the United States does not have the best health care system in the world, but only the most PROFITABLE.

The combined forces of the profit motive, the seemingly miraculous results of antibiotics and other drugs (at least in the short term of a few decades), and the reductionist model of scientific inquiry and evidence have eclipsed, particularly in the U.S., and even nearly eliminated many time-honored healing modalities as well as suppressed the development of new approaches that do not fit with the industrialized medical model. As there has been explosive growth in scientific knowledge of the physical world and physical aspects of living beings, we have divided the person into parts, malfunctions, syndromes and diseases that are named and treated as if they were not part of a whole Soul. The scientific community has become almost totally secular and materialistic, intentionally attempting to eliminate mental, emotional, subtle energetic, and spiritual aspects of life to focus on a chemical or mechanical model of disease and injury care to the extent that this narrow practice of medicine has become both philosophical dogma and legal doctrine. A very limited and theoretically controlled type of scientific evidence has been legally required to legitimize any activity done with the intention of improving health.

The "gold standard" of scientific evidence- the Randomized Clinical Trial (RCT)- continues to be promoted as the best and only truly reliable evidence of therapeutic efficacy. But we need to consider very carefully the tendency of the RCT to eliminate TLC (Tender Loving Care). Perhaps we'd prefer to promote TLC and eliminate the RCT! In the waning decades of the 20th century, the West has seen a massive resurgence in a wide variety of ancient and traditional or alternative healing models which rely on different world views, beliefs and models of reality, because Western science and medicine has failed to address a huge portion of the experience of human beings which is not easily quantified, controlled or medicated. But again, I don't believe it has to be either or. Only a small percentage of people go exclusively to alternative practitioners because they have lost all faith in modern medicine or because they feel that their particular complaints will not respond to modern medical care or has failed to respond. The largest percentage of people want access to all of the healing modalities. We want information about and access to the benefits, risks, consequences and costs of established "medical" procedures as well as

alternative or natural therapies.

Governments around the world, especially developed, industrialized nations, are re-examining the effectiveness and efficiency of medical orthodoxy as well as CAM. They are coming up with their own answers and shaping new frameworks for access to training, and healthcare. More and more the right to study and to practice what we are doing is being written into government regulations and/or payment is being supplied by third parties. Questions are being raised about what works. What kind of therapies only relieve symptoms while others also help to resolve life issues? What allows people to be more productive and more satisfied in their lives, rather than merely blunting their pain? What interventions are safe and at what cost? What qualifications should the practitioners, teachers, tutors and therapists that use particular interventions have? Who at present is utilizing and who is delivering each type of care? What are the ethical standards of these people? Are they organized and does the organization have practical, educational and ethical standards? Do they have evidence based research to demonstrate that they are safe and effective?

A report by the Select Committee on Science and Technology of the House of Lords in the United Kingdom was released in December 2000. This report is already influencing and will continue to influence disease and injury care and government regulation around the world. This report quotes the broader definition of CAM from the Cochrane Collaboration:

[CAM is] "A broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period."

The report categorized the various modalities that it examined into three broad groups:

"The first group embraces what may be called the **principal disciplines**, two of which, osteopathy and chiropractic, are already regulated in their professional activity and education by Acts of Parliament [in England]. The others are acupuncture, herbal medicine and homeopathy. Our evidence has indicated that each of these therapies claim to have an **individual diagnostic approach** and that these therapies are seen as the 'Big 5' by most of the CAM world.

The second group contains therapies which are most often used to complement conventional medicine and **do not purport to embrace diagnostic skills**. It includes aromatherapy; the Alexander Technique; body work therapies, including massage; counselling; stress therapy; hypnotherapy; reflexology and probably shiatsu; meditation and healing.

The third group embraces those other disciplines [which similarly] purport **to offer diagnostic** information as well as treatment and which, in general, favour a philosophical approach and are indifferent to the scientific principles of conventional medicine, and through which various and disparate frameworks of disease causation and its management are proposed. These therapies can be split into two sub-groups.

Group 3a includes long-established and traditional systems of healthcare such as Ayurvedic medicine and Traditional Chinese medicine.

Group 3b covers other alternative disciplines which lack any credible evidence base such as crystal therapy, iridology, radionics, dowsing and kinesiology. "

(Note: enlarged, bold and italic type emphasis added above and in the following quotations--- JFT)

The report supplies the following **Definition of Kinesiology:** " A manipulative therapy by which a patient's physical, chemical, emotional and nutritional imbalances are assessed by a *system of muscle testing*. The measurement of variation in stress resistance of groups of muscles is said to identify deficiencies and imbalances, thus enabling *diagnosis and treatments* by techniques which usually involve strengthening the body's energy through acupressure points.

