

The John F. Thie Memorial Research Project

by Earl Cook



In this presentation, I will examine why research is necessary and beneficial for the Touch for Health healthcare model. I will give a basic overview of the scientific method, examine different research methods available and offer

recommendations for the types of research that we should conduct. We have been developing a set of research tools over the past five years and we examine why they are applicable to our research efforts. I will also present initial results from our research and plan to conduct a test of the entire system from the riverboat that conference attendees will be on while touring the riverfront of Cincinnati.

A short history of our research project

Dr. John Thie talked for over 30 years about the need for an organized research effort into the efficacy and outcomes produced when using the Touch for Health techniques. As the eTouch for Health software was developed, many features were built into the software, at the request of Dr. Thie, with an eye on the future and its function as a research tool. The Gateway software drops into existing copies of eTouch so that Participating Research members can then submit actual results (minus personal identifying information) through the Internet to the online database. In his last public appearance at the TFHKA conference in Durham, North Carolina, Dr. Thie used the eTouch software and Gateway to successfully submit the results of his onstage balancing session to the research database.

After over five years of development, the tools are now in place to allow this project to happen. In research, it is extremely important to have an organized, consistent and thorough means of record keeping and tools in place to use in the research. The *eTouch for Health* software is the tool that allows TFH Researchers to conduct sessions and record the results that is consistent among all eTouch users around the world. Many of the entries are automated to a high degree, which makes it easier for the researcher and ensures a higher degree of accuracy for the research purposes.

Why conduct a formal research project?

- Clearly define and explain the benefits of Touch for Health in legally and scientifically acceptable terms that are backed by research. Today, we are limited by what we can say about the benefits of TFH energy kinesiology balances. With research that backs up and supports what we know, we will be able to expand our statements. Here is an example of something that we wish we could say..."The TFH Energy Kinesiology techniques have been proven in research to be the most effective and cost-effective means to reduce physical, emotional and mental pain and allow people to lead fuller, more productive and happier lives."
- Make ourselves relevant. Energy kinesiology has been practiced for almost 40 years around the world, yet, in formal research projects being conducted by academia, government and healthcare professionals, TFH is not showing up in the list.

- Provide a data source for researchers conducting Case Studies and preparing articles for peer-reviewed journals
- Pave the way for formal research grants. Before we can expect to be awarded a formal research grant, we must show that we are already conducting research and can show our studies, techniques and results.
- Build a foundation for research that will allow researchers to find new and now-unimagined new techniques and ways to use TFH energy kinesiology.

What type of research should we conduct?

Quantitative, qualitative, quality of life, or double blind clinical studies with randomly selected subjects and testers?

There is a general agreement in the scientific community that formal research conducted using scientific methods is needed to explain phenomena in our world. There is much less agreement and, often times, outright controversy over the methods used to test and prove these phenomena. Some methods work for some study areas while others don't. Some hold that the double-blind study is the only method to be used, but it is sometimes impossible to use this technique and the ethics of using this technique have come into question. How would we even conduct such a test in Touch for Health when we are so actively involved in helping people? We think that there are better ways.

Often, there are combinations of methods, i.e., quantitative and qualitative. While it is acceptable to select and use methods that are most appropriate for testing and proving your hypothesis, it is essential to perform the research, tests and observations with objectivity and thorough and consistent record-keeping while using structured tools.

Some common qualitative methods are observations, in-depth interviews and focus groups. In the National Science Foundation article, *Overview of Qualitative Methods and Analytic Techniques*, the authors state, "Observations are carried out using a carefully developed set of steps and

instruments. The observer is more than just an onlooker, but rather comes to the scene with a set of target concepts, definitions, and criteria for describing events. While in some studies observers may simply record and describe, in the majority of evaluations, their descriptions are, or eventually will be, judged against a continuum of expectations.

Observations are usually guided by a structured protocol. The protocol can take a variety of forms, ranging from the request for a narrative describing events seen to a checklist or a rating scale of specific behaviors/activities that address the evaluation question of interest. The use of a protocol helps assure that all observers are gathering the pertinent information and, with appropriate training, applying the same criteria in the evaluation." This article continues by stating, "The protocol goes beyond a recording of events, i.e., use of identified materials, and provides and overall context for the data. The protocol should prompt the user to:

- Describe the setting of the program delivery, i.e., where the observation took place and what the physical setting was like;
- Identify the people who participated in these activities, i.e., characteristics of those who were present;
- Describe the content of the intervention, i.e., actual activities and messages that were delivered;
- Describe the interactions between implementation staff and project participants;
- Describe and assess the quality of the delivery of the intervention; and
- Be alert to unanticipated events that might require refocusing one or more evaluation questions"

Our protocol tools, eTouch for Health, the Internet Gateway and online research database have been designed to be both quantitative and qualitative tools and record details about the participants, results of the tests, techniques used and comments made by subject or researcher in their observation and intervention.

