

Kinesiology Research – Why Bother, We All Know It Works!

by Sue Hall



But do we really know?

- Can we say for certain that it is the kinesiology techniques we've learned that are having an effect?
- Perhaps it is purely how we are with our clients that 'works'?
- Is it a combination of techniques, expectation and 'bedside manner'?

Does it really matter?

If we decide that we know it works and that's enough for us, then kinesiology is destined to remain amongst the plethora of therapies unrecognised and undervalued by governments, healthcare departments, health insurance companies and many private individuals.

I would argue that remaining on the fringe would be unhelpful for our profession, and that sound research to show that kinesiology has a specific efficacy and an effect over and above other interventions will give us a respected place in healthcare.

At the moment, objective evidence that 'subtle energy' exists is sparse, and therefore a lot of what kinesiology does is 'not possible' in the biomedical framework. However, we all have our own empirical evidence that what we are doing as kinesiologists is often very helpful to our patients. When faced with hostile criticism of our profession, it's little wonder that we tend to opt out of the argument, shrug and say, "Well we know it works."

But do we really?

- What makes a good kinesiologist or a not-so-good kinesiologist?
- Is it something to do with being better healers?
- What about the placebo effect and the non-specific effects common to all healing professions, medical or otherwise?
- How much of the 'healing effect' can be attributed to kinesiology techniques rather than to our caring attitudes and desire to help our patients?

At this stage actually, we really don't know; and until we do have some idea of what is happening, we are not going to be seen as credible professionals – a good reason to do research.

Research is also intrinsic to professional development and should be internal and self-critical to gain feedback about how to be better kinesiologists. This in itself is another very good reason for research to matter.

The need for kinesiology to provide evidence of efficacy is fueled by the fact that it embraces many concepts and treatments for which little scientifically acceptable or plausible mechanisms of action are currently available.

Some of the more modern concepts of physics, in particular those strange notions of quantum theory like entanglement and non-locality, may well prove to be the key, e.g nature's mysterious ability to reach instantaneously across the universe and even through time itself, to ensure the separated but entangled parts of a quantum system are made to match. (Denise Gurney's presentation will take this discussion further.)

So in order to advance the acceptance of kinesiology as a useful alternative medicine, an appropriate scientific foundation is important; and this means good quality, evidence based research, properly supported by a high level academic establishment.

Up to now, research in kinesiology has concentrated on validating muscle testing by looking at changes in muscle response to stimuli, comparing test results to objective measures of strength or neurological function, and inter-examiner reliability studies. The fact that non-AK kinesiology is a whole systems medicine really lends itself to pragmatic studies designed to show an overall effect (if there is one to be found).

Interim results from a clinical trial of Professional Kinesiology Practice (PKP) and back pain, supported by the University of Southampton, UK, will be presented, including a discussion of the methodology underpinning the project and related issues.

- Quality criteria for clinical research
- Model validity
- Issues for clinical research in kinesiology
- Interaction of non-specific effects
- Outcome measures
- Randomisation
- Non-locality
- Unconscious expectancy
- Therapeutic growth
- Power and statistical tests

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Introduction to Emotional Freedom Techniques

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This paper will describe some of the basis of the new healing method Emotional Freedom Techniques (EFT). I will outline the process of EFT and make some comparisons between EFT, Thought Field Therapy and Touch for Health.

Emotional Freedom Techniques is an amalgamation and simplification of energy healing methods that is rapidly gaining popularity in many areas of the USA and beyond.

(See Gallo, 2002.) Compared to many other energy healing methods, EFT is easy to learn and can be rapidly applied. EFT is a meridian-based system that employs tapping on each of the 12 major meridians and the Conception and Central Vessel. Scaling of the disturbance of the target problem or event is done before, during and at the end of the balancing/treatment procedure.

Retired businessman, Gary Craig, has been the prime developer and promoter of EFT. In 1991 Craig began to study the method of Roger Callahan, Ph.D. called Thought Field Therapy (TFT) (Personal communication, April 3, 2005). TFT builds on the ideas of George Goodheart, DC in Applied Kinesiology and John Diamond, MD in Behavioral Kinesiology. Craig simplified the TFT method and brought into EFT what he considered the necessary elements to obtain beneficial results.

Some of the differences of EFT from TFT are that in EFT 1) no muscle testing is required, 2) there is no routine assessment for or correction of neurological disorganization, and 3) there is no requirement for a specific sequence of acupoints to be stimulated in relation to a specific problem. EFT uses none of the information about specific meridians and their association with specific emotions; rather, it simply describes 15 anatomical points that correspond to acupoints and provides a logical descriptor word or words to designate each balancing point.