An important point that has been raised in many submissions to us is that the list of therapies supplied in our Call for Evidence

vary hugely in the amount and type of supportive evidence that is available.... **Many submissions assert that several of the disciplines, especially those listed in our third group, have no significant evidence base to support their claims for safety and efficacy and as such should not be considered alongside well-established and generally accepted CAM therapies such as osteopathy or chiropractic.** Some submissions have complained that we have grouped all these therapies together and that many have nothing in common. They complain that it may be damaging to the better-established CAM professions and disciplines to group them with those which have no evidence base. We understand these views and it is for this reason that we propose the grouping given above."

The report goes on to say in reference to the group of modalities that includes kinesiology:

"These must be subject to rigorous appraisal. Many conventional medical scientists, while accepting the validity of accumulative empirical observation, believe that those therapeutic disciplines that are based principally on abstract philosophy and not on scientific reasoning and experiment have little place in medicine. Professor Lewis Wolpert of the Academy of Medical Sciences told us that: "Medicine aims to base itself upon science. I am sorry that any complementary or alternative medicine procedure for which one can see no reasonable scientific basis should be supported" (Q 1404).

The entire report can be read on the Internet where I got much of this information for the paper at <<www.parliament.uk>>. (Click on House of Lords, then Select Committee Report, Science and Technology). The report goes to some length describing the objections of many CAM practitioners and researchers to the "gold standard" of the RCT, but finally dismisses these objections with a quip from a Medical Doctor who personally saw no reason why CAM modalities should not be subjected to essentially the same kinds of tests to prove their efficacy and safety as are drug therapies. And I also felt that the definition of "kinesiology" was problematic at best when applied to the non-diagnostic, meridian based model of TFHK and other Kinesiologies which follow the TFHK model, which I feel probably encompasses a larger number of lay people, instructors, and practitioners than would say they practice Kinesiology in a diagnostic, disease centered model. But at the same time, the fact that Kinesiology is on the map- though apparently poorly understood at present - and that the bulk of the discussion of RCT actually seemed to be critical of its application to CAM, encourages me that this report will generate productive discussion and greater access to kinesiology in the future.

I take heart that the very "established" CAM modalities (which are separated from suspect and "tainted" modalities in this report) were the suspect and "tainted" modalities of yesterday. The people have voted with their pocketbooks for over 30 years to establish these professions, and it is that financial sign of faith that has both funded and attracted the funds to create "scientifically acceptable" evidence of efficacy. And this process of legitimizing new of different modalities continues to accelerate due to greater public need and demand as well as an expanding model of what constitutes real evidence of efficacy.

Ironically, the very profit motive of the industrial-pharmaceutical model has been partially blunted in the United States by the opposing profit motive of the HMO's. The interest in economical efficiency which has, to some extent, curtailed our access to costly and dangerous drugs and surgery may also increase access to and encourage the use of simple, minimally invasive and negligibly risky interventions that can be delivered at the grassroots with extremely high cost effectiveness.

There is nothing new about suspicion from established professions, or limitations created by medical legislation that does not comprehend our alternative models of health care, although this report may mean less freedom and more requirements for CAM practitioners in England. Several strategies have developed in parallel in the United States and throughout the world to cope with these legal and professional issues.

One is to utilize the tools of TFHK not as a separate and distinct methodology but as part of one of the already recognized BIG FIVE CAM therapies. This has been the official position of the ICAK (International College of Applied Kinesiology) almost from the beginning of Applied Kinesiology. Under this model, if you want to use kinesiology, you must get appropriate training in an established discipline and receive a license to diagnose. Those of us operating under a specific license need to be vigilant that we continue to be able to use Kinesiology- that it is not defined as the exclusive domain of a specific profession, and that it is not excluded from our particular profession either by regulation or legislation.

The original model of Touch for Health, when I first began training my Chiropractic patients to use the techniques for themselves, was to limit the use of TFHK to family and friends for self-care. This was in a preventative, non-diagnostic, Wellness model. From this grew the need for lay teachers of Kinesiology, many of whom became full time professionals in this educational model. Those of us who value the availability of TFHK in the lay and educational model need to be vigilant that the value and safety of TFHK remain accessible at the grass roots, and is not prohibited or co-opted for professionals only.

As many instructors became more excellent with the TFHK techniques, and developed new techniques, many naturally became therapists under varying degrees of governmental tolerance or sanction. Today, a profession of Kinesiology that unites the many strands of TFHK and other Kinesiologies, which use muscle testing and energy balancing, is coming into being. The International Kinesiology College (IKC), and various schools and governmental programs in various countries have developed, or are working to develop all the necessary standards and organizations which regulate a professional modality. The IKC now has developed a Personal Development School, which includes Touch for Health and will include other personal development programs, and the Professional Kinesiology School for setting standards worldwide for people wanting to be professional Kinesiologists. As these Professional Kinesiology programs are developed, the requirements begin to look very much the same as for other established CAM modalities. Regardless of the extent of training for professional Kinesiologists, the specific techniques that make Kinesiology a distinct modality are and will continue to be scrutinized regarding the evidence base, which proves their efficacy and safety.

I believe that we need all of these ways of using TFHK in order to make it accessible to the most people. And, to keep TFHK available, and make it more acceptable in wider circles, we will need to answer some important questions for ourselves that will counteract false impressions made upon third parties who have a limited understanding of TFHK:

Which of our techniques relieve what kind of symptoms?

What kind of life issues can our methods address?

What can we do to help people be more productive and fulfilled in their lives?

What interventions are safe? What risks are involved? What are the costs?

What qualifications do the practitioners, teachers, tutors, therapist that use particular interventions need to have?

Who are the present deliverers of these types of care?

Are we organized and do the organizations have practical, educational and ethical standards?

What are the philosophical concepts that unite us?

What is the ontology of Kinesiology?

What is the epistemology of Kinesiology?

Do we have evidence based research to demonstrate that what we do is safe and effective?

This last question is probably the most problematic. The tremendous value of TFHK is abundantly apparent to thousands who have achieved excellent results working with family, friends or clients. However, as this information becomes more widely available, there is the inevitable demand that the methods of Kinesiology be proven effective in a "truly scientific manner". Doing so in a way that will not do violence to the integrity of our model of Wellness, but that will also satisfy the powers

that be, will require some very intelligent research design and cost a great deal of money. I believe that we will have to initially fund our own research. We will be able to get funding from Governments, Foundations and others after we have some answers, or at least some promising evidence to support investigation. Just to design studies and write grant proposals will require significant funding. People with the qualifications to write these proposals must be paid. The greater the talent and the better their reputation, the more they cost.

What kind of research can we start doing now, and how will we pay for it?

The simplest research is writing down our observations. These are the kinds of anecdotal reports that I have been encouraging people using TFHK to record for many years now and many of us are indeed gathering this data, but so far it has not been reported in ***peer reviewed journals***. These reports, when analyzed on a large scale, will point to the areas where more extensive studies can be done to determine if the results are something that can be expected in the general population, but we need to find allies who can publish our findings in the professional journals.

Actual, real world practice in all the health care modalities varies greatly from practitioner to practitioner, and from decontextualized, "controlled" studies. The cutting edge of scientific research is finding ways to study the differences in outcomes of different therapies in authentic, real-world settings. In the conventional biomedical community, success has been appraised in terms of mortality, *physiological measures*, such as blood pressure, or diagnostic laboratory test results. Clinical trials have produced these objective measures as their primary dependent variables. Seldom have the *goals and the subjective feelings* of patients and clients and the preferences for outcomes and risks of treatment been used to evaluate health services; they have been perceived as important but subjective and unreliable. However, our experience has shown that the subjective experiences of the individual quality of life are far more significant than "objective" data. Individual values, preferences, perceptions of symptoms and experiences of improved function are far more meaningful to actual living people. Indeed, *health perceptions*—the rating by individuals of their overall health - are among the best predictors of mortality and future use of services.

The TFHK emphasis on goal setting and balancing for positive outcomes fits well with the functional, quality of life measurements. We routinely assess the ability of individuals to perform activities that are important to them, ranging from general activities of daily life to peak performance in a special competition. In contrast to the allopathic approach, TFHK is a context-dependent procedure. We value the beliefs, expectations, fears (both conscious and unconscious) of the individual. The core of TFHK is the ***encounter*** between the participants in the healing process, the helper and the person seeking help, the tutor and the student, the practitioner and the client, person who feels ill and the friend. It is not only what is done but also the context in which it is done. This actually places us at the forefront of the current scientific practice of medicine.

I am currently developing a program that I believe will help get the ball rolling for TFHK research. This involves a computer based TFHK learning, teaching and reference program, as well as a simple database that can be used to record profiles of multiple persons, and multiple sessions for each person. This data will then be automatically submitted (sans the actual names or identifying information of the individuals) to a central database on the Internet. This data will automatically be compiled into some simple tables that will give us some real-time statistics of the outcomes of our various Kinesiology outcomes. In order to fund this process, as well as more complex analysis of the massive amounts of data we could collect, I propose a TFHK Research Club. I estimate that we could easily have 5000 members worldwide. The initial membership fee (which would include a CD-ROM disk of the TFH Interactive Program and Database) and a nominal yearly membership fee would maintain the ongoing data-gathering process, as well as fund some initial studies that might attract additional funding from governments, universities, etc. Hopefully this effort will be a positive contribution to the creation of a more robust evidence base for Touch for Health Kinesiology, thereby assuring the public and the powers that be of the efficacy and safety of TFHK, and insuring that the greatest number of people continue to have access to these simple yet powerful techniques.