So that 'apples-to-apples' comparisons can be made accurately, eTouch for Health codifies the TFH model so that meridians, muscles and techniques all have identifying codes while testers and subjects also have IDs. Important in the whole research and quantifying process is that we enter before and after values for goals or for conditions when we balance subjects.

These before and after values are extremely important and are used by the online research database to calculate the 'Improvement Factor' for each of the sessions submitted to the database so that the effectiveness of the intervention can be measured quantitatively. This number, expressed in a percentage, shows how much improvement was measured in the TFH intervention. There will be a large amount of aggregate data that can serve as the source for further statistical research as the dataset grows in volume and diversity.

From our research efforts so far, we think that the qualitative and quality of life research methods best fit the holistic reality of the TFH synthesis. Qualitative research involves in-depth interviews, observations and detailed note-taking...things we already do in TFH, especially if you are already using eTouch for Health in your sessions. In Touch for Health, we are actively involved in helping people improve their lives as we work with them defining meaningful goals, reducing stress and improving confidence and self esteem and measuring the progress as a result of our interventions. Collecting this data in an organized and consistent manner so that tests and results can be repeated and replicated by others is essential in our research and our tools provide a good protocol for researchers.

Our research experience has identified a quality-of-life (QOL) research tool that has been accepted by the scientific community and will fit our research. This tool, the SF-36 Health Survey measures before-and-after intervention values for the subject's quality of life when asked questions concerning mental, emotional and physical well-being. The Case Study is also an important research tool that we think fits the nature of TFH and can be used in proving the hypotheses that are being proposed as research topics.

A future proposed study design may include the SF-36 QOL research tool to measure subject values before the study begins and at the conclusion of the study to measure the effectiveness of the TFH interventions. This tool, which is commonly accepted in the health research community, can produce the values that can be compared to other research projects in other disciplines. But, since this tool does not collect or produce the background supporting evidence necessary in a formal study, the eTouch, Gateway and online Research Database will collect the supporting evidence for the study and serve as the source for further case studies and analytical and statistical research.

The database of results also provides comparative analysis so that patterns can be spotted graphically as the key measurements of meridian energy status is presented along with energy blockages and energy 'beaver dams'. Identifying common patterns in the results is a powerful way to find trends and effective techniques and it is hoped that the graphical nature of the display of these results will allow patterns to be easily recognized.

eTouch and the research database are both built upon relational database techniques and are analogous to the 'relational' makeup of the body in its holistic state.

What is the scientific method and how does it affect our research?

The scientific method has four steps:

1. Observation and description of a phenomenon or group of phenomena
2. Formulation of a hypothesis to explain the phenomena or alternately a reasoned proposal suggesting a possible correlation between or among a set of phenomena. It is essential that the outcome not be known, If it is, then it is a consequence and should have already been considered while formulating the hypothesis.
3. Use of the hypothesis to predict the existence of other phenomena, or to predict quantitatively the results of new observations

4. Performance of systematic experimental tests of the predictions by several independent experimenters and properly performed experiments

Other important guidelines

to be considered are:

- If the tests verify the hypothesis then it may become a theory. If the tests do not verify the hypothesis then it must be rejected or modified.
- Results must meet predictions
- Scientist's bias must be reduced or removed from influencing the outcome
- Bias can be sorted out by many performing the same tests with all having different bias

What are the hypotheses that we will use in our research?

During 2004, we were working with a local university in Atlanta, Georgia to design and conduct a formal research study. The university has a physical therapy department that includes a group of Chinese doctors that are working to integrate Eastern and Western techniques. In this study, the plan was to have 30 graduate PT students participate in a study where we would use the standardized SF-36 health survey to measure before and after general physical, emotional and mental aspects of the participants while we planned to use eTouch and the Research Database to collect the specific data for each balancing session that was performed on the students. Unfortunately, we were only able to get seven commitments from the busy students and the study did not proceed. During the design of the study, Dr. Thie, Research Director for the IKC, created a group of hypotheses that we wanted to study as we build our theories. These hypotheses are listed below:

Proposed Hypotheses for formal Touch for Health Research submitted by Dr. John Thie:

- Balancing will relieve pain, improve pain-free range-of-motion and provide greater balance in moving.
- Balancing the muscles as

indicators of meridian energy will improve the posture and subjective personal feelings.