EFT is like TFT in that it uses the same acupoints and preserves the use of the 9-Gamut sequence. While TFT was developed with the psychotherapist in mind, like Touch for Health (TFH) (Thie, 1994), the intention of the developer of EFT is it is a method for the lay public as well.

EFT has the same theoretical basis promulgated by Callahan for TFT - that the cause of all negative emotions is a disruption of the body's energy system. Anecdotal information seems to indicate that EFT and TFT are relatively equivalent in efficacy.

EFT PROCEDURE

The method for implementing EFT is called "The Basic Recipe" and is deceptively simple. The Basic Recipe involves four procedures: 1) The Setup, 2) The Sequence, 3) The 9 Gamut Procedure and 4) the Sequence (again). After The Setup, steps two, three, four are repeated until the disturbance is resolved.

Over time the EFT procedure is continuing to evolve as Craig modifies the process based upon results. EFT method information in this article comes from the most re-

cent version of *The Manual* (Craig, 2004).

Prior to The Setup, several steps are indicated:

IDENTIFY TARGET

The practitioner discusses the issue with the subject, clarifying the essence of the disturbance.

ADDRESS RESISTANCE

(While Craig does not address resistance in the Basic Recipe, I have found that this step seems to increase the likelihood of success in resolution of the process.) After the disturbance is identified, ask the subject if there is any reason to maintain the disturbance. Help the subject explore where there is any reluctance to let go of the disturbance and from where the reluctance stems. If you identify any reluctance, talk through the reluctance or target the reluctance for treatment/balance. I ask "Is there any reason you can think of that if you lost this disturbance, it would be harmful to you or others?" and "Is there any benefit that you can think of for maintaining this disturbance?"

IDENTIFY EMOTION AND SCALE DISTURBANCE

Ask the subject to attune to the problem and associated distress.

Ask what is the associated emotion. (While not a part of basic training in EFT, I believe identifying affect is useful in promoting the anticipated outcome. This step serves a similar function to muscle testing for the emotion associated with a goal in TFH.)

Ask for and record a Subjective Units of Disturbance (SUD) rating (Wolpe, 1991) on the target issue. ("On a scale of zero to ten where zero is no disturbance and ten is the highest disturbance you can imagine, how disturbing does it feel to you now?")

1) THE SETUP

The Setup serves the function of addressing potential psychological reversals (PRs), PRs stop progress to resolution of the disturbance during the balancing procedures.

DEVELOP THE REMINDER PHRASE

The practitioner asks what is the worst part of the target event and works with the subject to decide on a reminder phrase for the target event. (The reminder phrase should be short and contain the kernel of the disturbance. Its purpose is to help the subject maintain a psychoenergetic disruption of life energy during the period of the treatment/balance processes). Sometimes the reminder phrase will be self referential like a negative cognition in EMDR (Shapiro, 2001), such as "I'm helpless" and sometimes it will be an emotion, a word or a phrase to remind the subject of the incident, such as "what my uncle did." related to an abuse incident.

CORRECT THE ASSUMED PSYCHOLOGICAL REVERSAL

About 40% of the time there is a psychological energy block (in EFT called a polarity reversal) (Craig, 2004, p 21). This phenomenon is also called psychological (or psychoenergetic) reversal (PR)). Rather than do muscle testing for a PR, in EFT, the practitioner assumes there to be a PR. A simple procedure is done to correct or balance the assumed psychological reversal.

EFT suggests the subject correct the PR by firmly rubbing a neurolymphatic reflex on the upper chest (this is the NL in TFH that is associated with the neck flexors and extensors) or by tapping on SI-3. You can also treat the assumed PR by tapping TW-3, GV-26, or CV-24. (Muscle monitoring (testing) for psychological reversal may be substituted here.) See Figure 1 “Selected Chinese Meridian Acupoints and Associated Emotions.”

Place “Figure 1 Selected Chinese Meridian Acupoints and Associated Emotions” about here.

Have subject repeat the affirmation including the reminder phrase aloud three times while tapping or rubbing. (Practitioner tapping with the subject models the movement for the subject, increases the subject’s comfort and allows the practitioner to support the process and act as a surrogate for the subject.)

PR TREATMENT	SAY THREE TIMES:	OPTIONAL MUSCLE TEST
Tap side of hand (SI-3)	I deeply and profoundly (love and) accept myself even though I have this problem	I want to get over this problem. [versus] I want to continue to have this problem.

With this procedure, the vast majority of the time, any PR is cleared as confirmed by the fact that the treatment/balance proceeds to diminish the negative emotional attachment to the target incident, i.e. the SUD level drops.

2) THE SEQUENCE

The Sequence is the main part of the treatment/balancing process and most likely to be associated with a decrease in SUD level. *The Manual* suggests to firmly tap the acupoints while stating the problem reminder phrase aloud. I find that tapping lightly 5 to 7 times (or gently touching) at each acupoint while stating the problem reminder phrase aloud does the job and is less likely to be disconcerting to the subject.

The sequence of the tapping and how many points you tap are not critical. Most of the time in demonstration workshop, Craig uses only the first seven acupoints (on head and torso) (Craig, 2004, 2005). In 1998, he added a point at the top of the head that corresponds to the crown chakra (Personal communication, April 3, 2005). He dropped using Lv-14 for a while because of its anatomical position. However, he has resumed using this point in the basic protocol and uses it occasionally in his workshop demonstrations. In order to avoid the anatomically sensitive Lv-14 acupoint and to include the liver meridian in the treatment, I use Lv-8, just below the knee on the medial aspect of the leg. See “Location of EFT Treatment Acupoints.” How many points that are tapped each time is a matter of clinical judgment.

Roger Callahan, Ph.D., coined the term “thought field” to embody the concept that thoughts can disturb the life energy fields (ch’i) of the body. This thought field is maintained by the practitioner’s repeating of the reminder phrase and having the subject also repeat this phrase, while tapping on selected acupoints. The practitioner should shift the phrasing, addressing a variety of aspects of the disturbing event that have been described by the subject. The practitioner can interject ideas that the practitioner thinks would likely be associated with the disturbance even if the subject had not previously reported the ideas.

3) THE 9 GAMUT PROCEDURE

The “9-gamut procedure” is a series 9 short exercises that can be applied whenever the disturbance level does not seem to be dropping as quickly as expected. It is a standard

procedure for The Basic Recipe. However, in Craig’s current practice, it is seldom used (Craig, 2004, 2005).

Ask subject to tap at Triple Energizer (Triple warmer)-3 (Gamut Point, Back of Hand) throughout the exercises.

Clinician leads and instructs subject:

1. Close your eyes	4. Look down to the left	7. Hum a note**
2. Open your eyes	5. Move eyes clockwise*	8. Count 1-3-5-7-9***
3. Look down to the right	6. Move eyes counterclockwise*	9. Hum a note**

*It is best to lead this maneuver, slowly moving your finger in a wide circle near the perimeter of the subject’s range of eye motion. Look for “catches” in the smooth movement around the arc and “smooth out” these spots.

**The Basic Recipe uses “Hum a tune” to activate the right brain. I believe that sequencing of a tune might also activate the left brain, so I ask the subject to “Hum a note.”

*** The Basic Recipe uses “Count rapidly from 1 to 5.” I believe that “1-2-3-4-5” may be rote and very automatic, while having the subject count odd numbers requires more thought in this step to activate the left (sequential) brain.

4) THE SEQUENCE (AGAIN).

Repeat The Sequence as above. If the subject smiles or laughs, it is a clue that a new insight is being experienced and the SUD is probably decreasing.

Emotional disturbance about an event rarely abates completely after only two sequences of tapping.

EVALUATE PROGRESS

After tapping through The Basic Recipe, ask subject to attune to the problem and request a SUD level. If the SUD drops two or more points, repeat tapping of treatment points. After the first round, vary the reminder phrase to address different aspects of the problem, add emotion and state issues that might be relevant. Using humor helps.

ASPECTS

CHECK FOR TARGET SHIFT

If the SUD hasn’t dropped, or if it has increased, inquire as to whether the target has shifted. If the target has shifted, you can clear for an assumed psychological reversal again and treat/balance as above. If the target hasn’t changed, treat again for assumed psychological reversal. (TFH practitioners can muscle test for psychological reversal.) Then again attune to the problem and treat/balance as above.

CORRECT MINI-REVERSAL

If progress is being made and the SUD rating drops less than two points after a period of tapping, assume a psychological reversal for the remaining problem (called Mini PR by Callahan), and treat with the affirmation and tapping (or touching) acupoints as follows:

MINI PR TREATMENT	SAY THREE TIMES:	OPTIONAL MUSCLE TEST
Tap side of hand (SI-3)	I deeply and profoundly (love and) accept myself even though I still have some of this problem	I want to get completely over this problem. [versus] I want to continue to have some of this problem.