- We hypothesize that balancing will allow a quicker time of recovery after injury and a lessened time for recovery after an athletic performance.
- Balancing will create a subjective feeling of 'wellness' and less stress.
- Recovery time from surgery will be reduced when:
 1. Balancing is done prior to the surgery so that the subtle energies will be in balance before a successful surgery procedure
 2. Balancing the subtle injuries after the surgery by either:
 - a) Balancing the person using pain or discomfort when positioning the limbs as the muscle indicator.
 - b) Using a surrogate for balancing
- Balancing the subtle energy will reduce the need and frequency for pain medication.

As we build our foundation for research there are other theories (hypotheses?) that our research will be based upon:

- There exists a phenomena described as an energetic meridian system in the body that was known about over 5,000 years ago by the Orientals and is known as chi, ki, ka, the life force.
- This energy flows in predictable patterns and has polarity (Yin and Yang)
- Blockages in this flow can be identified and intervention will restore the flow and balance of the bodily energy system

Challenges facing us in our research efforts

Touch for Health is holistic/wholistic and the entire synthesis is extremely wide in aspects and tall in content. One task at hand is to resolve this challenge is to explain TFH and

energy kinesiology by identifying what is a theory, what are the hypotheses and what is the model in the TFH Synthesis? Presenting TFH in a consistent manner in which we use scientifically acceptable language will be a key goal as we conduct research.

In TFH, our primary testing tool is 'US'! We are an active participant in the intervention as we participate in evaluating the result of a muscle test; therefore, we are the testing 'instrument'. How do we overcome the skeptic's viewpoint that this is too subjective?

In TFH, we encourage our subjects to communicate to us what they think the result of the intervention is after and before tests. We muscle test and then ask the subject if they think the muscle locked or not? Having the subject be the primary decision-maker in this process helps to overcome any subjectivity that the tester may be introducing. The tester, though, must observe the subject and look for signs of muscle recruitment or body language that indicates that the subject is not communicating a correct assessment of the test results. This partnership in the testing and balancing process is the key to keeping the process objective as we conduct our research.

The TFH curriculum and literature stress the importance of objectivity and encourage the finer points of how to develop increased accuracy in testing by improving the muscle-testing technique of the tester.

We also increase the probability of accuracy and reduce the margin of error by having a large data set and a large number of researchers performing the same tasks of testing and balancing and recording the results using the same tools. When multiple testers obtain similar results when using the same techniques, we decrease the margin of error while also increasing the level of objectivity present in our research efforts.

We prove that the results are repeatable by having other objective persons perform the same procedures. We can make predictive statements of what an intervention will accomplish and then outline the

processes to achieve these results and other researchers can then duplicate our tests and therefore validate our results.

In our early efforts, one of the first challenges to our methods was by a researcher who said that our testing techniques were too subjective and a machine was needed to evaluate the results of a muscle test scientifically. This presents a real challenge for us, because can we design an 'instrument' to measure what we measure? Can an instrument be designed that is sensitive enough to detect the 'locking point' of a muscle test and adjust the amount of force to account for the muscle being tested and the specific strengths and weaknesses of a subject? We sometimes 'conduct' energy at the same time we are measuring and evaluating states of energy and the results of a muscle test.

So, we are the 'instrument' that is part of the intervention. Should we wait until a scientific instrument is designed that can perform a muscle test and then evaluate the results before conducting research? It is our opinion that we cannot wait for the invention of such an instrument and that we should precede with our observational, in-depth interviewing and case study approaches until such an instrument is available. We will welcome having such a device to aid in our research, but until one is available, we will proceed using the best instrument that we have available which turns out to be us! But, in doing so, we must be as objective as humanly possible in interpreting the results of a muscle test.

A key factor in conducting a formal scientific research study is starting with a 'not knowing' mental attitude. It may seem to be impossible, but we must take an attitude that we do not know anything about what we use everyday. We then formulate our hypotheses to explain the phenomena of TFH and perform our testing in an objective nature and record the results of before and after our intervention. This 'state-of-mind' is very important as we conduct our research.

The most important value that we use to assess the effectiveness of our intervention is the value that the subject conveys to us about their

level of pain, discomfort and general sense of well-being after our intervention. We use these measures constantly as we work to improve the health and well-being of those we work with. There is an impressive history of positive outcomes in Touch for Health. We must make now make a concerted effort to record these interventions so that we will have the data to prove that the use of the Touch for Health protocols are predictable, repeatable and do improve the quality of life of our subjects.

The Dr. John F Thie Memorial Research Database is now functional!

The John F. Thie Memorial Research Database is now functioning! This is a call for the Touch for Health worldwide community to begin participating in these groundbreaking efforts. There are two ways to participate. First, Participating Members will be actively participating by testing, balancing and submitting results to the online database via the Internet. Supporting Members will be helping the efforts of the research project with their dues and interest in the research program. For more information on joining the efforts, please go to www.touch4health.com/research/info.html

In a statement from 1991, provided by Dr. Joseph Keating, PhD, biographer of Dr. Thie, it is evident how long this project has been in the works. In 1991 (Winter): Touch For Health [published by the TFH Foundation] Dr. Thie states, "We need evidence that the application of the TFHS gives the results we say it does. We all believe in the effectiveness of the TFHS interventions, their economy and their ability to help the whole person in the physical, intellectual, chemical, emotional, social areas, the reaching of goals and the healing of past unhealed wounds.

I believe we can prove what we are doing! All practitioners and teachers worldwide need to participate and be involved in generating new knowledge about what does and does not work in the teaching and practice of TFHS. We must be part of the improvement of the quality of the TFHS as it is used and taught. All practitioners, teachers and providers (PTP) of the TFHS can participate in developing

international databases on the changes resulting from interventions with the TFHS.

Our knowledge of what are the outcomes of our interventions must be scientifically gathered to justify the public's continued and increased use of the TFHS. Proof will allow its PTP to compete in a truly free market in the world of health care."

A few years back in my computer software development career, I worked on a project for a research group that is part of a children's hospital in the U.S. that is known as one of or the top facility for conducting research on children's diseases. The project in which I was involved would allow the research staff to dynamically create clinical trial questions in a database and then email these to selected researchers around the world. These researchers would then submit their results via the Internet to a central database where they would be available to the researchers.

Six years later, many of the same tools and concepts were used in the development of eTouch for Health, the Gateway and the online database. One big difference in our approach is that our research tool (eTouch for Health) is already in the hands of the potential researchers. With our system, we do not dynamically create clinical trial questions, but we do have the ability to email all researchers and ask them to focus on one specific area, use the same techniques, submit the results so that all the data is then available for comparison by analysts and other researchers, This capability is very powerful and can be a useful feature in future research.

There will be two types of membership available as we launch the John Thie Memorial Research Project: Participating and Supporting Memberships. Participating members will actively participate in the project by conducting sessions, recording the results in *eTouch for Health* and then submitting the results through the Internet to the Online Research Database. Supporting members will assist the project through their dues and interest in the progress of the project. Both types of membership are important and vital in the success of the project.

Initial Results from the Research Database and a live test in Cincinnati

In my presentation at the Touch for Health Annual Conference in Cincinnati, I will present initial results from the research efforts. As part of a demonstration of the flexibility of the tools, I want to conduct a Touch for Health balance on the riverboat when we take our Tuesday evening cruise. Then using the free wireless capabilities of the Cincinnati riverfront, I want to submit the results wirelessly from the boat through the Internet to the central database. During my presentation, I will then show these results. One of the strengths of Touch for Health is that it can be performed anywhere and at anytime. This test is meant to demonstrate this fact and that the tools are flexible enough to match the strengths of TFH.

Touch for Health is designed to be available to both professional healthcare providers as well as for the layperson. Can both of these groups achieve similar results? The research project will track the results for each group so that comparisons can be made by using the improvement factor as the value for comparison.

Which techniques provide the most improvement? Does focusing on Goals provide

more improvement in outcomes than focusing on individual conditions? What techniques are most effective in each situation? How much difference in improvement factors do performing pretests provide? We think that we can predict these answers, but will the results support our predictions? These are just some of the answers that we expect the research database to provide in addition to providing the overall foundational data to support the proof that the Touch for Health Synthesis is one of the most effective models for improvement overall well-being of those that receive TFH interventions.

The call goes out to Touch for Health participants around the world to become part of this groundbreaking and historical effort. Become an active participant in Dr. Thie's dreams as this project becomes a reality and help Touch for Health grow into the future.

Earl Cook

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