Keep repeating these procedures until the problem is resolved (SUD = 0). Practitioners who have learned anchoring procedures and procedures to enhance the desired outcome can apply those methods.

LOCATION NAME	ACUPOINT	DESCRIPTION OF ACUPOINTS ² (One cun = width of the thumb, about an inch)
Eye Brow	BLADDER-2	Medial extremity of the eyebrow, or on the supraorbital notch.
Side of Eye	GALL BLADDER-1	0.5 cun lateral to the lateral eye canthus, in the depression on the lateral side of the orbit.
Under Eye	STOMACH-1	On the infraorbital ridge directly below the center of the pupil, with the eye looking straight ahead.
Under Nose	GOVERNING VESSEL-26	Between nose and upper lip, a little above the midpoint of the philtrum.
Chin	CENTRAL VESSEL-24	Depression in the center of the mentolabial groove. Depression between lower lip and chin
Collar Bone	KIDNEY-27	In the depression on the lower border of the clavicle, 2 cun lateral to the CV (Ren) Meridian.
Under Arm	SPLEEN-21	On the mid-axillary line, 6 cun below the axilla.
Optional - Below Nipple	LIVER-14	Directly below the nipple, in the sixth intercostal space.
Optional - Inside of Knee	LIVER-8	With flexed knee, the depression at the posterior medial epicondyle of the femur, on anterior insertion of the vastus medialis and the sartorius
Thumb	LUNG-11	Radial (thumb side of hand) side of thumb, about 0.1 cun posterior to the nail.
Index Finger	LARGE INTESTINE-1	Radial (thumb) side of the index finger, about 0.1 cun posterior to the nail.
Middle Finger	PERICARDIUM (CIRC-SEX)-9	Radial (thumb) side or center of the tip of the middle finger.
Baby Finger	HEART-9	On the radial (thumb) side of the little finger, about 0.1 cun posterior to the corner of the nail.
Karate Chop Point	SMALL INTESTINE-3	Ulnar (little finger side) edge of hand at crease from palm when loose fist is made.
Gamut Point	TRI-HEATER (TRIPPLE WARMER, THYROID)-3	Dorsum (back) of hand between the 4 th and 5 th metacarpal bones, in the depression proximal to the metacarpophalangeal (hand-finger) joint, about an inch medial (toward the body) from the web of the hand.

Table 1. Location of EFT Acupoints

FOLLOW-UP ON RESULTS While not a part of The Basic Recipe, it is recommended that the practitioner recheck the SUDs level at the session following the balance. If a desired behavioral outcome was agreed upon, results should be inquired about.

CASE EXAMPLE

The client, Mrs. A, is a retired health care professional with a disability due to PTSD. On the morning of the day scheduled for therapy, her husband called to cancel the appointment because Mrs. A was bed ridden with a severe headache. Headaches were a rare complaint for this patient. I asked to speak with her and encouraged her to come to the session in spite of her headache.

In session, she reported she had awoken with a headache at 4:30 a.m. and shortly after arose for a small breakfast and started to feel anxious. "It happens when I am going to get bad news"

she reported. The headache had waxed and waned throughout the morning. She'd feel fine and "then get a scared sensation in my chest and stomach. It stays for a while and then goes away." She could attribute no particular meaning to the symptoms.

We muscle tested for permission to work with the issue of the headache and for which method to use. The result of the muscle testing was to use what I call "Central Tapping," using only four acupoints for the balance (GV-24.5, GV-26, CV-24 and K-27). We used muscle testing to establish that the emotion of anger was involved with resolution of the problem. SUD was 4/10. She associated her anger with her feeling towards extended family members resulting from a phone call she had from her sister who lived outside of the country. Her sister's family members were not being helpful in spite of her sister's potentially severe illness.

We cleared the assumed the psychological reversal (The Set Up) with “disturbance about my anger.” It took only one round of The Basic Recipe for her headache to resolve and for her disturbance level to drop to zero. I followed up with an anchoring procedure (elaborated eye roll) to increase the likelihood of the benefits lasting.

She left the session free of her headache and had no recurring symptoms during the following week.

This case is an example of preparing for the EFT method with kinesiology procedures to choose the correct target. Only a few acupoints were chosen. With the choice of the relevant target and adequate preparation for the procedure, the disturbance (headache and anger at family) was effectively resolved. Preparation for the procedure took about 30 minutes; the procedure took less than ten minutes.

CONCLUSION

Emotional Freedom Techniques is a system of healing procedures that is relatively simple to learn and easy to apply. It can be a useful adjunct for the practitioner of Touch for Health.

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Notes: