The phenomenon of indicator muscle change

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Southern Cross University

Publication details
THE PHENOMENON

OF

INDICATOR MUSCLE

CHANGE
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First Edition 1997

National Library of Australia Cataloguing-in-Publication data:
The Phenomenon of Indicator Muscle Change
- An Exploration of its Validity and Meaning
Keywords: 1. kinesiology, 2. vibrational medicine, 3. wholistic healing, 4. human energy field

ISBN No 0 646 31975 2

Special Note:
This book is a reference work based on the author's educational, teaching and practical experience. The techniques described in this book are solely for informational purposes. Readers who use muscle testing as a tool do so entirely on their own responsibility.

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About The Author

Anna was born in Germany in 1951. She was educated at the Universities of Mainz and Heidelberg/Germany graduating in medicine in 1975. She practised medicine until 1991 with a specialist degree in orthopaedic surgery and osteopathy.

Further studies into tactile therapies, acupuncture and homoeopathy awakened her interest in vibrational medicine. The metaphysics of the traditional healing modalities in the West and East gave her an understanding of vibrational phenomena and the interconnectedness of human beings with all life on earth. Her exploration of New Physics enhanced this understanding.

Anna holds a MD in Social Medicine from the University of Heidelberg/Germany and a PHD in Health Science from the Southern Cross University in Lismore/Australia. Her interest in musculoskeletal medicine led her to the Specialised Kinesiology Modalities.

Since 1976 she has taught subjects of medical science. In recent years she has also been teaching vibrational healing. In her workshops and lectures for health care professionals she guides participants to different levels of consciousness to offer practical experience of vibrational principles in the healing process.

Anna is currently living on the East Coast of Australia and works as a Kinesiology and Natural Health Care Consultant in private practice.

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Acknowledgments

I wish to express my thanks to my patients and students from whom I have learned so much over the years.

A special thanks goes to Parajat Wismer, Joan and Bruce Dewe, Toni Gratton, Charles Krebs, Ritt Utt, and John Thie who introduced me to indicator muscle testing and its fascinating applications.

It is to the support of my research at the Faculty of Health Sciences, Southern Cross University by Roger Bronks, Beverley Taylor, and Sandra Speedy that this book owes its existence.

I would like to extend my sincere thanks to Veda Turner, Carol Hartman, and the participants of the study who generously donated their time to make it all happen. I am indebted to Lyndon Brooks and John Page for their statistical advice and Keith Maitland who helped to fund a computer.

And last but not least, this book could not have happened without the love and support of my dear friends Harriet Clutterbuck and Megan Mathews who helped me come to grips with the English language.

To everyone else who assisted, thank you.
Foreword

In choosing kinesiological research as the subject of her book Anna embarked on a project of considerable complexity. The difficulties inherent in undertaking such work may not be obvious to those who are unfamiliar with the underlying principle involved. Anna has attempted to assess one paradigm with the tools of another. Modern medicine employs the classical Newtonian scientific method in its reductionist approach. Kinesiology is a paradigm embedded in Vitalism. The latter is congruent with the so called “New Physics”. Orthodoxy and Vitalism both have their place, as indeed do Newtonian and New Physics. With true understanding of both philosophies, as is demonstrated by the growing number of medical doctors who employ or support aspects of vitalism and the movement of naturopathic colleges to incorporate indepths health science studies, much may be done to enhance the quality of health care.

However, even within the school of Vitalism, Kinesiology is considered a new player and viewed with some reservation in certain quarters. Anna’s work in carrying out a classical study based on the “scientific method” which has itself come under severe critism within medical circles, with a “fringe” natural healing modality, must in this light be considered both highly ambitious and very courageous. The fact that the results of the study demonstrated sufficient statistical reason for further scientific investigation of Kinesiology, is very welcome indeed. This book helps to demystify some of the most basic concepts of Kinesiology. This may be the very stimulus to motivate more people to explore and practise Kinesiology as the whole body-mind experience that it is.

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Preface

As an orthopaedic surgeon and osteopath, I cared for people with chronic and degenerative diseases for many years. Despite the therapeutic successes of replacing joints and the availability of powerful drugs, there was nevertheless a large group of people who needed a different type of care. They responded well to tactile therapies, herbs, homeopathics, acupuncture and electrotherapy.

Medical science provided some theoretical framework for the understanding of the effect of herbs on human wellbeing. But the positive results in some of my patients through the application of homeopathics and acupuncture were enigmatic. I wondered about the reasons for this, which in turn led me to the part of human reality which is not addressed in the medical curriculum: the ten thousand feet of space between a nucleus (given the diameter of the nucleus is enlarged to one foot) and the orbit of an electron in the atoms of the cells in our bodies.

I didn’t have the words yet, but I was sure that some fundamental aspect of human reality was happening in that space, and no-one would or could talk about it. By that time I was introduced to indicator muscle testing. From first encountering the method, to working with it for some years my interest grew to further explore this phenomenon as it seemed to provide some doorway into the non-physical aspects of human reality.

I therefore designed a PHD-research project to explore the nature of the phenomenon of indicator muscle change. The results of this study are presented in this book.
For the readers convenience ...

... I would like to give an overview about the chapters in the book. Chapter one and two give a background and general literature review of the theme.

Chapter three to nine contain the actual research, which explored the nature of the phenomenon of indicator muscle change with a mixed methodology.

Chapter four discusses the double blind study. The hypothesis that muscle performance was altered in triceps brachii and latissimus dorsi when the energy system in the associated spleen meridian was weakened via magnets was tested. Three groups of healthy students were tested by two different examiners. Data was evaluated using multilevel modelling. The evaluation of the data revealed that muscle performance was significantly altered during magnetic stimulation of the sedation point of spleen meridian compared to placebo. A significant increase in indicator muscle change occurred in triceps brachii (p 0.001) and lat. dorsi (p 0.010) during northpole stimulation. Southpole stimulation elicited only in triceps significant results (p 0.020). An effective stimulus-placebo combination was found to alter muscle performance under double blind conditions.

Chapter five reports the blind studies which were conducted to ascertain if negative emotional attitudes will elicit indicator muscle change in triceps brachii and lat.dorsi. The hypothesis that a mental activity related to an anxiety theme will alter muscle performance in the above muscles under blind condition was tested on three groups of healthy students by two different examiners. Data was evaluated using multilevel modelling. There was a significant increase in indicator muscle change during mental activity focussing on an anxiety theme for lat. dorsi (p 0.009). For triceps the results were also significant (p 0.033). However, there was a tendency for examiner B to have an interaction term in the


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opposite direction than examiner A. This might be due to random error but it implies that this data is non-conclusive and further studies need to be conducted to determine random and non-random occurrence of the phenomenon during mental imagery. Furthermore the investigation showed that there is a baseline occurrence of the phenomenon under experimental conditions. This baseline occurrence was significantly altered through the interventions of meridian sedation and emotional challenge. However, it is important to note that this baseline occurrence of indicator muscle change might take place in a clinical setting also, and produce error.

Chapter six contains the transcripts of the interviews with ten people who had experienced indicator muscle change as clients in a therapeutical setting.

Chapter seven to nine gives an evaluation of the interviews. It revealed that witnessing the phenomenon was seen by the participants as an educational tool about their reality. In feeling the body responding to different stimuli they became aware of an aspect of themselves which normally went unnoticed. Through this awareness they could access their intuition and connect with their inner being, thus bridging the gap between body and mind. The participants concluded that the method enabled them to quickly shift their perception to problem areas connected with their health and showed them ways of improvement. By experiencing the phenomenon they could learn to take better care of themselves and make healthier choices in their lives. They saw the procedure as a wholistic approach which involved them more in their own healing process. However, presuppositions, fears, and mental concepts were seen as limiting the experience. The kinesiologist was seen as an essential attribute to the experience. The practitioner’s expertise and the client’s trust in this expertise combined with the tool indicator muscle change facilitated the clients’ change in perception and broadened their experience of reality.
In Chapter ten an epistemological frame of reference is presented to discuss the phenomenon of indicator muscle change. Indicator muscle change is explained in the context of Einsteinian physics. Einstein’s equation $m=\frac{e}{c^2}$ implies that humans are energetic entities because of the existence of their body mass. In this thesis the energetic side of human existence defined by this equation is referred to as a human energy field. In this context it was reasoned that indicator muscle change can be seen as a functional parameter useful to monitor disturbance in the human energy field, and provide a bodily experience of different levels of the human energy field.

In making therapeutic choices the rational knowledge about the effectiveness of different available therapies is tossed up with a creative spoon of intuition to make a decision that is best for the individual patient. Indicator muscle testing gives this process a new dimension and this book might give you some answers in what way.

Anna E Rolfses, Newrybar 12 May 1997


Chapter 1

General Introduction

The Background to the Study

The manual assessment of muscle performance is one of the tools by which the clinician evaluates the capacity of the human body to produce movement and physical activity. The principles of manual muscle tests were first described by Kendall and Kendall in 1949. Since then several authors have further developed the science and art of manual muscle testing. Janda (1983), Daniels and Worthingham (1986) and Cole et al. (1988) refined the joint positions for testing different muscles and introduced numeric grading scales for the evaluation of muscle action.

In the early nineteen sixties, George Goodheart, a chiropractor from the US, added a new dimension to manual muscle testing. He observed that sometimes a muscle would test weak with no apparent reason for the weakness. Then the muscle would regain its normal strength in a consecutive test. This transient loss of muscle strength was interpreted as a functional condition. Therefore, Goodheart and his team suggested that manual muscle tests could have a broader application than the common biomechanical interpretation. They supposed that muscle tests could be used to detect dysfunction of other body systems. The term ‘indicator muscle’ (IM) was introduced to describe such a muscle. The use of indicator muscles is known as ‘applied kinesiology’, or ‘specialised kinesiology’.

In addition, Goodheart observed that dysfunctional muscles which could not be improved by the numerous exercise programs implemented by chiropractors and physiotherapists would sometimes improve by massaging...
various reflex points on the body (Goodheart in Waiter 1988, p. 2ff).

These observations provided clinical evidence for the following propositions:

1. Poorly functioning muscles and structural imbalance can be corrected by means other than exercise programs.
2. Functional change in muscle performance during a manual isometric muscle test can reveal imbalance in the human energy field.

These propositions suggest a new approach in health care management. For health care professionals involved in the improvement of structural dysfunction and disabilities such as physiotherapists, chiropractors and orthopaedic surgeons, it is suggested these propositions would broaden their therapeutic concepts beyond the common biomechanical models. The second notion provides all other health care professions with a cost-effective biofeedback tool for use in conjunction with the standard clinical and laboratory methods. This might help to achieve a greater understanding of the patient’s health problems and generate new ways of helping the patient.

My interest in the phenomenon of indicator muscle change arose from my involvement as an orthopaedic surgeon and osteopath in the manual healing arts. In my role as a health carer as well as being a client, I experienced the phenomenon as an effective tool to bring unconscious stress patterns into conscious, physical reality.

To my surprise scientific documentation of the process was sparse. Most of the knowledge about indicator muscle change was distributed in anecdotal form based on clinical observations of the therapists. The available literature on the theme of indicator muscle change did not make


...much sense in illuminating underlying biological processes (see Literature Review in Chapter 2).

Part of the dilemma was the lack of theoretical concepts in Western medical sciences, which could give some explanation for the occurrence of the phenomenon. The pharmacokinetic approach of traditional medical science which is based on Newtonian physics does not provide a workable theory for phenomena such as indicator muscle change. Fridjof Capra (1982) was the first wide-read critic of the Newtonian view of biomedical science. In his books "The Tao of Physics" and "The Turning Point" he stated that the Newtonian laws on which most of the current scientific reasoning is based, do not describe a complete picture of reality. In his view Western medical science had concentrated too much and too long on the machinellike properties and pharmacokinetic characteristics of living matter, thus neglecting organisatorial and integrative forces in living organisms.

He proposed a "systems biology" which takes into account that living organisms are complex webs of interrelations between sub-units. In this way they represent a whole system with specific characteristics arising from the interactions and interdependence of its parts. He states "What is preserved in a wilderness area is not the individual trees or organisms but the complex web of relationships between them"... "Although we can discern individual parts in any system, the nature of the whole is always different from the mere sum of its parts." (Capra 1990, p 287) In his systems-based, wholistic approach to life he promoted a vision beyond the mechanistic world view of Newton and more consistent with findings of modern physics.

With regard to the nature of organisatorial forces in living organisms, it was as early as 1920 that Elmer J. Lund of the University of Texas found that electromagnetic forces played an important part in how living organisms arrange
themselves. He demonstrated on hydas that their regeneration process could be reversed by disturbing their body polarity. An electrical “current strong enough to override the creature’s normal polarity could cause a head to form where a tail should have reappeared”. (Becker 1985, p. 83). In consecutive years researchers showed that all vital processes in the organism are accompanied and influenced by electromagnetic phenomena (Becker 1972, 1974, 1985). Such phenomena account for many relationships and integrational forces in the living organism (Ludwig p.200ff, in Brügemann 1993).

For the investigation of the phenomenon of indicator muscle change it was therefore important to preserve as many of the fundamental dynamics in which the phenomenon occurred. The research methodology discussed further in Chapter 3, allows an investigation of the phenomenon of indicator muscle change in which as many of the fundamental dynamics of the occurrence of the phenomenon will be preserved.

In reasoning about the occurrence of indicator muscle change I found the concept of feedback loops in the physiology of homeostasis also of some theoretical value. Feedback loops consist of a controlled variable, a set point, a sensor, an integrating center, and an effector. This feedback loop system can be applied to muscle action in the following way.

Muscle action is dependent on the coherent function of the neuromuscular system. This implies that the feedback loops controlling this function are healthy. In a coherent muscle action muscle tonus would be the controlled variable, the sensory nerve fibres would be the sensors. The extrafusal muscle cells and the muscle spindles would be the effectors. The setpoint and the integrating center would be located in the central nervous system. What determines the scope of the setpoints for muscle action, as well as the subtleties of

REFERENCES


the transient loss of isometric muscle strength during a manual test but need to be considered nevertheless.

Closing Reflections

The study showed that indicator muscle change is a facet of human perceptive potential which can enhance experienced reality. As a functional parameter of neuromuscular integrity, it can reflect parts of the human energy field which are not easily detectable by mechanical or electronic devices. It can be a cost-effective biofeedback tool in the hands of a trained therapist, complementing other diagnostic methods. Western society promotes, predominantly, high-technology and expensive devices for observation. However, humans carry within themselves a perceptive potential which is often disdained.

In closing, I would like to share Richard Gerber’s hopes, which he expressed in his book Vibrational Medicine (1988, p. 322):

“If more health care professionals can begin to acknowledge and activate their innate healing potentials, the nature of our cultural healing institutions will begin to radically shift. As the New Age approaches and more scientists and theologians begin to readdress the painful schism between the material and spiritual dimensions of human existence, our civilization will begin to move forward toward a greater understanding of health and illness from a truly multidimensional perspective.”

the integrative process of the central nervous system is still poorly understood. Nevertheless the feedback loop model is helpful in approaching the phenomenon of indicator muscle change.

It can be reasoned that the transient loss of isometric muscle strength is a result of a disturbance in the feedback loop system. The system does not allow for enough adaptability to facilitate the specific task. This might be due to the fact that the full scope of the setpoint is diminished or that the integrative ability of the central nervous system is compromised. The feedback loop model provides a general theoretical frame for the physiological aspects of indicator muscle change.

In my search for a theoretical model of my investigation I also studied the Eastern medical theories. In their view the physical body is an energy field, maintained and nurtured by a unique cosmic substance. This substance is described by Eastern medical thinkers as ‘Chi’ (also spelled ‘Ch’i’) in China, ‘prana’ in India, and ‘ki’ in Japan. Chi is responsible for the physical integrity of a human being. The nature of Chi is described in the following poem:

“Because the eye gazes but can catch no glimpse of it,
It is called elusive.
Because the ear listens but cannot hear it,
it is called rarefied.
Because the hand feels for it but cannot find it,
it is called infinitesimal.
Its raising brings no light;
its sinking no darkness.
It is called Chi.” (Pike 1991, p. 3)

Chi is referred to as an intrinsic energy or life force in the natural world.
From these studies it appeared that indicator muscle change might be associated with the phenomenon of Chi. Teachings in the martial arts propose that Chi accompanies all movement in the body. Chi can be enhanced by the integration of body and mind and improve the ability of a muscle to resist a bending force. “From ki, the real substance of the universe, came movement and calm, joining and breaking apart, tensing and slackening, and many mutual actions which gave the present universe its form” (Tohei 1992, p. 20).

From the Eastern perspective, the strength of bodily movements is linked to Chi. Therefore it was reasoned that the transient loss of muscle strength in an isometric manual muscle test might indeed be an indicator of stress in the human energy field. The disturbance of Chi could present as a functional, transient loss of isometric muscle strength.

Taking all the above aspects into account I approached indicator muscle change in my research as an essentially dynamic process which manifests as a repeatable, consistent behavioural pattern of muscle performance. Indicator muscles can be used to defect stressful stimuli which elicit a loss of isometric muscle strength, whereas certain biogenic foods, healing touch techniques, acupuncture, and emotional work can enhance isometric muscle performance.

In the last 30 years, the use of indicator muscle testing has been found useful by a wide range of health care professionals such as chiropractors, physiotherapists, massage therapists, natural therapists, homoeopaths, medical doctors, dentists, sports trainers, school teachers and psychologists. Therefore, the investigation of the phenomenon of indicator muscle change and its effect on patients will be of interest to many people and potentially of great benefit to the community.

level of social generality of the views voiced by the participants in this study can not be determined. However, the interviewees acknowledged the positive effect of indicator muscle testing in enhancing their perception of reality. Therefore, it can be concluded that the theme was worth investigating because of its positive potential in health care.

Further research inquiries related to the phenomenon could address the following clinical areas:

- Will the distinction between concentric and eccentric testing enhance the use of indicator muscle change in a clinical setting?
- What importance does the baseline occurrence of the phenomenon have for a clinical setting?
- What parameters might be influencing the baseline occurrence?
- Is there a consistent pattern of the phenomenon in certain diseases?
- Can therapists improve client satisfaction and cost-effectiveness in health care by using the phenomenon as an assessment method and biofeedback tool?

Other areas of interest are neurophysiological and humoral parameters which might be congruent with the appearance of the phenomenon. Neurological parameters like stretch reflex activity, patterns of motor unit recruitment, nerve conduction times, and bioelectric activities during the electromechanical delay preceding concentric contraction could be monitored during testing of ‘weak’ and ‘strong’ indicator muscles. There might be some significant alterations in skin resistance.

Humoral parameters related to aerobic and anaerobic muscle metabolism or the higher control centres of muscle activity like the hypothalamus might be too inert to reflect
educational means to learn to take better care of themselves.

To date, expensive equipment and high-technology investigations are costing the public millions of dollars. Even though technological advance has been advantageous, it is the contention of this researcher that it is time to remember humanity’s very simple and cost-effective methods of diagnosis and health care, traditionally applied by healers and known empirically as effective for millennia.

A significant number of Australians are seeking advice from traditional health care practitioners such as chiropractors, herbalists, acupuncturists, and massage therapists (Medicare Benefits Review Committee 1986). The Bulletin published that “... 30% of Australians see a natural therapist and 60% take a natural therapy which includes vitamins” (Ragg 1993, p. 48). Despite these figures, the current research focus and funding supports, predominantly, the investigation of high-technology methods. In my view, health care research needs to be balanced by fostering investigations concerned with traditional healing procedures, such as herbalism, acupuncture, body work, mental practice, applied kinesiology, and all the vibrational healing methods, for example, homeopathic, Bach and bushflower therapies, colour therapy, sound therapy, aromatherapy.

Indicator muscle change is a relatively newly discovered phenomenon and has been used by health carers for the last 30 years. The scope of this study allowed only a small area of a multi-determined phenomenon to be explored. But it is the hope of this researcher that this study will inspire other researchers to work in this field.

Many questions remain unanswered. However, the results of the quantitative experiments undertaken in this study revealed that kinesiological muscle testing monitors a subtle loss in neuromuscular integrity due to stressful stimuli. The

Aims of the Study

Revising the literature in regard to the occurrence of indicator muscle change there were two questions outstanding to be answered:

1. Was there a linear cause-effect relationship between certain stimuli and the occurrence of indicator muscle change?

2. What do clients think about the use of indicator muscles in their health care?

The purpose of the study was to answer the above questions. The different scope of the two questions would provide an investigation of the phenomenon from two different angles. Quantitative and qualitative research methods could be used further explore the phenomenon.

The aim of the quantitative part was to contribute to the topic of a cause-effect relationship between certain stimuli and the occurrence of indicator muscle change. The clinical reports of applied kinesiologists gave evidence that structural imbalance in body tissue, disturbance of the acupuncture channel system (Goodheart in Walther 1988, Thie 1987, Dewe and Dewe 1994), emotional and mental disturbance (Diamond 1990, 1992, Dewe and Dewe 1994), environmental stressors such as biocidic food and pollution (Dewe and Dewe 1994) can cause indicator muscle change.

Controlled studies had been undertaken only in relation to nutrients (Rybeck and Swenson 1980, Jacobs 1981, Triano 1982). A study to evaluate the relationship between acupuncture point stimulation and indicator muscle change seemed promising to me, as research from other disciplines such as sports physiology and traditional Chinese medicine
had demonstrated already a connection between muscle performance and acupuncture treatment (see Chapter 2).

Another promising topic was the link between emotional states and indicator muscle change. The use of internal imagery to enhance muscle performance is well established in sports psychology. Additional evidence between bodily functions and emotional states comes from successful treatments in psychosomatic medicine.

Therefore I decided to use acupuncture channel stimulation and internal imagery as stimuli to explore their effect on indicator muscles. The aim was to ascertain if these stimuli, found through clinical experience of the kinesiologists, could be quantified in creating indicator muscle change in an experimental setting.

The second question was investigated using qualitative methods. The aim was to describe the phenomenon from the clients’ perspective. This part of the research would give an account of the client’s view of the phenomenon and their appraisal of the experience in caring for themselves. The intent was to determine whether kinesiological muscle testing enhances a person’s perception of reality and, if so, in what way.

The aim of the third part of the book was to compare the data found in the quantitative and qualitative sections of the research, and generate an epistemological frame of reference for the discussion of the phenomenon.

To summarise, the purpose of the study was to investigate the phenomenon of indicator muscle change from different perspectives and in different settings. Quantitative methods were used to examine the question: What parameters are involved in creating the phenomenon of indicator muscle change and influencing the outcome of a manual muscle test? Qualitative methods were applied to determine if the interface with the client to change the client’s disturbed energy field. Vibrational healing helps the client to adjust his/her energy field back to a harmonious flow. In that context, indicator muscle change can be seen as a biofeedback tool to assess imbalance in the human energy field. It can be a tool for releasing the power within a human being to self-regulate, self-heal and re-balance. It is an easily available, inexpensive method of caring for and communicating with patients.

In summary, caring for human health is a social-cultural behaviour generated by the spirit of human beings to maintain their well-being. The epistemological focus of Western society to date describes living organisms predominately in pharmacokinetic terms derived from 17th century Newtonian physics. This view is incomplete because it neglects the energetic part of human existence. The pharmacokinetic approach to health care needs to be extended and the energetic part of human existence needs to be taken into account. Functional parameters such as the phenomenon of indicator muscle change are tools readily available for assessment of (some aspects of) this energetic part. In combination with the simple and cost-effective methods of traditional healing, they provide powerful means of caring for people’s health.

Conclusions and Implications for Further Research

This study suggests that the phenomenon of indicator muscle change is a functional parameter connected with disturbance in the human energy field. Indicator muscle change can be easily detected by a trained therapist and the associated assessment process used as a biofeedback tool to monitor aspects of this field. From the clients’ perspective, indicator muscle change was seen as an
from 17th century physics. Science looks upon human beings predominately as biomechanical and biochemical entities which display a certain structure and function. Consideration of electromagnetic forces creating and interfering with this entity is neglected.

Until recently, Western scientists, due to their self-definition based on Newtonian physics, mainly focused their attention on that part of reality which displayed itself in form of ‘matter’. Biotechnology and biochemistry have been heavily promoted for the care of human beings. Millions of dollars are spent to buy and maintain expensive diagnostic devices. According to Goodheart: “The system has increased to such a point of dependence, exploitation, and impotence that a great deal of frustration is being experienced by people” (in Thie 1987, p. 6).

The simple, mostly non-invasive and cost-effective methods used by healers and traditional medicine for millennia to care for people were discarded because of the visible success of repairing physical structures by biotechnological and biochemical means. But at the end of the 20th century, many of the current human maladies are not ‘fixable’ with drugs or surgical procedures.

Therefore, it is time to recall the ancient wisdom and knowledge. Human perception of a physical body is like a snapshot of a river of energy constantly in flux and dynamic exchange with the universe. Pain and disease are signs of disharmony and disturbance in this flow. In my experience, these disturbances are often not immediately apparent on a physical level due to the inertia of matter. I also agree with Brennan (1994) that signs of disease are often detectable on an energetic level years before they manifest on a physical level.

The healer with his/her own vibrational healing gifts and tools, such as kinesiological muscle testing, creates an experience of indicator muscle change would enhance a person’s perception of reality and, if so, in what way. Based on the results of the investigation an epistemological concept would be presented for the discussion of the phenomenon.

**Explanation of Key Terms**

The main key terms central to understanding the study are supplied herewith in alphabetical order:

- **Alarmpoints** are called ‘mu-front points’ in traditional Chinese acupuncture and are located on the front of the trunk. They are associated with the internal organs of the body. They are seen as rally points for energy for those organs.

- **Applied kinesiology** is the method using indicator muscle change to detect and correct imbalances in the human energy field.

- **Aspects** is a qualitative category referring to parts of the phenomenon which are illuminated through qualities.

- **Being in the world** is how people are inexplicably immersed in their everyday realities and, through that immersion, understand themselves, other people and other things.

- **Energy domain** is part of the human energy field with common vibrational characteristics.

- **Epistemics** is the branch of science that deals with knowing and understanding.
<table>
<thead>
<tr>
<th><strong>Epistemology</strong></th>
<th>The branch of philosophy that deals with the varieties and grounds of knowledge.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human energy field</strong></td>
<td>The vibrational aspect of human existence which can be defined by Einstein’s equation: ( e = mc^2 ).</td>
</tr>
<tr>
<td><strong>Indicator muscle change</strong></td>
<td>The transient loss of isometric muscle strength during manual muscle testing.</td>
</tr>
<tr>
<td><strong>Indicator muscles</strong></td>
<td>Muscles used to detect and correct imbalances in the human energy field.</td>
</tr>
<tr>
<td><strong>Kinesiologist</strong></td>
<td>The person using indicator muscle change as a biofeedback method.</td>
</tr>
<tr>
<td><strong>Lived experience</strong></td>
<td>The way in which people understand themselves, other people and things through living their life.</td>
</tr>
<tr>
<td><strong>Meridians</strong></td>
<td>Energy gridlines described and used in traditional Chinese acupuncture.</td>
</tr>
<tr>
<td><strong>Methodology</strong></td>
<td>The branch of knowledge that deals with method and its application in a particular field.</td>
</tr>
<tr>
<td><strong>Mu-front points</strong></td>
<td>see ‘Alarmpoints’.</td>
</tr>
<tr>
<td><strong>Ontology</strong></td>
<td>Study of being, study of metaphysics which relates to the nature of essence of being or existence.</td>
</tr>
<tr>
<td><strong>Qualities</strong></td>
<td>A qualitative category which refers to attributes assigned to lived experience.</td>
</tr>
</tbody>
</table>

which is part of the universal energy field. Humans display an energy pattern which identifies them specifically as humans and not a cat, a tree, or any other part of the earth. This energy pattern is an interference pattern (hologram) of different vibrational levels from the earth’s energy field and the universal energy field (Becker and Selden 1987, Capra 1990, Chopra 1990, Sheldrake 1983, Talbot 1992, Wilber 1988). Some dynamics of these forces can be described by the characteristics (in the electromagnetic realm) of charge and current. Conduction and induction are an expression of the vibrational qualities of resonance and interference.

In vibrational medicine, the different vibrational levels of the human energy field are known as ‘energy domains’. They consist of fields with common vibrational characteristics. Traditionally, they have also been described with words like ‘light body’, ‘spiritual body’, ‘mental body’, ‘emotional body’, ‘physical body’.

Every material thing (matter) is in constant energetic interaction with all other things on the planet and with forces which are normally not perceivable by human consciousness. This interaction creates a certain resonance in a person’s energy field. This resonance can be experienced by the conscious mind as harmonious and pleasurable (dynamic equilibrium) or as disharmonious and diseased (Prigogine and Stengers 1984). Indicator muscle change is a means of making those forces visible. It provides a new way of caring by facilitating awareness of vibrational forces and their effect on the physical body.

At the end of the 20th century, science has externalised many of the matter–energy interactions. The functioning of fax machines, telephones, radios, and computers for example, are proof of the interferential effects of electromagnetic forces on matter invisible to the human eye and difficult to detect by other senses. But, unfortunately, the prevailing view about human beings remains as a concept
learned about certain reactions in their energy field and noticed a connection with their state of health.

Humans have observed that humoral factors for example, blood cell counts, enzyme profiles, are related to their state of health, as well as the shapes and densities of physical tissue produced by different devices such as X-rays, computer tomograms, ultrasound, and magnetic resonance imaging. A variety of functional parameters, for example heart rate, cardiac output, neurological reaction times, are seen as markers of health. In a similar way, indicator muscle change could be a functional parameter, and its role in health care understood in the context of vibrational medicine.

Gerber (1988) has defined vibrational medicine as “a systems approach based upon the Einsteinian paradigm of healing” (p. 60). The cognitive concepts of 17th century physics needed to be extended by the knowledge of the 20th century. This implies that what is perceived as corpusescles of matter is indeed a pattern of energy waves forming a dynamic web of substance. Einstein’s well-known statement: “I cannot believe that God plays dice with the universe” pinpoints the limitations of the Newtonian pharmacokinetic approach to healing. Dealing primarily with molecular interactions will not provide a complete picture of reality. The vibrational aspects remain unheeded.

Significant discoveries of modern physics in the last decades underpin this notion. It is now known that for every particle of matter (nucleons) there exist $9746 \times 10^9$ interaction and resonance quanta (photons). This ratio is a constant of Nature and implies that matter covers only one billionth of all phenomena in the cosmos (Ludwig in Brüggemann 1993).

Through Einstein’s equation, some vibrational aspect of human existence can be defined as a human energy field. The human energy field is part of the earth energy field.
information is similar to the observations of the kinesiologists about the effect of emotional attitudes on indicator muscles. Of particular interest in the reviewed articles was the different techniques of imagery which provided background information for the experiments reported in Chapter 5.

**Manual Muscle Testing and Applied Kinesiology**

Movement is a fundamental part of human life and the integrity of muscle function is vital for keeping an upright position. The anatomical mapping of the human body dates back to the 16th century when Andreas Versallius published his work *De Corporis Humani Fabrica Libri Septem*. At the beginning of the present century a synthesis of the painstaking work of anatomists like J. Sobotta and H. Becher, and clinicians working with neuromuscular diseases like R.W. Lovett and W. Wright, established a foundation for the manual assessment of muscle function.

The locomotor function tests, judging the range of active motion in the joints, were complemented by a number of gravity and resistance tests related to specific muscles moving the joints. Based on the anatomical direction of the myofibrils in a single muscle or a muscle group, a starting position of the joints for testing the muscle(s) was determined. This position insured a stability of the body and an appropriate fixation of the limb for consistent repeated testing. Furthermore, the direction of pressure applied by the examiner was defined. “Pressure’ was used to denote the outside force applied by the examiner to determine the strength of the muscle holding in test position.” (Kendall and Kendall 1983, p. 8).

The grading system for the muscle tests was based on a number of criteria such as the amount of pressure that could be applied to hold the muscle(s) in an isometric contraction and the ability of the muscle(s) to move a joint through a

This is important to note because the analysis of the interviews revealed a similar picture. The kinesiologist was seen as an important contextual attribute in people’s experience of the phenomenon. It was beyond the scope and intent of this research to fully explore the nature and effects of the kinesiologist in people’s experience of the phenomenon. But this research has revealed that such a relationship exists and cannot be separated from the experience of the phenomenon.

In summary, this section has shown how Einstein’s epistemic can give an epistemological frame of reference to understand and discuss the phenomenon of indicator muscle change. In that context, it can be asserted that the physical body is an energy field, transformed by a constant, linked to the electromagnetic realm. It was reasoned that the phenomenon of indicator muscle change provided a bodily sensory experience of vibrational levels in the human energy field which exceed a person’s normal perception. On this ground, indicator muscle change can be considered as a functional parameter to monitor certain parts of the human energy field as well as being a unique educational tool to enhance people’s perception of reality and expand their consciousness.

**New Ways of Health Care**

The transient loss of isometric muscle strength during a manual assessment of certain muscles is an intriguing phenomenon. It gives people an experience of a bodily reality which cannot easily be perceived by other physical senses. Participants in this study described this experience as useful in relation to their caring for themselves. Some of them reported that, through the use of indicator muscle change, they could trace problem areas in their lives of which they were not able to be aware through other means (see interviews: Susan and Anita). Through the sensory bodily experience of a ‘weak’ or ‘strong’ indicator muscle, they
domains are aspects of the human energy field perceived through other bandwidth of the electromagnetic realm than the bandwidth of visible light (see Figure 16).

**Figure 16**

**PERCEPTIVE POTENTIAL**

Furthermore, it can be argued that the transient loss of isometric muscle strength is a physical manifestation of a disturbance in the human energy field. This imbalance leads to a partial loss of neuromuscular integrity which can be detected by the applied kinesiologist through muscle testing. Thus, it can be reasoned that indicator muscle change has the potential to provide a bodily experience of vibrational levels of the human energy field.

The placebo trials showed a baseline occurrence of indicator muscle change which can be interpreted as fluctuations in the human energy field itself of the people being tested. But the inter-examiner difference in this baseline provides evidence that the vibrational quality between tester and each person being tested was also involved.

range of motion with or without the pull of gravity or against manually applied pressure. The values assigned to the test outcome included a percentage scale, or a numerical scale, and/or words like ‘normal’, ‘good’, ‘fair’, ‘poor’. (Kendall and Kendall 1983, Daniels and Worthingham 1986, Cole et al. 1988).

This manual assessment of muscles was traditionally used to detect permanently impaired muscle function. It evaluated the isometric and isotonic capabilities of a muscle or muscle group. A variety of hand-held dynamometers were developed to quantify the force which resulted between the limbs of the examiner and the patient. Manual and dynametric strength tests correlated to a significant or lesser degree depending on the quality of the instrument and the skill of the user. (Wadsworth, Krishnan, Sear, Harrold and Nielsen 1987, Hsieh and Phillips 1990, Andrews 1991, Hayes 1992).

Nicholas et al. (1978) investigated which specific physical parameters governed the tester’s perception in evaluating a manual muscle test. His study indicated that the rating of a manual muscle test was closely related to the average force applied during the test multiplied by the duration of the tester’s effort. “…the testers are mentally integrating the force-versus-time relationship during each test.” (Nicholas et al. 1978, p. 189).

Hogue (1991) showed, in EMG studies evaluating patients’ recovery from musculocutaneous nerve injury, that “(m)anual muscle testing can give valuable information on the state of the nerve’s functional return…” (Hogue 1991, p. 85). From its beginnings early this century until now, manual muscle testing proved to be an essential tool in the assessment of locomotion and neuromuscular function.
In 1964, G. Goodheart and his team added a new dimension to manual muscle testing with an observation described in Walther 1988, p. 2 as follows: “He (Goodheart) observed that sometimes a muscle tested weak, but there was no atrophy or other apparent reason for the weakness.” In a consecutive test the muscle would regain its strength. He noted that this transient loss of isometric muscle strength occurred in relation to stressful events. Therefore it was suggested that manual muscle tests can have a broader application than the common biomechanical interpretation, and could be used as an indicator to monitor dysfunction in other body systems.

The term ‘indicator muscle’ was introduced to describe a muscle which showed a transient loss of isometric muscle strength in a manual test in relation to a stimulus. Manual muscle testing using indicator muscles is a central tool of applied kinesiology (AK). The major text book of applied kinesiology was published by Walther in 1988 and contains the basic applied kinesiology testing and treatment procedures.

One of the foundation statements in this textbook is that there exists an association between specific muscles and meridians (Walther 1988, p. 207). Thie (1987). Dewe and Dewe (1994), La Turelle and Courtenay (1992). Andrews (1991) and Dickson (1990) refer to similar muscle-meridian associations. All these texts state that a disturbance in the energy flow of a meridian will result in an indicator muscle change in the muscle specifically associated with that meridian.

At the time that this study was undertaken, there were no published experimental research papers on this topic. However, there existed a number of research papers about the effects of acupuncture on locomotion and muscle tissue.

light and scientific language. Therefore, their narratives are more often found in the arts than in science (Brennan 1987 and 1993, Wilber et al. 1990).

The analysis of the interviews revealed that the experience of indicator muscle change has expanded people’s perception of reality. Indicator muscle change can therefore be seen as an educational tool to enhance average perception and explore certain aspects of the human energy field which are not perceived by other physical senses.

The double blind study pointed in a similar direction to the qualitative study, as indicator muscle change occurred significantly more frequently when the meridian point was stimulated, showing that the body seems to have the ability to distinguish and note changes in the energy field beyond conscious sensory awareness.

Indicator muscle change fostered a refinement in people’s perception of reality by drawing their attention to unbalanced parts of their energy field. Some participants described this as “going to your own psychic” (interviews: Ruth, Steve). Others depicted their experience as connecting them with their inner truth and wisdom (interviews: Judy, Anita, Ruth, Linda, Steve).

Over thousands of years healers and visionaries have mapped the human energy field and, at this time, there is a world-wide acknowledgement of different, consistent energy domains within the human energy field. These are the channels (meridians) of the acupuncture system, the chakra system and the auric templates. Healers have known for millennia that these energy domains are connected with the human’s bodily tissue. Einstein’s mass–energy equation gives an epistemic explanation for generating an epistemological link between those energy domains and the human’s physical reality. It can be argued that those energy
of visible light. Additionally, mechanical, chemical and electronic devices have been developed which can pick up other band widths of the electromagnetic spectrum and transform them into the cognitive realm of time, space and visible light. This habit of processing the human energy field—via a tiny slot of the electromagnetic spectrum—as a physical body only, has created quite a tunnel-visioned interpretation of the human energy field (see Figure 15).

Figure 15

AVERAGE PERCEPTIVE PATHWAYS

The perceptive potential of human beings as a population exceeds this narrow band of perceptive pathways. Statistically, the occurrence of a phenomenon in a population has a ‘bell’ shape, with the majority grouped around the mean and the minority (at either side) classified as having lesser and greater potential than the majority. This implies that a certain percentage of human beings has an ability to perceive the human energy field, beyond the average perceptive pathways. These human beings are described as having extra sensory perception. It’s a difficult task to transform those perceptions into symbols of visible

These are discussed under the section ‘Acupuncture and Muscle Performance’ in this chapter.

Another basic statement in the applied kinesiology literature was that massaging or holding specific points on the body could improve ‘weak’ indicator muscles (Walther 1988, Thie 1987, Dewe and Dewe 1994, Andrews 1991). Experimental research on this topic is not published to date.

Furthermore, applied kinesiologists have reported that particular foods can ‘weaken’ or ‘strengthen’ an indicator muscle. This concept is already well-known to nutritionists. Foodstuff ingested by humans can range from harmful, biocidic food to biogenic food, which enhances the physical condition of the human body. There are three research papers published investigating the relationship between certain foods and the occurrence of indicator muscle change (Rybeck and Swenson 1980, Jacobs 1981, Triano 1982).

Rybeck and Swenson (1980) conducted blind studies using orally administered sugar. It was found that the occurrence of indicator muscle change was significantly related to this intervention. The outcome of the manual tests was compared with dynametric-measured grip strength tests in the same muscle. The dynametric tests showed no statistically significant change between the control and experimental groups. Rybeck and Swenson reasoned that there might be inherent differences between the parameters measured by the mechanical device and the parameters evaluated by the tester during a manual muscle test. This supported Nicolas et al’s findings (1978) that measurement of force alone in a manual muscle test only partly correlated with the tester’s evaluation of muscle strength.
Jacobs (1981) attempted to find placebo-stimulus combinations which could be used to test the effect of food on indicator muscles. Various non-sweet and sweet sugar solutions and distilled water were administered. He found no significant difference in muscle response to the various solutions. An additional blind study with fresh, heated, and old oil showed the same result.

Triano (1982) tested four commercially available nutritional substances found by applied kinesiologists to enhance muscle performance in patients with a clinically ‘weak’ lat. dorsi. In one trial these substances were administered sublingually and, in another trial, they were placed on the abdomen of the subjects. No significant relationships could be found.

These nutritional studies showed the difficulties in finding a placebo-stimulus combination which could be used in an experimental setting. For example, Jacobs’ basic design used distilled water as a placebo, although distilled water with its low osmolarity is known to be biocidal to cells. He could have used tap water but this often contains traces of biocidal chemicals. Other carrier substances used to mask a placebo also might not be neutral. Triano built his research on the assumption that there existed a linear cause-effect relationship between one nutritional substance and an improvement in patients’ lat. dorsi. Clinical experience showed that patients with a ‘weak’ indicator muscle often needed support other than nutrients to strengthen a ‘weak’ muscle.

Another fundamental statement of applied kinesiology was described by Diamond (1990 and 1992). He reported an association between indicator muscle change and specific emotional qualities. He observed that negative emotional attitudes diminish a person’s life energy. They create a disturbance in the human energy field which can be between mass and energy is a constant, defined by the speed of light.

The speed of light, c, is a constant (≈ 300,000 km per second) which is the product of a certain frequency and a certain wavelength. If the wavelength changes the frequency changes to maintain the speed of light (c = f • λ ≈ 300 000 km per second). Thus is the electromagnetic realm created. It is defined as all energy transferred by wave or particle passing through empty space at the speed of light.

The electromagnetic spectrum which we can measure today is split into a number of regions ordered by their wavelength and frequency. It ranges from the extreme low frequency waves, with long wavelength and slow frequency, to the short gamma waves with a high frequency:

<table>
<thead>
<tr>
<th>Spectrum</th>
<th>λ (m)</th>
<th>f (Hz)</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.l.f. waves</td>
<td>&gt; 10⁶</td>
<td>&lt; 10¹</td>
</tr>
<tr>
<td>radio waves</td>
<td>10⁶ - 10¹</td>
<td>10² - 10⁷</td>
</tr>
<tr>
<td>micro waves</td>
<td>10¹ - 10³</td>
<td>10⁷ - 10¹²</td>
</tr>
<tr>
<td>infra red</td>
<td>10⁻³ - 10⁻⁶</td>
<td>10¹² - 10¹⁵</td>
</tr>
<tr>
<td><strong>visible light</strong></td>
<td><strong>10⁻⁶ - 10⁻⁷</strong></td>
<td><strong>10¹⁵</strong></td>
</tr>
<tr>
<td>ultra violet</td>
<td>10⁻⁷ - 10⁻¹⁰</td>
<td>10¹⁵ - 10¹⁸</td>
</tr>
<tr>
<td>X-rays</td>
<td>10⁻¹⁰ - 10⁻¹²</td>
<td>10¹⁸ - 10²¹</td>
</tr>
<tr>
<td>gamma waves</td>
<td>10⁻¹² &gt;</td>
<td>10²¹ &lt;</td>
</tr>
</tbody>
</table>

Visible light is a small band (~260 nm) in the electromagnetic spectrum (Deeson and Davey 1995). It is sensed by the human eye and gives the brain a time/space picture of the human energy field. This is then defined by human consciousness as a physical body.

Human beings in general are consciously processing and utilising cognitive pathways located within the band width
• Stimulation of the sedation point of spleen meridian with 3000 Gauss magnets elicited significantly more indicator muscle change than the application of placebo.
• Mental focus on realistic anxieties about the future elicited significantly more indicator muscle change than the focus on a neutral theme.

The qualities emerging from the clients’ interviews characterise this aspect of the phenomenon from a different angle:

• Indicator muscle change was seen as a tool to access their intuition, connect with their inner being, and bridge the gap between body and mind.

These findings show that indicator muscle change is a bodily phenomenon which can give cues about forces acting in a sphere of human reality which can not easily be noted by the normal senses. The research showed that the phenomenon of indicator muscle change can unveil aspects of the human reality which normally are unnoticed. Therefore I am presenting the following discussion about human’s perception of physical reality. The aim is to offer a more defined, and specialised concept of understanding the sensory bodily experience of indicator muscle change.

Western science has defined matter as a special form of energy that has the attributes of mass and extension in space and time (Uvarov and Isaacs, 1986). The human body, therefore, can be seen as matter displaying characteristics of mass in a lifetime. Einstein’s equation, \( e = mc^2 \), defines energy as the equivalent of a mass times a constant related to the speed of light. Mass is a characteristic of matter.

The existence of the physical body implies that humans have a human energy field which can be described, using Einstein’s equation, as \( m = e/c^2 \). The connecting link detected through indicator muscle change and the mu-front points of traditional Chinese acupuncture (Diamond 1992, p. 93ff). He reasoned that each meridian was affected by specific positive and negative emotional attitudes and stated: “[T]here will be many apparently different emotional states connected with each meridian. We know that all these apparently different emotional states are in fact related because they involve the same meridian on testing.” (Diamond 1992, p. 100).

Diamond’s observations are consistent with findings in psychosomatic medicine. Here, chronic disorders such as anorexia nervosa, asthma, Crohn’s disease and chronic inflammatory bowel disease, hypertension, hyperthyroidism, neurodermatitis and rheumatoid arthritis are treated by enhancement of positive emotional attitudes and the elimination of harmful negative emotional attitudes. Indicator muscle change might be a way of detecting key areas of emotional disturbance in these illnesses.

Experimental research studying indicator muscle change based on Diamond’s observations could not be found in the literature. However, there were numerous studies in the field of sports psychology showing that mental and emotional attitudes affect muscle performance. They are discussed below in the section “Ideo-motor principle”.

Apart from the nutrients studies, there was only a handful of other research papers concerned with the phenomenon of indicator muscle change (Grossi 1981, Jacobs 1984, Leisman et al. 1989, Hsieh and Phillips 1990).

Grossi (1981) attempted to quantify the difference between a ‘weak’ and ‘strong’ indicator muscle. He measured peak isometric force with a force transducer and found no difference in peak isometric force between experimental and control groups. Based on Nicolas et al’s findings (1978),
he concluded that the transient change in isometric muscle strength, as perceived during indicator muscle testing, could not be detected by a force transducer.

Hsieh and Phillips (1990) investigated the reliability of manual muscle testing with a computerised dynamometer to evaluate indicator muscle change. The intra- and inter-tester reliability of the recorded data and the differences in repeated measurement on different days showed that the use of a computerised dynamometer during manual muscle testing was reliable for each tester when a concentric test was used. However, Hsieh and Phillips (1990) recommended that data from different testers should not be compared unless the inter-tester correlation was known (p. 81).

Leisman et al. (1989) researched neurological parameters associated with a ‘strong’ or ‘weak’ indicator muscle. They recorded somatosensory-evoked potentials from contralateral median nerve stimulation while a naïve tester tested three indicator muscles previously identified as either ‘weak’ or ‘strong’. They noted a marked change in somatosensory-evoked potentials (SEP) during testing of the ‘weak’ indicator muscle, whereas the SEP recorded during the testing of the ‘strong’ indicator muscle always matched the baseline data. Leisman et al. suggested that some neuromuscular mechanisms such as the mono-synaptic stretch reflex for eccentric contraction and the cortical-influenced gamma efferents for concentric contraction might be associated physiological parameters congruent with the outcome of an indicator muscle test.

Jacobs (1984) evaluated the diagnostic use of applied kinesiology testing procedures in detecting thyroid dysfunction compared to traditional diagnostic methods. She found indicator muscle change in conjunction with “therapy localisation” significantly correlated with the laboratory diagnosis. Indicator muscle change

Chapter 10

General Discussion

This chapter integrates the results of the qualitative and quantitative investigations and develops an epistemological frame of reference to discuss the phenomenon of indicator muscle change.

In the first section, Einstein’s mass–energy equation is used as the conceptual basis to address the link between matter and energy. This epistemic helps to create an understanding of the bodily phenomenon of indicator muscle change.

The second section explores new ways of health care and the role indicator muscle change can play in the field of vibrational medicine.

The final section of this chapter, based on the previous sections, discusses implications for further research and some general recommendations relating to politics in health care research.

The Relationship between Matter and Energy

The concepts in Western and Eastern medicine which I reasoned about in the beginning of my research to create a theoretical frame of reference gave a very generalised background to my work. From the findings of the quantitative and qualitative investigation some common characteristics of the phenomenon of indicator muscle change appeared. They can be summarised as follows:

The quantitative enquiries reported in Chapter 4 and 5 showed a significant occurrence of indicator muscle change in relation to a stimulus:
Therefore, the kinesiologist is seen as an important contextual parameter in discussing and interpreting the phenomenon of indicator muscle change.

The majority of research participants were of the opinion that a good client/practitioner relationship was important for the successful use of indicator muscle change. For Sue, Jack, Doris, Susan and Ruth, this implied that they had a certain degree of trust and belief in the practitioner conducting the muscle tests.

Another factor contributing to the beneficial outcome of the method was the practitioner’s perceived expertise in his/her field. Jack, Steve and Linda mentioned that the knowledge and skill of the kinesiologist contributed considerably to the efficiency of indicator muscle change.

In summary, all participants found that their experience of indicator muscle change enhanced their perception of reality (see Figures 11–13). The complex activities of witnessing, using and evaluating the phenomenon reflect the ways in which it was seen as beneficial. Fears, presuppositions and unexpressed ambiguity about the occurrence of ‘weak’ and ‘strong’ indicator muscles emerged as a limiting activity (see Figure 14).

Indicator muscle change was viewed as a powerful educational tool for improving health. Participants gained knowledge about their body responses which normally escaped their attention; by observing ‘weak’ and ‘strong’ indicator muscles, they learned what was beneficial and harmful for them. This knowledge allowed them to take more responsibility for their own lives and health.

The kinesiologist’s expertise and the client’s trust in the kinesiologist’s proficiency were important contextual attributes in people’s validation of the phenomenon.

complemented but did not replace clinical or laboratory diagnosis of a thyroid dysfunction.

In summary, traditionally, manual muscle testing has been used to evaluate the isometric and isotonic performance of muscles. This biomechanical knowledge of muscle testing was recently extended by Goodheart’s observation that a transient loss of isometric muscle strength can occur during a manual muscle test when combined with a stimulus. The literature reported positive and negative stimuli such as acupuncture, food, healing touch, and emotions, which can elicit indicator muscle change. There were only a few experimental studies investigating this cause-effect relationship. They were conducted in relation to nutrients (Rybeck and Swenson 1980, Jacobs 1981, Triano 1982). Experimental studies about the occurrence of the phenomenon in regard to acupuncture channel stimulation, healing touch or emotions could not be found in the literature. Other research quantified the phenomenon with mechanical or electronic devices. Hsieh and Phillips (1990) found that hand-held computerised dynamometers provided only intra-examiner reliability and only when using the concentric muscle test. Grossi (1981) found that simple force transducers did not detect the transient change in isometric muscle strength as perceived during a muscle test. Jacobs (1984) compared indicator muscle testing with traditional diagnostic methods and showed it to be a valuable tool complementing laboratory and clinical diagnosis. Leisman et al. (1989) measured a noticeable change in somatosensory-evoked potentials during testing of weak indicator muscles.

Acupuncture and Muscle Performance

In China people have been treated successfully with acupuncture for millennia. Trainers in human movement and sports science have used acupuncture to treat sports injuries
and enhance sports performance. Ehrlich and Haber (1992) found in a controlled study that acupuncture significantly increased maximum performance capacity as well as the physical performance at the anaerobic threshold. Verness (1993) reported that the extent of articular movements could be improved with acupuncture. Elite French athletes improved their performance significantly with acupuncture treatment (Bopp-Limoge and Bopp 1990). Similar results were reported from British athletes (Kaada 1984).

Zhang-T, Shi and Jin (1990) reported that muscle function was effectively restored in paraplegic and hemiplegic patients and stated: “The total effective rate was 86.99%” (p. 146). Yu-Wengong (1990) published similar results. He reported a curative rate of 83.66% for 70 cases with paraplegia, 74.36% for 39 cases with hemiplegia, and 75% for 16 cases of pathological paralysis. Stux (1989) reported “excellent” and “good” results in 77-85% of patients with chronic cervical spondylitis, periartthritis humeroscapularis, lumbago and sciatica through acupuncture treatment. Lohya (1989) reported a curative rate in patients with other locomotor disorders of 87% using acupuncture treatment and wrote: “Best results are obtained in plantar facitis, backache lumbago, cervical spondylosis, good in osteoarthritis knee, frozen shoulder, while satisfactory in rheumatoid arthritis” (p. 62).

A number of Chinese researchers investigated ultra-structural and biochemical changes in myofibrils of the skeletal muscles following strenuous exercise and observed the effect of acupuncture on recovery of the myofibrils from those changes. In immunoelectron microscopic studies Zhang-J (1988), Li-Xiaonan, Fan-Jing-Yu and Lu-Dinghou (1992) and Lu-Dinghou, Fan-Jing-Yu and Qu-Zhuqing (1992) found that acupuncture helped to reduce Z-band straining. Further, the structural alteration of the myofibrils after

The internal dynamics of this activity are graphically represented as a wheel. Indicator muscle change is evaluated as an efficient means for the client to improve his/her health by getting involved as a whole person in his/her own healing.

Limitations of the Phenomenon

Limitations of the phenomenon contained the qualities of ‘exploring boundaries’ and ‘questioning the muscle test results’ (see Figure 14). This activity shows the internal dynamics of perceiving and interpreting the occurrence of indicator muscle change.

Figure 14

<table>
<thead>
<tr>
<th>LIMITATIONS OF THE PHENOMENON</th>
</tr>
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<tbody>
<tr>
<td>• questioning muscle test results</td>
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<tr>
<td>• exploring boundaries</td>
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</tbody>
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Some participants commented that the expansion of perception through indicator muscle change was not always comfortable. The experience was described by Doris and Linda as ‘exploring boundaries’, fears and presuppositions. For Peter, on some occasions, the phenomenon did not enhance his perception of reality. He “questioned the muscle test results” and did not share his insights with the kinesiologist.

The Role Of The Kinesiologist: An Important Contextual Parameter

Indicator muscle change is a process facilitated by a kinesiologist who is an essential part of the experience.
and teaching ways of change, indicator muscle change is a tool in looking after one’s health.

Evaluating the Phenomenon

Evaluating the phenomenon included the qualities of ‘getting involved’, ‘efficiency’ ‘wholistic approach’ and ‘improving health’ (see Figure 13).

Several participants commented that muscle testing provided a fast and efficient way to illuminate whatever issues they had to deal with to improve their health. They appreciated the benefit of shifting their perception to problem areas which showed them ways of ‘improving their health’. The ‘wholistic approach’ of muscle testing was acknowledged by Doris and Peter. Their experience gave them a perspective about themselves as whole persons in relation to their particular health issues. Also, for Peter, indicator muscle change was a means of ‘getting involved’ in his own healing process.

Figure 13

![Evaluating the Phenomenon Diagram]

strenuous exercise was inhibited by acupuncture and a quicker recovery of the altered structures was achieved.

Qu-Zhuqing, Lu-Dinghou and Wang-Yirun (1993a) found that acupuncture changed the permeability of the myofibril membrane to Ca++ and Na+. They stated: “(A)cupuncture could increase the penetrability of normal muscle membrane to Ca++ and the penetrability of injured muscle to Na+, which might be the vital mechanism of changing Na+-Ca++ exchange of cell membrane and adjusting myoplasm Ca++ content” (Qu-Zhuqing, Lu-Dinghou and Wang-Yirun 1993b).

The effectiveness of acupuncture remained a riddle to the Western-trained scientific mind for years because no biomechanical or biochemical correlates were found to explain the pathways of the phenomenon. However, Western scientists agreed that the effectiveness of acupuncture was linked to the function of the nervous system (Pomeranz 1977 and 1979, Hou 1989, Fan Xiaoli, Lui Guangbin, Huang luoxiou and Xu Xin 1989, Wang 1989, Zhang 1989, Shi and Wu 1990, Yuan 1991, Wang Kemo, Liu Jian and Cao Dongyuan 1991, Chai 1992). This conclusion was drawn from observations that the analgesic effect of acupuncture was nullified in the affected limbs of hemiplegic or paraplegic patients. In addition, stretch reflex activity increased under acupuncture at the site of needling (National Health and Medical Research Council 1974, pp19, 121ff).

A variety of theories has been proposed to explain acupuncture in terms of neuroanatomy and neurophysiology. Some authors purport that an acupuncture point is a point susceptible to needling sensation and that therefore the effectiveness of acupuncture is linked to the action of peripheral nerve endings and other deep receptors such as the muscle spindles and Golgi apparatus.

Man and Chen (1972) proposed a two-gate theory inspired by the gate control theory of pain first presented by Melzack and Wall in 1965. Mann (1973) favoured the view that acupuncture was linked to spinal reflexes. Tien (1973) proposed a neurogenic interference theory. Looney (1974) suggested some links with the autonomic nervous system. Despite the general agreement that the effectiveness of acupuncture is linked to the nervous system, it is the general view that acupuncture pathways are not identical with those of the peripheral nerves.

It is also documented that endorphines might play a role in the effectiveness of acupuncture (Lewith 1982) and, where needles are used, body reaction may involve histamine, bradykinin, cyclic AMP, serotonin, prostaglandins, and other substances (Platt 1974). Many authors have concluded that acupuncture improves haemodynamic and metabolic mechanisms (Ehrlich and Haber 1992, Qu-Zhuqing et al. 1993).

Bensoussan (1991 and 1994) reviewed the physiological effects of acupuncture and the nature of the meridians. His view is concurrent with the above researchers. Based on the enhancement of physiological parameters through acupuncture, he conceptualised acupuncture as a physiological learning process in which the body is shifted towards healthier physiological behaviour.

Becker added a new dimension to acupuncture research with his research on electromagnetic forces and charge in the human body (Becker et al. 1960, 1961, 1962, 1963, 1966, 1970, 1974). They found that the skin above acupuncture

Using the Phenomenon

Using the phenomenon contained the qualities of ‘the body knows the answers’, ‘showing problem areas’, ‘teaching ways of change’ and ‘looking after yourself’ (see Figure 12).

Figure 12

![Diagram](image)

Linda acknowledged that her ‘body knows the answers’ which she needed to heal herself. Several interviewees revealed that, through indicator muscle change, they could be ‘shown problem areas’ in their energy fields which were connected with their health problems. Through that awareness, they learned how to ‘look after themselves’.

Susan experienced the phenomenon as expanding her mind and not being restricted to concepts of reality which were no longer appropriate for her. She found that indicator muscle change had enhanced her perception of reality by ‘teaching her ways of change’.

The dynamics of this activity is based on the assumption that the body knows the answers and, by showing problem areas
The diagrams show in what ways indicator muscle change enhanced people’s perception of reality.

**Witnessing the Phenomenon**

This activity shows the cognitive dynamics between the qualities of ‘feeling the body responding’, ‘getting aware’, accessing intuition’, ‘connecting with one’s inner being’ and ‘bridging the gap between body and mind’ (see Figure 11).

**Figure 11**

![Diagram showing the dynamics of the phenomena](image)

The physical quality of ‘feeling the body responding’ to specific stimuli initiated in some participants a shift in their perception of reality. They were ‘getting aware’ that there was another perspective on their existence to which they were not used to paying attention. This shift in perception, facilitated by indicator muscle change, was interpreted by some participants as ‘connecting them with their inner being’ and ‘accessing their intuition’. For others, it was ‘bridging the gap between body and mind’.

Points showed specific electrical differences compared to the surrounding skin. They reported: “Readings taken at centimetre intervals along the meridian and at right angles to it at point positions have shown that compared to its immediate surroundings, the point demonstrates a localized positive shift in potential. The magnitude of this shift averages about 5 mV compared to regions 1 and 2 cm away from the point.” (Becker, Reichmanis, Marino and Spadaro 1979, p. 166ff). Resistance was less and electrical conductivity was correspondingly greater (Becker and De Luca 1985, p. 234ff). They stated: “Our readings also indicated that the meridians were conducting current, and its polarity... showed a flow into the central nervous system. Each point was positive compared to its environs, and each one had a field surrounding it, with its own characteristic shape” (Becker and De Luca 1985, p. 236). They suggested that acupuncture meridians are electrical conductors which carry messages to the brain and the brain responds by sending back the appropriate level of direct current. The acupuncture points function as little booster amplifiers in that path to prevent the dying out of the signal.

Electroacupuncture has made use of this knowledge and there are a variety of instruments on the market which detect acupuncture points by measuring skin resistance. The use of these instruments has lead to the finding that there are more high conductance points on the skin than there are acupuncture points known to traditional Chinese medicine. But most of the acupuncture points are located on high conductance points.

Comunetti, Laage, Schiessl and Kistler (1995) have quantified the skin conduction at some acupuncture points. In their research the current intensity of a direct voltage applied to the acupuncture point was recorded. They found that conductance vanished exponentially and was strongly dependent on whether or not the electrodes used were
chemically active or inert, as well as the individual’s level of ions present in the epidermal area facing the electrode. They found conductance patterns varied considerably between people. Additionally, the values for an individual changed markedly at different times of the day. The authors summarised: “Our systematically repeated measurements on the fingernail points of highest local conductance permitted the observation of individual patterns of the probands. The rigorously applied measuring procedure gave a reasonably good reproducibility within time periods of 20 min. But the values changed considerably in the course of a day in a rather complex manner...” (Comunetti et al. 1995, p. 331).

All authors agreed that acupuncture was a multi-determined phenomenon and saw their research as describing only specific aspects of acupuncture. None of the theories claimed to explain all the known aspects of the phenomenon.

In summary, research showed that there was a variety of neurohumoral, neurophysiological and bioelectrical parameters involved in the effectiveness of acupuncture. The effectiveness of acupuncture was seen as a multi-determined phenomenon. The findings about alterations in skin conductance at acupuncture points and the ultrastructural changes on myofibrils under acupuncture provided some evidence in support of the choices made for using magnetic stimulation of an acupuncture point to elicit indicator muscle change (the research topic in Chapter 4).

**Ideo-motor Principle**

Diamond’s clinical observations (1985) that specific emotional attitudes can elicit indicator muscle change is consistent with observations that date back to the last century when Carpenter (1894) introduced the term “ideo-motor principle”. Carpenter’s postulate was “that any idea

Chapter 9

**Themes and Conclusions from the Interviews**

In the previous chapter, the research group’s perspective of aspects of indicator muscle change was discussed within the framework of a number of qualities derived from the analysis of interviews of individual group members. Two categories of qualities were found: one category focused on the research question and the other referred to important contextual qualities.

In this chapter, the qualities of the first category are regrouped to demonstrate their interconnectedness and provide a dynamic picture of the interviewees’ experience. Finally, the contextual quality of the ‘practitioner’s role’ is linked to the qualities of the first category.

**The Phenomenon of Indicator Muscle Change: Enhancement of Perceived Reality**

To demonstrate the interconnectedness of the qualities, four categories—or activities—were created. They show how people’s experience of indicator muscle change enhanced their perception of reality. These activities were:

- witnessing the phenomenon
- using the phenomenon
- evaluating the phenomenon
- limitations of the phenomenon.

Diagrams of the dynamic interconnectedness of the qualities in the four activities are presented in Figures 11-14.
their views. This happened over a period of dealing with ambivalence.

Some people also noted that the occurrence of indicator muscle change did not fit their theory of voluntary muscle control. Therefore a prerequisite of excepting indicator muscle change was the participants’ ability to be open minded and overcome their prejudices.

The majority of the research participants addressed the role of the practitioner as a contextual quality inseparable from the research question. They held the view that indicator muscle change was a result of the interaction between a practitioner and a client which could not be judged alone, or separated from the practitioner applying the method. This quality was therefore discussed in the following chapter along with the other qualities related to the research question.

In summary, the group’s view of the phenomenon was classified into two categories. One category contained the qualities directly related to the research question. The other category encompassed additional qualities not directly related to the research question but which emerged from the interviews as being important aspects of the phenomenon for some participants.

that dominates the mind finds its expression in the muscles...” (in Hale 1982, p. 379). Since then the discipline of sports psychology has expanded and many research papers have investigated how mental and emotional attitudes affect muscle performance.

Jacobson (1931) was one of the first investigators who was successful in measuring neuromuscular states during mental activity with an EMG. He reported that: “Imagination of activity of the right arm (or other part) is characterized by contraction of muscle fibers either in that part or in the ocular region or in both localities” (p. 116). His results inspired numerous studies concerned with the effect of mental practice on motor performance.

Imagery training for performance enhancement is today a well-established area of sports psychology. Researchers have differentiated between internal imagery and external imagery and found internal imagery to produce higher levels of neuromuscular activity than external imagery (Mahoney et al. 1977, Hale 1981, 1982).

The imagery protocol for the internal technique is kinesthetic and uses the first person, directing the participant to experience feelings and sensations associated with executing the task. The protocol for the external technique is visual and uses the third person, advising the participant to see him/herself executing the task (Harris and Robinson 1986).

Several other factors have been identified as influencing the effectiveness of mental practice on motor performance. According to Feltz and Landers (1983), motivation may be partly responsible, as well as the number and length of practice sessions and the time between mental practice and performance. They reviewed the research literature about the effects of mental practice on performance and
found an effect size of .48 for all types of mental practice effects.

Vealey and Walter (1993) suggested using a polysensory experience in imagery training due to the fact that people’s ability to create an experience in their mind varies and "(u)sing as many senses as possible may help athletes to create more vivid images." (p. 202). They also stated that emotions are an important part of the imagery protocol.

The link between imagery and the vegetative nervous system was documented by Decety, Jeannerod, Germain and Pastene (1991). They found a covariation of heart rate and pulmonary ventilation with the degree of imagined locomotor effort.

Another meta-analysis of the research literature by Driskell, Copper and Moran (1994, p. 481) confirmed the positive and significant effect of mental practice on performance. They also confirmed Feltz and Landers’ observation that “the effectiveness of mental practice is moderated by the type of task, the retention interval between practice and performance, and the length or duration of the mental practice intervention.” (p. 481).

The above literature was important for the researcher’s choice of Diamond’s work as another stimuli to elicit indicator muscle change. The literature on imagery and motor performance encouraged the quantitative research topic in Chapter 5, which investigates the occurrence of indicator muscle change in relation to specific emotional attitudes.

In summary, the “ideo-motor principle” refers to the fact that mental practice has an effect on motor performance. This knowledge is widely used in sports psychology to enhance performance of a motor task. The findings give some

Adaptability

This quality was noted by Ruth, who described herself as a person whose needs could change over time and from day to day. She found that the muscle tests fitted her needs. She stated: "I have found at times that a particular homeopathic thing has been prescribed and it worked on that particular thing on a particular day; but maybe two days later, it’s not the same any more."

Adaptability:
This describes the quality of indicator muscle change whereby it is easily adaptable to an individual and adjusts itself to very specific individual needs and variable conditions.

Conclusion

In conclusion, the above qualities were seen in the context that human beings live in a social and cultural environment which promotes certain views about reality. These cognitive concepts are conveyed in many ways through education, the media, advertising, and social, cultural everyday interaction. The judgment of the thinking ego is bound in that context. If people’s attention is drawn to phenomena beyond their social-cultural beliefs and concepts of reality, the thinking ego usually reacts in two ways. One way is that the thinking ego will observe the phenomenon and evaluate it against certain views held at the time. This might result in an adjustment of views and concepts held about reality. The second way is to deny the existence of the phenomenon which challenged the view, held by the thinking ego.

In Western society, the biomechanical and pharmacokinetic view of existence is overemphasised. This view is challenged by the occurrence of indicator muscle change. Therefore several research participants noticed that their concepts about reality were incomplete and re-evaluated some of
A good client/practitioner relationship is the prerequisite for the successful use of indicator muscle change. This involves a certain degree of trust between the two people. Ruth exemplified this when she said: "If you have a practitioner whom you don’t trust, I don’t believe muscle tests will be effective then. But if I believe in my practitioner, then muscle tests will probably be very effective for me."

For Jack, Steve and Linda, the knowledge and skills of the practitioner play an important role in using the muscle tests effectively. For Steve, muscle testing could not be separated from the practitioner applying it. Linda stated that the expertise of the practitioner in combination with the method make the method efficient. This view is shared by Jack, who said: "You can actually, if the person is a good practitioner, get in there, work the problem out, get away and get organised." Steve thought that: "(T)he muscle tests will show whatever the practitioner and the patient are capable of being aware of."

Judy observed that the muscle tests brought the practitioner more in contact with her as a client and she felt that there was an easiness about this connection. Peter found muscle testing was a tool for the practitioner; it provided the practitioner with a protocol to give the patient a guideline. He saw the muscle test as a negotiation tool between client and therapist. He stated: "It somewhat brings the patient and the therapist to an agreement of some sort of action."

The role of the practitioner:
This aspect takes into account that muscle testing is an interaction between a practitioner and a client. It recognises that the phenomenon of indicator muscle change cannot be removed from the context of the practitioner applying the method.

evidence in support of the research topic presented in Chapter 5.

Conclusion
This literature review shows that many themes regarding the phenomenon of indicator muscle change, and its value in health care, have not been scientifically appraised. The clinical experience of therapists and clients alike has promoted its value. From practical demonstrations, textbooks, workshop manuals, and reports there is evidence that there exists a cause-effect relationship between some stimuli and indicator muscles.

For the design of a quantitative research project the literature showed that using acupuncture stimulation would be a promising intervention because researchers around the world have already documented a relationship between acupuncture channel stimulation and gross motor function. Another promising intervention appeared to be the use of imagery because sports psychologists have documented its effect on sports performance. The literature review also shows that the client’s perspective is not documented to date.

Therefore, it was decided to add a qualitative section to the research, which would illuminate the client’s perspective of the phenomenon. This mixed methodology would help to clarify some of the above mentioned, fundamental issues of a very complex and new theme.
Chapter 3

Research Methodology, Design and Procedures

Applied kinesiology is a field rich in empirical data derived from clinical experience. However, the literature showed that many basic questions about the occurrence of indicator muscle change were not scientifically assessed. The keystone of the applied kinesiology method, indicator muscle change, was also not fully scientifically documented. Therefore, I decided to focus my research on this phenomenon. I was aware that I could only cover a small, well-defined area of a very complex issue.

The first section of this chapter outlines the quantitative and qualitative approaches in research and how they were used to investigate the phenomenon of indicator muscle change. The second section gives an overview of the main features of the research design. The third section discusses the research methodologies in more detail and compares the conceptual approach of creating a meaning in qualitative research to the judging act of quantitative research.

The Research Strategies

Humans have developed qualitative and quantitative methods to study the interrelationships of health-related variables in naturally occurring phenomena. Qualitative and quantitative approaches in research are two separate and distinct epistemological inquiry methods and are often discussed as though the latter, being objective, is of greater value.

muscle change was a phenomenon where they had no mental control over their body response.

Susan stated “Even if I wanted to hold the arm and would think: ‘I am going to hold the arm’, the arm would just give away.” Linda was amazed that she didn’t have any control over her body responding and said: “(T)here is no control over the outcome of a test. Even if I wanted to tighten that muscle doing a muscle test, it just loses its power...” This amazement was shared by Jack, who observed the same thing for himself. Anita also reported that she had no mental control over her body response.

Controlling body response:

This quality refers to the neurophysiological aspect of indicator muscle change. It is an isometric muscle contraction that is voluntary, controlled by the central nervous system.

The Role of the Practitioner

Muscle testing is an interaction between the practitioner and the client. The role of the practitioner was mentioned by Peter, Judy, Doris, Ruth, Susan, Jack, Steve and Linda.

Sue, Jack, Doris and Susan shared the view that it was important that they had trust in the person doing the muscle test. Sue stated: “I think it’s important to trust the person who is doing the test.” Jack mentioned: “I was referred to P by someone, a practitioner, I really trust... I have faith in her as a person.” Susan voiced: “I had a lot of trust in the person that did the muscle testing with me... I had a great faith in the people that I went to...” Doris described her trust in the practitioner in the following words: “In putting myself in your hands as the practitioner, I am willing to accept your interpretation.”
Dealing with Ambivalence

The experience of indicator muscle change challenged certain views held by participants about their reality. People’s experience of events is an interaction of their inner world with the outer world. The outer world is recognised and processed from the inside, and through this perception memories and knowledge is generated. “All knowledge takes its place within the horizons opened up by perception.” (Merleau-Ponty 1992, p. 207).

Jack reported that he was brought up with a differing concept of reality. Experiencing indicator muscle change was, for him, at first “a sort of craziness” which his mind did not want to believe. Anita found the notion that certain things or themes would elicit a reaction in her body quite awkward. Peter reported that some part of him just really didn’t want to know what the muscle tests were telling him, and Judy did at some stage not like what the muscle test was suggesting.

All participants dealt with their ambivalence over a period by observing their health improving through the use of muscle testing as a biofeedback method. Anita put this in the following words: “But the result and depth of it gave me actually more trust in this thing with the muscles.”

Dealing with ambivalence: ‘Dealing with ambivalence’ reflects the aspect that indicator muscle change is performed on a whole person who holds certain views about reality. These views can be challenged by the experience of indicator muscle change.

Controlling Body Response

Isometric muscle contraction is voluntary and controlled by the brain. Several participants observed that indicator

The discussion was fuelled by a notional duality in perception which fostered a conflict between the two methods. The so-called quantitative, objective research was the antithesis of the qualitative, naive inquiry. This split endured because orthodox research methodology did not address the role of the researcher in selecting and obtaining the knowledge. Addelson (in Fourn and Cook 1991) stated: “Scientists have cognitive authority and are politicized in terms of hierarchy, dominance, and competition.” Research participants were divided into two groups, the ‘researchers’ and the ‘subjects’, which were hierarchically organised according to this cognitive authority. The perceptive processes and cognitive concepts of the researchers were not discussed or included as research variables. Naive inquiry challenged this view and qualitative field research developed as a method of inquiry which examined the personal meaning of people’s lived experience.

More recently, new paradigm researchers have developed a synthesis of naive inquiry and orthodox research, a synthesis which is very much opposed to the antithesis it superseded. (Reason 1981 and 1994, Rowan 1981).

In this new paradigm researchers are seen as observer – participants in their projects. They decide how they participate in each project by the methodology on which they base their reasoning and choose their methods of investigation. In their role as observers it is their consciousness and knowledge which is subjective. In their role as participants, the researchers’ choices of specific tools for investigation are determined by their subjectivity.

Therefore it is erroneous to claim that quantitative methods are objective and qualitative methods are subjective. Each method begins at a different point of the human cognitive process which is inherently subjective and contains inductive and deductive aspects. The use of machine-like devices in research does not make the method objective because it does not divorce the researcher from his/her own cognitive
processing of the lived experience, “In fact, the thinking ego can never abolish its inherence in an individual subject, which knows all things in a particular perspective.” (Merleau-Ponty 1992, p. 61).

The inductive process of the qualitative approach and the deductive process of the quantitative approach have equal validity in investigating phenomena and complement each other in generating data from different angles of perception. Therefore, it was decided to use a mixed method in this study to allow the phenomenon of indicator muscle change to appear in different “profiles” or “impressions” (Husserl uses the word “Abschattungen”). This would generate more comprehensive insight into the phenomenon, because of the different contexts in which the phenomenon was experienced. The research strategies incorporated an experimental quantitative design and a non-experimental qualitative design.

The Research Design

The research design grew out of my personal and clinical experiences with applied kinesiology and my knowledge of its literature. I looked for ‘profiles’ of the phenomenon in workshop manuals and books written by kinesiologists. To these I added the ‘impressions’ from my own experience.

From this search two ‘aspects’ emerged. The phenomenon of indicator muscle change was a sensory bodily experience and this experience was intellectually processed. The sensory bodily experience was the transient loss of muscle strength, known as ‘indicator muscle change’. The intellectual processing of the phenomenon assumed a cause–effect relationship between various therapeutic interventions and an indicator muscle change.

The two aspects required different research strategies. The concept of a cause–effect relationship between an

Wholistic Approach

Doris observed that the muscle tests took her into account as a whole person and not only in respect of her injured arm. She said: “That was interesting that all was seen as part of everything.”

Peter had a similar view. He stated: “Different parts of our being can be tested. The body, emotional, electrical, and so on. And we get answers on each part so that we can get a picture and then decide on the right direction.”

The above qualities contained aspects of the phenomenon seen from the research group’s perspective as contributing to the enhancement of people’s perception of reality.

Additional Qualities

The following section discusses qualities not directly related to the research question but seen by some participants as important aspects of the phenomenon. The qualities were derived from themes or issues raised in the interviews; similar themes were mentioned by several of the participants.

Participants drew attention to their own cognitive process as an issue related to the perception and validation of the phenomenon. This was reflected in the qualities of ‘Dealing with Ambivalence’ and ‘Controlling Body Response’. The quality ‘The Role Of The Practitioner’ emerged as an important aspect because manual muscle tests are applied and interpreted by a practitioner. One interviewee mentioned the quality of ‘Adaptability’, which applied to her specific needs of health care.
Susan experienced that indicator muscle testing was the only valid tool to heal her health problems permanently. She said: "Without that tool I don’t know how otherwise I could have pinpointed the problem areas."

Anita and Doris noticed that, through the muscle tests, problem areas would show up which they themselves hadn’t verbally shared with the practitioner. Doris said: "(W)hat was interesting was that you who don’t know all these things about me found those things in the muscle tests."

In summary, through indicator muscle change, the above participants could find problem areas in their energy fields which were connected with their health problems.

Teaching Ways of Change
Susan noted this quality as an aspect of indicator muscle change. She felt that feeling the body responding in a certain way to certain things was very educational and said: "It expanded my mind to be open to change, to take chances and not to be restricted by how I was brought up..."

The Body Knows the Answers
This aspect was referred to by Linda, who reported that the body gave her answers which she needed to heal herself. She said: "I feel my body knows the answers...". She reported that, through indicator muscle change, she could bypass the conscious part of her which is sometimes anxious and clouded by emotions such that she doesn’t know what to do.

intervention and the phenomenon of indicator muscle change was suited to a quantitative design. The interpretation of the sensory bodily experience of indicator muscle change could be explored by a qualitative design.

Quantitative Studies
The aim of the quantitative experiments was to ascertain if parameters empirically found to cause indicator muscle change in a clinical setting could also alter the performance of an indicator muscle in an experimental setting. Additionally, important contextual parameters such as the emotional and intellectual dependency in a client/therapist setting, preconceptions of the therapist and client, and expectations of the outcome of the procedure were removed by choosing a double blind setting and a blind setting. This design would allow a conclusive linear cause-effect relationship, if the therapeutic intervention were to show significant changes in the indicator muscles.

The next step was to formulate the research hypothesis in more detail. I had to select from the clinical reports interventions which were most likely to elicit an indicator muscle change under double blind and blind conditions. In addition, matching placebos needed to be found. The task was to find a placebo-stimulus combination which was strong enough to alter muscle performance under double blind conditions.

As I had found also reports from exercise physiologists in the literature which stated correlations between muscle performance and acupuncture (see Chapter 2: Literature Review), it seemed promising to assess the assertion by applied kinesiologists that there existed a muscle-meridian relationship which could be detected by indicator muscle testing.

The idea of using acupuncture point stimulation as the intervention for the double blind studies derived from
Walther (1988). He reported that Goodheart observed an “antenna-effect” of the acupuncture points which could easily be demonstrated by various types of stimulation to the tonification and sedation points of the meridian:

“The primary sedation point for the lung meridian is lung 5... Accurately placing an acu-aid on this point will cause most individuals to develop weakness in a previously strong deltoid muscle... in most individuals the deltoid will weaken as soon as an acu-aid is placed on the acu point. In individuals with high energy levels, the acu-aid may need to be in place for thirty to sixty seconds for the energy to be reduced in the lung meridian, effecting deltoid weakness.”

(Walther 1988, p. 259)

This provided a workable basis for a double blind study. The statement suggested that stimulation of the acupuncture point via magnets was sufficient to elicit an indicator muscle change. For the placebo trials, the magnets could easily be replaced with similar-shaped plastic buttons. This would bypass the placebo difficulties often encountered in double blind studies using needling.

Vincent (1995, p. 199) stated in regard to the use of needling in double blind studies: “The use of inappropriate placebo controls has bedevilled acupuncture research and led to serious misinterpretation of the results of clinical trials.” In addition, Becker and Selden’s theoretical model of acupuncture meridians as electrical conductors (Becker and Selden 1987) provided theoretical support for the proposition that indicator muscle change would occur while stimulating the sedation point of a meridian with magnets.

The idea for the blind studies derived from Diamond’s work. He purported that indicator muscle change was triggered by emotional attitudes. He compiled lists of specific positive and negative emotions related to specific muscles (Diamond 1990). Therefore, indicator muscle change was

Linda and Susan found that muscle tests made them more responsible for themselves. They learned what they could do to help themselves. Linda said: “It’s shown me that I have control over my own health...”. And Susan voiced her experience in the following words: “I can help myself a lot more. I just seem to know what the right thing to do is to help myself.”

**Questioning Muscle Test Results**

Indicator muscle change is an interpretation of the client’s behaviour by the practitioner. Peter reported that his mind only agreed in one-third of the tests with the therapist’s interpretation of the muscle tests. He said: “I found... my mind coming in when the muscles were ‘weak’ or ‘strong’, judging the process and saying: ‘Hang on... did you actually push as hard on my arm or leg as before?’”

**Showing Problem Areas**

This quality refers to the aspect of indicator muscle change which gives a view of reality that is not easily traced by reasoning or the intellect. Judy, Linda, Anita, Doris and Susan described that aspect of indicator muscle change as being a connection to a disturbance in their energy field which provided helpful information for their healing process.

Judy experienced that the tests showed areas which she couldn’t access with her mind. Anita observed that it showed areas where she was not able to put her discomfort into words. Linda and Doris reported that indicator muscle change revealed areas which were related to their health problems. But before being tested, they themselves, as well as the therapist, was not able to intellectually trace those areas as being related to their health problems.
In summary, indicator muscle change made some of the participants more aware of a part of their reality which they could not easily perceive through intellectual efforts.

**Getting Involved**

Through muscle testing, the patient’s body is responding. This was perceived by Peter as a means of getting involved in his own healing process. He stated: “With muscle ‘testing, not only the therapist has to focus on the problem but also the patient, and they work together on it.”

**Improving Health**

Indicator muscle change is said to be an indication of some disturbance in a persons’ energy field. Peter confirmed this when he stated: “Muscle testing clarified the block.” Muscle testing was very beneficial for Jack. This view is shared by Judy; she improved her health using muscle testing.

Susan gave us some clues about how she validated the muscle test results. She said: “I believed a lot of these things because I could feel that they were true.

**Looking After Yourself**

‘Looking after yourself’ emerged as a quality in Susan’s, Sue’s, Linda’s and Judy’s interviews.

Sue reported that, through the experience of feeling her body being ‘weak’ or ‘strong’ in the muscle tests she is now more in tune with herself and knows what her body needs. Judy felt that the muscle tests were very educational for her. By seeing her body reacting, she learned what was ‘strengthening’ and what was ‘weakening’ her. Now she has a better intuition about what her body needs.

measured as a consequence of negative emotional attitudes.

The concept that emotions can affect physical parameters is shared with psychosomatic medicine. Also, it is a common practice in sports psychology to enhance the performance of a motor task through mental practice. Therefore, an intervention involving emotionally-loaded imagery seemed likely to cause indicator muscle change under blind conditions.

**Qualitative Studies**

The interpretation of the sensory bodily experience of indicator muscle change had been thoroughly documented from the therapist’s perspective in workshop manuals and textbooks. However, descriptions from the client’s perspective had not. This vast area of interpretative significance had not been discussed, even though the phenomenon of indicator muscle change occurs as an interaction between two human beings. To achieve a comprehensive picture of the phenomenon it was imperative to include the client’s perspective.

According to Sokolowski: “It is a commonplace in phenomenology that a material thing is the identity within a continuous flow of profiles… Part of the essential sense of a thing is its causal interconnectedness with other things and with its environment; a thing is what is identical in the bond of casual dependencies” (Sokolowski 1974, p. 86). The clients, being in a state of unwellness, have a different perspective and need from the therapist. Investigating their view would reveal a different angle of the phenomenon.

The aim of the qualitative studies was to illuminate what the sensory bodily experience of indicator muscle change meant to the clients. This was explored through semi-structured interviews. Of particular interest was whether the sensory bodily experience of indicator muscle change
enhanced people’s perception of reality and, if so, in what way it helped them to care better for their health.

Synthesis

The third and last stage of the research design synthesised the different perspectives of the quantitative and qualitative investigation. The aim was to create an epistemological frame of reference for the bodily phenomenon of indicator muscle change using Einstein’s mass–energy equation (Uvarov and Isaacs 1986) and literature on the human energy field. From this, a general theoretical framework emerged which described and explained the appearance of the phenomenon. This model is presented in the last chapter.

In summary, the research design used a mixed methodology of quantitative and qualitative methods. The quantitative studies comprised double blind and blind experiments to observe the occurrence of indicator muscle change in an experimental setting. Magnetic stimulation of acupuncture points related to the indicator muscles was used for the double blind experiments. For the blind experiments an emotionally-loaded imagery was used as the therapeutic intervention. The qualitative study examined the sensory bodily experience of indicator muscle change from the client’s perspective and whether or not it enhanced the person’s perception of reality. Finally, an epistemological frame of reference was presented by which characteristics of the phenomenon could be described and explained.

Research Methodology

Research methodology is knowledge which deals with method and its application in a particular field. The first part of this section discusses the requirements for using manual muscle tests as an assessment method in a quantitative design. The second part relates to the qualitative design.

Doris voiced her surprise about the different responses in her muscles because she sometimes did not expect that her body would react in the way it did.

In Peter’s view, the physicality of the tests gave the therapist’s suggestions more credibility. He felt that the physical event was very effective for educating the patient.

In summary, the aspect of feeling the body responding was addressed by nine of the ten research participants. For Ruth, indicator muscle change was not a biomechanical weakness of her body. Peter saw the physicality of the tests as giving the therapist’s suggestion more credibility. Anita, Doris, Sue, Jack, Steve, Susan and Judy reported that feeling the body responding to stimuli had shifted their perception of reality.

Getting Aware

‘Getting aware’ encompasses the aspect of indicator muscle change which connects the person’s consciousness to what is observed.

Anita noticed that certain things would make her body feel better. Doris reported that she became aware of what was not good for her. Judy learned to be more aware of the real needs of her body. Ruth and Sue stated that the muscle tests gave them information that they had not totally thought of yet or that would normally pass by their attention.

Indicator muscle change gave Steve some guides to deeper awareness of what is his truth. He also became more aware of what food was beneficial for him. Anita noticed that there was something outside her mind which knew what her body needed, and muscle testing made her aware of a connection between her emotions and memories, and the body.
was described by Ruth. She noted that a ‘strong’ or ‘weak’ indicator muscle did not imply that her body was weak or strong in a biomechanical sense. For her it showed a body reaction to a particular substance or thing which was tested at that very moment. She said: “It seems to be a reaction to how I actually react to a particular substance or thing that is presented to me.”

Feeling this physical event of a ‘weak’ or ‘strong’ indicator muscle initiated a shift in Anita’s perception of reality. The same was reported by Jack. He called it “a bit of a revelation.” Jack felt strange about that very fact, while Doris reported that she found it quite interesting to feel that at times her arm or leg was getting ‘weak’ when certain things were mentioned.

Judy and Susan reported that the bodily feeling of indicator muscle change opened them up to an awareness that there were a lot of things going on in their bodies of which they are not aware. Indicator muscle change made them aware of those secrets, and Judy reports that she then could connect these facts to her brain.

This aspect was also mentioned by Steve, who felt that the muscle tests reminded him to connect his conscious mind to things within himself. He said: “(Muscle tests) let me connect my conscious mind more with what needed to happen on an emotional level.” For him, the muscle tests didn’t show secrets but just helped him to shift his conscious mind to things he already knew within himself.

Sue found muscle tests an exciting experience: that her body knew what was right and wrong for her. She reported that this opened her up to herself and how she reacts to things.

investigation. The philosophy of phenomenology is discussed in its tradition of Husserl, Heidegger, Gadamer and the transcendental approach of Merleau-Ponty. The different conceptual approaches in creating a meaning in qualitative research is compared with the data evaluation of quantitative research.

**The Quantitative Investigation**

Manual muscle testing is a widely used clinical method for assessing muscle performance. It is a complex interaction between two human beings and the assessment of this interaction leaves room for ongoing debate. It is an essentially subjective-human method. Efforts have been made to measure the parameters of this interaction with mechanical and electronic devices. Correlates consistent with the examiner’s evaluation of a manual muscle test were found to be the product of force over time (Nicolas et al. 1978) and innervation patterns measured through EMGs (Hogue 1991). Nevertheless these objective approaches do not give a whole picture of the multiple parameters involved in a manual muscle test, and they have not diminished the value of the manual muscle test in clinical settings.

The focus of the study which is the subject of this book was to observe the outcome of a manual muscle test in relation to an intervention. Therefore, it was decided not to use a biomechanical or electronic device in the manual muscle testing procedure. In this way, as much as possible of the clinical setting was preserved. The aim was to determine if a cause-effect relationship between an intervention and the occurrence of indicator muscle change persisted when mental parameters such as preconception and expectations were eliminated.

If such a correlation could not be established in the experimental setting, it would be in vain to attempt to quantify the phenomenon of indicator muscle change using a biomechanical or electronic device. Furthermore, it was
not the aim of this research to quantify the phenomenon regarding muscle strength, nor to assess intra- or inter-examiner reliability in a true experimental design.

Additionally, interfering in the manual testing procedure by using those devices might alter the occurrence of the phenomenon altogether and generate data not compatible with the data gained from clinical observations. Therefore, manual muscle tests were chosen as the assessment method in the quantitative experiments.

Polgar and Thomas (1995) stated that most quantitative investigations of clinical phenomena involve naturalistic comparisons of two or more situations. Because many variables are inherently not amenable to experimental control in such circumstances, they suggested that these designs should be referred to as “quasi-experimental”. These naturalistic or quasi-experimental designs were valid for providing reasonable evidence that an uncontrolled variable is causally related to a specific outcome. With the terms ‘naturalistic’ and ‘quasi-experimental’, the complexity of factors involved in producing a clinical phenomenon were acknowledged.

In order to use manual muscle testing as the assessment method in this quantitative study it was necessary to standardise the muscle testing procedures. This required that the joint position, the direction of the force and the force applied to the limb during the test, and the elicited muscle contraction were consistent (see Figure 1).

From a biomechanical point of view, an isometric or an isotonic contraction can be elicited during a manual muscle test. For this research, the isometric muscle contraction was of interest because the phenomenon of indicator muscle change is perceived as a transient loss of isometric muscle strength.

Efficiency

Sue, Anita, Jack and Linda mentioned that muscle testing was a very efficient procedure for them to get in touch with whatever problems they had to deal with.

Linda said: “(M)uscle testing can get straight there... I found through the muscle testing I have saved a lot of time.” Sue reported: “With muscle testing you were right there on the first day.” Jack said: “I haven’t come across any other method that gets you into it so quickly.” Anita described this quality as follows: “The muscle test is in a way faster. It bypasses my kind of resistance, the lot of words and stories.”

Ruth shared the view: “(M)uscle testing is a fast method of reaching the truth—what your inner self is saying.”

Exploring Boundaries

Linda and Doris referred to this aspect of indicator muscle change, where the body response challenges the boundaries and presuppositions of the mind. They did not always feel comfortable about the possibility that the muscle test might show some issues which they would rather hide from the therapist’s attention.

Linda stated: “I’m quite confident and comfortable with the muscle testing... except the threat... knowing that things would probably come up in a muscle test which I would not feel comfortable with. Knowing that maybe I couldn’t hide something if I wanted to.” Doris commented: “I’ll be also expecting more than just that obvious from me, the client... It is just a bit sort of close.”

Feeling the Body Responding

The physical aspect of indicator muscle change which can be observed by the person experiencing the phenomenon
between her body response and what her mind was thinking. She stated: "It makes me see very clearly that what I think is going on is not actually what is going on."

**Connecting with One’s Inner Being**

Indicator muscle change allowed people to consciously witness their bodies responding and to make sense of the physical event. Judy found that the body had a wealth of information never really accessed without the use of muscle tests. Muscle tests showed her another reality which her mind did not normally refer to.

Anita described that muscle tests connected her with the part of herself which is not the logical, thinking part. Ruth and Linda also reported that the muscle test was a way of connecting with their own being and looking at a part of themselves which their conscious mind had filtered out.

Ruth, Steve and Linda voice that muscle testing provides a way of communicating with themselves. In Ruth's words: "It's like I tell myself because I feel my muscles reacting", and Linda expressed it in the following way: "(It's) a way of going in to talk to myself..."

The connection with their own beings comes through the physicality of the phenomenon. Steve said that, rather than relying on a practitioner’s opinion, people could feel it for themselves in their own bodies.

In summary, people perceived the physicality of the phenomenon of indicator muscle change as a bridge to connect them to their inner being, because they felt in their own bodies what made them 'weak' or 'strong'.

**Figure 1**


<table>
<thead>
<tr>
<th>Requirements for Manual Muscle Testing as Assessment Method in Quantitative Research</th>
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<tbody>
<tr>
<td>• Consistency of joint position</td>
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<tr>
<td>• Consistency of force applied to the limb</td>
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<tr>
<td>• Consistency of the direction of force applied to the limb</td>
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<tr>
<td>• Consistency of elicited muscle contraction</td>
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From a neurophysiological viewpoint isometric muscle contractions can be distinguished as eccentric and concentric contractions. In an eccentric test pressure is applied to the limb before the tester gives the command to hold the original position thus eliciting first a stretch reflex response at spinal level. This automatic response is followed by a voluntary action. In a concentric test a voluntary action from the motor cortex is prevalent. The limb is actively held by the client from the beginning of the test and the tester resists the intended movement of the limb (see Fig 2).

The tension generated in a muscle during a manual muscle test relates in neurophysiological terms to the pattern of recruitment of motor units within a time interval. The quality of this muscle action has been described in exercise physiology using terms such as 'power' and 'endurance'. 'Power' describes the ability of a muscle to produce a large amount of tension over a short period of time. 'Endurance' is the ability to produce a degree of tension over a long period of time. The terms are useful for the purpose of designing training programs.
The qualities are listed in alphabetical order to avoid any prioritisation. Each quality is seen as valid in its own right and gives information as to whether indicator muscle change enhanced people’s perception of reality and, if so, in what way. The qualities are:

- accessing intuition
- bridging the gap between body and mind
- connecting with one’s inner being
- efficiency
- exploring boundaries
- feeling the body responding
- getting aware
- getting involved
- improving health
- looking after yourself
- questioning muscle test results
- showing problem areas
- teaching ways of change
- the body knows the answers
- wholistic approach.

Accessing Intuition

Ruth and Linda reported that indicator muscle change gave them a means of accessing their intuition. Ruth reported that the muscle tests were a bridge to her intuition. She said: “The muscle test is like a confirmation of my intuition.”

Linda developed her intuition and trust in her inner feelings through the muscle tests. She stated: “(T)hrough the muscle testing... I put more trust in that intuition.”

Bridging the Gap between Body and Mind

This quality was mentioned by Judy, who reported that muscle testing had made her aware of the difference
Chapter 8

A Collective View of the Phenomenon

The transient loss of isometric muscle strength is a physical event facilitated by the kinesiologist and witnessed by the person experiencing indicator muscle change. In the previous chapter, qualities which reflected aspects of the phenomenon were set forth, derived from an analysis of each participant’s narrative about indicator muscle change.

In this chapter, these qualities are collated for further analysis to create an overview of indicator muscle change from a group perspective. Each quality is discussed from the research group’s perspective. It is demonstrated in what ways indicator muscle change enhanced people’s perception of reality.

The qualities not directly related to my research question but identified in the interviews as being important aspects of the phenomenon are discussed separately at the end of this chapter under the heading ‘Additional Qualities’. Their cohesion with the research theme is also examined in this section.

Qualities Related to the Research Question

Each participant’s perception of the phenomenon happened in its specific individual context. An overview of the collective’s experience was obtained by collating the qualities derived from each participant’s narrative according to the appropriate ‘quality’ category. This created the collective view of aspects of the phenomenon, and this is set forth in the following section.

Figure 3

<table>
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<tr>
<th>Types of Muscle Action</th>
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<tr>
<td><strong>Power</strong> → Ability to produce a large amount of tension over a short period of time</td>
</tr>
<tr>
<td><strong>Endurance</strong> → Ability to maintain a degree of tension over a period of time</td>
</tr>
<tr>
<td><strong>Strength</strong> → Ability to produce force in a single contraction against a force counteracting this contraction over a certain period of time</td>
</tr>
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</table>

not primarily interested in detecting and grading permanently impaired muscle function and the isotonic capability of a muscle. They are interested in the occurrence of a transient loss of isometric muscle strength in relation to a stimulus. The muscle under investigation is assessed for a baseline value. Focus is on the neurological integrity of the muscle to generate tension while the examiner applies a force yielding to that tension. This baseline value is then used as a reference for the consecutive tests with stimuli.

Nevertheless, the neurophysiological aspects of isometric manual muscle testing need to be taken into account when using manual muscle tests as an assessment method in a quantitative research design. Two types of isometric muscle contraction are distinguished, depending on whether the examiner or the client starts the muscle action in the client’s muscle. If the examiner starts the action, the muscle at first will be stretched and an eccentric response is elicited at the beginning of the test. If the client starts the action, a concentric response is evoked (see Figure 4).
The evaluation of the muscle as ‘strong’ or ‘weak’ creates two different types of a ‘strong’ indicator muscle:

1. If the tester initiated the test, a ‘strong’ indicator muscle means that the client’s muscle contraction changes from an eccentric to a concentric type.
2. If the client started the test, a ‘strong’ indicator muscle means that the muscle stays in a concentric contraction.

Accordingly there are also two different types of a ‘weak’ indicator muscle:

1. If the tester initiated the test a ‘weak’ indicator muscle means an eccentric contraction in the client’s muscle stays eccentric.
2. If the client started the test a ‘weak’ indicator muscle means a concentric contraction changes to an eccentric contraction. (see Figure 4).

In planning the quantitative research design, all these aspects were taken into account to provide as much information about themselves which they could not retrieve with the intellect.

**Wholistic approach**
Through indicator muscles, different levels of a person’s energy field could be tested and shown as being unbalanced.

**Additional Qualities**
While analysing the interviews for qualities related to my research question (whether muscle testing had enhanced the participants’ experience of reality and, if so, in what way), I discovered that some people considered other aspects of the phenomenon not encompassed by the research question that were important to them. These were the qualities of:

- adaptability
- controlling body response
- dealing with ambivalence
- the role of the practitioner.

These ‘additional qualities’ describe aspects of the phenomenon related to the qualities illuminating the research question. They came about by virtue of the semi-structured nature of the interviews. I encouraged people to give a comprehensive account of their experiences, and did not censor the flow of their thoughts and words with my questions. This allowed the participants to voice other themes which they perceived as important to their experience of indicator muscle change. They are discussed in a separate section of the following chapter.
Getting aware
Experiencing indicator muscle change made people aware of a part of reality on which they normally did not focus. The quality of ‘getting aware’ was used to describe this aspect of indicator muscle change.

Getting involved
This quality was ascribed to the aspect of indicator muscle change which actively linked the person through his/her body response to the healing process.

Improving health
Experiencing indicator muscle change in the context of being unwell facilitated the improvement of people’s health and was described as the quality of ‘improving health’.

Looking after yourself
Indicator muscle change educated people to be more conscious about their energy field and its interweaving with their body. This taught them ways of looking after themselves.

Questioning muscle test results
The interpretation of a muscle test was a judgement of the client’s behaviour by the practitioner. In some instances this judgement was not accepted by the client.

Showing problem areas
Indicator muscle change showed problem areas or disturbances in a person’s energy field.

Teaching ways of change
This quality was the aspect of indicator muscle change which challenged people’s behavioural patterns and presuppositions no longer appropriate for them to hold on to.

The body knows the answers
‘The body knows the answers’ describes the quality of indicator muscle change which provided participants with consistency as possible in the tests. Triceps brachii was chosen for investigation of the phenomenon because of its fixation consistency in an eccentric test. According to applied kinesiology theory, this muscle is associated with the spleen meridian (Walther 1988, pp 312, 328; Thie 1987, pp 45, 51). Latissimus dorsi is another muscle associated with the spleen meridian and was therefore chosen for the concentric tests.

The distinction between concentric and eccentric testing was taken into account because Leisman et al. (1989) voiced from their research that there might be different neurophysiological levels involved in the occurrence of ‘weak’ and ‘strong’ indicator muscles. The above outlined principles were seen as basic requirements for testing indicator muscles in a quasi-experimental setting.

The Qualitative Investigation
Qualitative methods are based on the notion that participation and observation of the phenomenon in a natural setting will generate data in an inductive way. This complements the quantitative method, as the full contextual picture is observed.

The notion of phenomenology as a branch of knowledge that deals with method and its application in a particular field has been, from its early days, to explore and describe “uncensored phenomena” and “...to explore what is immediately given as it is given in its pure innocence...” (Spiegelberg 1976, p. 20).

The exercise of exploring and describing these uncensored phenomena involves a sense of the researcher’s own awareness and cognitive perspective. It is deeply influenced by tradition and the politics (of cognitive authorities) which set the norms of how scientists are supposed to work (Mitroff 1983, Reason 1994, Rowan 1981, Kuhn 1970). In contrast,
conventional and mainstream researchers whose cognitive processes are in accordance with the established paradigms of empirico-analytical approaches and reductionism do not have to take their cognitive concepts into account.

For the qualitative investigation of the phenomenon of indicator muscle change it was necessary to investigate the cognitive background of research into human movement and health as it is predominantly practised in the Western world today.

Historically, this can be traced back to the early 17th century when Descartes advocated the separateness of two substances: the “res cognitans” and the “res extensa”. This promoted a dualistic split between mind and body, the internal and external world, subjectivity and objectivity (Descartes, transl. Haldane 1970, Spinoza 1963). However, Descartes’ philosophy contained both metaphysics and physics, and his main pursuit was of metaphysical doctrines on God, the soul and the body.

During the following centuries the cognitive focus on the “res extensa” gained momentum through the success of Newton and other physicists. The external world was ruled by the mechanical laws of physics and nature could be objectively explained by the shape, size and motion of microscopic corpuscles. By elaborating the mechanical laws of the external world and applying them to alter human lives, the Industrial Revolution took shape. The golden age of reductionism was proclaimed in the notion that truth, ultimately, was Descartes’ “res extensa”.

The repercussions of this notion are still felt today. Facts about biological phenomena of the human body are derived predominantly from research methods based on the assumption that the human body is a machine made of separate parts which can be measured and described precisely. Correspondingly, cognitive authorities in health

Qualities Emerging from the Interviews

In summary, the following qualities emerged from the individual interviews as being aspects of the phenomenon:

Accessing intuition
The phenomenon of indicator muscle change was seen by some participants as a tool to access their intuition.

Bridging the gap between body and mind
This quality reflects the aspect of indicator muscle change which allowed people to witness the physical event of ‘weak’ and ‘strong’ body responses, thus bridging the gap between body and mind.

Connecting with one’s inner being
The act of consciously witnessing the body responding and then making sense of the physical event of indicator muscle change connected people with their inner being.

Efficiency
‘Efficiency’ was the quality and value commonly assigned to the experience of indicator muscle change compared with other currently practised healing modalities.

Exploring boundaries
Indicator muscle change challenged boundaries, fears and presuppositions of people’s mind. This aspect was assigned the quality of ‘exploring boundaries’.

Feeling the body responding
Indicator muscle change was a physical event felt and observed by the client. It triggered a variety of behaviours and reasoning in clients. To this aspect was ascribed the quality of ‘feeling the body responding’.
Looking after yourself
Through muscle testing, Linda has learned to be more responsible for herself. She feels she now has more control over her healing process and what the answers are to her problems. Previously, she had tended to go to therapists and just hand over her problem to them. She stated:

“(B)efore I had sessions with you, I would tend to just go to someone and give the problem to them... hand it over to them... (I)t's shown me that I have control of my own health...”

The role of the practitioner
Linda holds the opinion that the knowledge and skill of the practitioner plays a role in using the muscle tests effectively. She stated:

“I’m a little bit wary of the use of muscle testing in some ways. I don’t think anyone can do muscle testing...”

Interpretative Summary
Linda was a person who tended to hand her health problems over to the practitioner. Sometimes she would feel that the practitioner’s solutions were not good solutions for her. But she was not able to speak up for herself and trust her intuition. Through muscle testing, Linda learned to trust herself and her intuition. This enabled her to take more responsibility for and control over her own healing process. For her, muscle testing was a very efficient way to find the problem areas she could not see intellectually due to mental anxiety or emotions clouding her perception. She had found a means to improve her health by learning from her body’s response. Linda felt that the practitioner who was applying the method was an important part in whether or not the method was quick and efficient.

care have narrowed the main fields of investigation into human health to themes which fit the reductionist paradigm. For researchers who are guided by reductionist assumptions, the wealth of knowledge gained by the subjective experience of humans as health carers in their daily lives goes widely unnoticed.

Phenomenologically, the concept of truth as a cognitive concept of ‘antithesis of value’, like true-false/real-unreal, belongs in the sphere of propositions. The essence or self-givenness of a thing exists beyond these propositions. "The only thing that remains is something with a sense similar to that of the word 'true', something elevated above the antithesis of true and false, which belongs only to the sphere of propositions. This is the ‘self-givenness’ of an intended object (eines Gemeinten) in the immediate self-evidence of intuition” (Scheler 1989, p. 140).

Phenomenology examines simply and purely what is given in the lived experience. The interpretation of the lived experience is an experience in itself and phenomenology, by virtue of its principle of cognition, rejects the notion of giving a priori value judgments or criteria of evaluation by which the experience is measured. "Scientific judging indeed forsakes the naively straightforward cognitional directness to objective actualities that come from the naive having of them in straightforward evidence...” (Husserl 1978, p. 129).

In the study of human movement today, there is a major obstacle to the advance of health science research because the assumption that interdependence of biomechanical phenomena with parameters of vibrational origin can be neglected is not questioned. “It is the unexamined exercise of cognitive authority within our present social arrangements which is most to be feared.” (Addelson 1991, p. 31) Arising from the reductionist philosophy, quantitative methods are used predominantly for investigation of biomechanical phenomena, where
certain parameters of a given phenomenon are selected in view of being measurable by mechanical or electronic devices.

This should not lead to the assumption that phenomena like the indicator muscle change do not exist and are not worth being observed and explored. The reductionist concept of reality devalues the cognitive process of human beings to the machine level by supposing it to be programmable and predictable according to Newtonian concepts of experience. These concepts reflect only a small part of human aliveness and neglect the cognitive ability contained in intuition and lateral thinking. The unique experience of a living being with its own meaning of, for example, health and health care in the actual moment is censored by mental concepts of ‘experience’.

Phenomenology as methodology “... readmits us to a world in which everything has a claim to recognition, as long as it presents itself in concrete experience” (Spiegelberg 1976, p. 20). It validates people’s lived experience as existing in the realm of cognitive authority. The involvement in everyday life – an individual’s everyday experience in the world – is a source of knowledge which, if compiled, can help us to understand the human condition from a group’s perspective. Humans are participants in and observers of life with the innate cognitive ability to give accounts of their lived experience.

The cognitive ability of human beings includes the potential also to experience the act of perceiving and its inner objects/sensations while perceiving something in the world. The subjective factors of people’s internal world contribute to their perception of the external world. A theme or thing presents itself to the observer in a specific context and the observer is part of the context itself, which has an effect on the theme or thing presenting itself. “Part of the essential sense of a thing is its causal interconnection with other things and with its environment” (Sokolowski 1974, p. 86).

Accessing intuition
Linda felt that, through muscle tests, she had developed her intuition. She learned to trust her own inner feelings. She stated:

“(T)hrough the muscle testing and through the session, I put more trust in that intuition.”

Efficiency
Linda mentioned that muscle testing was a very efficient method for her to find problem areas and the means to eliminate those problem areas in her life. She stated:

“(M)uscle testing can get straight there... I found through the muscle testing I saved a lot time.”

Showing problem areas
Linda reported that the muscle tests could show problem areas which were not obviously connected with the particular health problem she was encountering. She said muscle tests guided the therapist and her to those areas which the therapist and her weren’t able to pinpoint intellectually. She said:

“(I)t brings up things that the therapist may not think to ask. (I)t may bring out things that don’t seem connected with a health problem, but they are.”

Exploring boundaries
Linda reported that being muscle tested was not always comfortable because of the possibility of issues being raised which she would feel uncomfortable with. She felt her own vulnerability when she exposed herself in a muscle testing session, knowing that she perhaps couldn’t hide something if she wanted to. She stated:

“I am quite confident and comfortable with muscle testing... except the threat... (of) knowing that things would probably come up in a muscle test which I would not feel comfortable with... knowing that maybe I couldn’t hide something if I wanted to.”
contact with her as a patient to be able to access what she needed.

Linda’s Experience of the Phenomenon

The body knows the answers
Linda found that, through muscle testing, the body would give her answers which she needed to know to heal herself. She reported:

“I feel my body knows the answers…”

She feels that muscle tests are in some ways bypassing the conscious part of her, which is sometimes anxious or clouded by emotions to the extent that she doesn’t know what to do, or does not want to look at the things she has to change. She said:

“(T)he muscle test assists me to see areas, to see blockages and then... to work on these areas.”

Controlling body response
Linda was amazed about the occurrence of indicator muscle change and that she didn’t have any control over this response. She said:

“I find it incredible because there is no control over the outcome of a test; even if I wanted to tighten that muscle doing a muscle test, it just loses its power…”

Connecting with one’s inner being
Linda reported that muscle testing has given her access to her own truth. For her, her body and her system know the answers. Muscle testing is a way of accessing those answers:

“...a way of going in to talk to myself…”

Muscle testing is, for her, a way of connecting with her inner knowing. She said:

“...everything that comes up (in a muscle test) I sort of knew, felt that I knew, but hadn’t confronted it or didn’t want it to be an issue.”

The cognitive process is seen as the self-evident sense of cognition which succeeds the existence and self-givenness of the thing recognised. “If we understand by the phrase ‘theory of cognition’ simply a theory concerning the relation between conscious thought, that is, conscious judgement, and a world already unified and held together by prelogically given essences and their connections, and do not presuppose that this world has a certain empirical constitution, then such an undertaking is meaningful” (Scheler 1989, p. 159).

As a descriptive method, phenomenology aims to give a full intuitive representation of the phenomena itself. Intuitive representation is a cognitive process which selects from the given what is meaningful at the very time of experience of the given. It is linked to the act of thinking, which creates a view of the experience. The act of perceiving phenomena and reasoning about them is intrinsically linked to a person’s own psychophysical make-up, socio-cultural background and degree of apperception. Therefore, different views about the essence of that which is given emerge in phenomenology, generated by certain natural deviance in perception between human beings, their assumptions behind reasoning and their different ways of reasoning itself. Created views are often accepted as an unquestionable truth but are simply concepts about the essence. The different movements of ontology are a reflection of the existence of a variety of epistemological forms in human beings.

Humans have an internal reference line from which they judge their being in the world. The historical existence of different schools or movements of ontology (Spiegelberg 1976) mirror the variability of perception and reasoning in human beings about their shared experience as self-reflective, sentient beings in the world.
Husserl (1962) advocated that human beings have “intentionality” and that the mind is directed towards objects. Therefore, elaborating the “essence” and “returning things to themselves” constitutes the structure of consciousness. The diversity of phenomenological approaches reflects the diversity of intentionality and mental processing in human beings. Koch (1995) summarised the phenomenological approach as follows:

Thus phenomenological research means presenting a systematic view of mental content and assumes that this is possible if symbols representing the world are manipulated in the mind, as these manipulations permit the external world to be brought into internal consciousness by cognitive processes.

(Koch 1995, p. 828).

All knowledge is generated by activity of perception and reasoning. Epistemological forms of preserving that knowledge and hermeneutical approaches for retrieving it are handed down through the centuries. The actual body of knowledge itself is an expression of the historical, and socio-cultural existence of humanity.

The transcendental approach of Merleau-Ponty (1992) deals with knowledge generated by the phenomenological approach itself. In that context, the existence and self-givenness of the body, bodily movements, and the phenomenon of indicator muscle change is not an epistemological subject. The presupposition of the body, bodily movements, and the phenomenon of indicator muscle change as an object of investigation is preceded by the phenomenal body. The phenomenal body is the prelogical unity of the bodily schema in the world, which projects a certain setting around itself and, through its ‘sensors’ and ‘receptors’ (the terms ‘sensor’ and ‘receptor’ here are not confined to the biomedical definition), perceives itself and the objects around. “(T)he perceptual synthesis no more holds the secret of the object than it does.

Improving health
Judy stated that the muscle tests were very effective to enable her to improve her health. She also experienced that they were effective with different practitioners, who had quite different styles in testing and guiding her through the tests. She described her experience as follows:

“He used to treat me very radically but it changed my body. So it was very different to P, even though the techniques are similar.”

She remembered one practitioner’s muscle testing as having been very rough and just the opposite to another practitioner’s. But with both practitioners she had positive results.

The role of the practitioner
Judy stated that, through muscle tests, she got a better connection to the practitioner. She said:

“(M)uscle testing is accessing me. Muscle tests bring the therapist more in contact with me. What I need, and there is an easiness about it.”

Interpretative Summary
Judy is a person who had struggled to be well. She could feel that things were disturbing her but her mind could not give her the answers about how to get well.

Through muscle testing, Judy discovered a difference between her mind’s and her body’s perceptions of reality. She observed that, due to anxiety, her mind was blocking out issues and the information she needed to get well. Through muscle tests, she was able to access her innate healing force, which knew what her body needed to get well, and to connect it to her conscious mind.

Muscle testing was teaching her a good relationship with her body, how to look after and care for her body. She found the muscle tests very effective in pinpointing problem areas and felt that, through muscle tests, the therapist got more in

46
Getting aware
Muscle testing made Judy more aware about the real needs of her body. She said:

“Muscle testing just gets you in tune with your body and gives you a very good relationship to your body, how to look after your body, how to care for your body, where to start and give it what it wants.”

Looking after yourself
Judy reported that, through the muscle tests, she learned to look after herself better. She said:

“The muscle tests really access information and then I can act on that information to do what I need to do to keep me healthy.”
She feels that her intuition has improved and that she now knows better what her body needs. She said:

“I can feel if I do this my body gets depleted and if I do this it will strengthen my body.”
She believes that muscle tests were very educational for her; to see her body reacting and then to learn what did and what didn’t strengthen her muscles.

Dealing with ambivalence
Judy reported that she sometimes experienced ambivalence about the muscle test results and did not implement what the body had suggested.

“(T)he body was asking for this tea I didn’t like the taste of.”
But because of the consistency of the muscle tests telling her that she needed the tea, she followed the body’s suggestion even though her mind didn’t like it. She stated:

“I really trust my body and if my body says it needs this then I take it.”
The improvement in her health convinced her that she could trust the muscle tests. She said:

“(B)ecause I’m on this program—taking what my body said it needed—I haven’t got sick, which is quite something for me.”

of one’s own body...” (Merleau-Ponty 1992, p. 233). The very fact of people’s physical being in the world implies a certain experience which is sensory/sensational and utterly distinct from the intellect. This does not mean that the sensory-sensational self-givenness and the mental-intellectual self-givenness have no impact on each other in the act of being in the world and perceiving the world. They are intricately linked, comparable with how the blood is linked to other tissues in the body and vice-versa.

The phenomenon of indicator muscle change is an example of the intricate link between physical reality and consciousness. Penrose (1990) states that “(a)ny viewpoint as to how consciousness can arise, within the universe of physical reality, must address, at least implicitly, the question of physical reality itself. (p. 555). Merleau-Ponty (1992) takes a similar view and states that the theory of the body is already a theory of perception and “external perception and the perception of one’s own body vary in conjunction because they are the two facets of one and the same act” (Merleau-Ponty 1992, p. 205).

The qualitative investigation in this research focused on the perceptual conscientiousness and alertness of the participants to create a meaning. The description of indicator muscle change by kinesiologists reported in the literature can be seen as the qualitative foundation of this research. As therapists, they have reported their perception of the phenomenon and given it a meaning. Reports of the client’s perspective of the phenomenon have yet to be published. Clients’ lived experience of indicator muscle change in a therapeutic setting and the meaning they assigned to it seemed important to illuminate the essence of the phenomenon. Therefore, it was decided to investigate the client’s perception of the phenomenon.

In summary, this chapter discussed the research design and the methodologies used to investigate the phenomenon. It was shown that the major obstacle in the past to
investigating the phenomenon of indicator muscle change was of a cognitive nature. The cognitive process of human beings has been alienated in human movement research by presuppositions of the body derived from the Newtonian paradigm. Main fields of investigation were narrowed to themes which fitted the reductionist view, and the wealth of knowledge derived by the wholistic experience of human beings remains widely unnoticed. It was hoped that by using the different perspectives of quantitative and qualitative methods, more complete data and insights related to the essence of the phenomenon would be generated.

“(I)t makes me see very clearly that what I think is going on is not actually what is going on.”

She realised, through muscle testing, that her mind was perceiving things differently from her body.

Feeling the body responding
For Judy, feeling the body responding in a muscle test connected her mind to what the body needed. She said:

“(T)here are things in my body, secrets in my body, that muscle testing can tap and I can connect to my brain.”

Showing problem areas
Judy experienced that the muscle tests could show problem areas which she could not access with her mind. She reported:

“I felt in my body that there were things disturbing me and I tried to sit and meditate to find the answers... I wanted to access that information. By muscle testing, I could do it.”

Muscle testing is, for her, a method to bypass her brain and access knowledge which is kept in her body and which she can’t access with her mind. She said:

“Bypassing my brain and going straight to my body through muscle testing gives me answers to questions, and I find out lots of things... that were not available to me in my conscious mind.”

Connecting with one’s inner being
Judy reported that the muscle tests had connected her with her body and made her aware of the difference between what the mind thinks and what the body thinks. She feels that the body has a wealth of information which is never really accessed if you don’t use the muscle tests. She stated:

“What the body has on information is never really accessed. It (muscle testing) is showing you another reality than what the mind thinks.”
Feeling the body responding
Peter found that muscle tests were a very good tool for the practitioner because the patient can feel the body responding on a physical level. This physicality gives the therapeutic suggestions credibility. Peter said:

"(It’s) a pretty good tool, probably more credible because there is some sort of contact between the patient and the therapist..."

He found that:

"(M)uscle testing is more for educating the patient. So that the patient actually can work with the therapist on another level."

Interpretative Summary
Peter perceived himself as a sceptic. He did not always agree with the therapist's evaluation of the test results. He only saw validity in the method when there was agreement between the patient and the therapist about the outcome of the muscle test.

For him, muscle tests are a negotiation tool between therapist and client. If there is agreement between them about the muscle test results, indicator muscle change gives them a means to focus together on a health problem and work out a course of action.

Through muscle tests, Peter experienced that he could bypass his mental confusion and clarify the steps which needed to be taken to effectively improve his condition.

Judy’s Experience of the Phenomenon
Bridging the gap between body and mind
Judy reported that the muscle tests had made her aware of the difference between her body response and what her mind thinks is going on. She stated:

The aim of the study was to ascertain if a linear cause–effect relationship existed between the occurrence of indicator muscle change and the stimulation of the sedation point of the associated meridian.

Important contextual parameters like the emotional and intellectual dependency in a client/therapist setting, preconceptions of the therapist and client, and expectations of the outcome of the procedure were removed by choosing a double blind setting. The double blind setting was important also because it is known from the martial arts that one’s mind plays a major role in directing Chi, thereby affecting the physical structure of one’s body. Consequently, the possible interference between such mental factors and the intervention was controlled.

As explained in Chapter 3 in the section ‘Research Methodology’, triceps brachii was chosen for investigation because of its suitability for eccentric testing. Latissimus dorsi was chosen because it was another muscle associated with the spleen meridian.

The manual muscle testing procedures were standardised in regard to the testing position, the mode of assessment (concentric or eccentric testing), and the evaluation criteria of the test. Triceps brachii and lat. dorsi are associated with the spleen meridian (Walther 1988, pp.312, 328). The hypothesis that indicator muscle change will occur in triceps brachii and lat. dorsi if the sedation point of the spleen

“Muscle testing clarified the block.”
He expressed a belief that it is sometimes useful to have only two options like ‘weak’ or ‘strong’, ‘right’ or ‘wrong’ when he said:
“You can’t stay wishy-washy about it.”

Getting Involved
Peter perceives that, through muscle testing, the patient gets more involved in his own healing process. He stated:
“With muscle testing, not only does the therapist have to focus on the problem but also the patient, and they work together on it.”

Wholistic Approach
Peter experienced muscle testing as a step-by-step method where different parts of his being could be tested. He observed:
“(D)ifferent parts of our being can be tested: the body, emotional, electrical and so on. And we get answers on each part so that we can get a picture and then decide on the right direction.”

The Role of the Practitioner
For Peter, every therapist has some tools or structure to work with a patient. He sees muscle testing as such a tool, one which can give the patient a guideline and the therapist a protocol to promote the improvement of health in a patient. He stated:
“If the patient agrees on that, then it is possible for the patient to work step-by-step with the therapist through the session and come to an end result.”
He perceives the muscle tests as a negotiation tool between client and therapist. He stated:
“(I)t somewhat brings the patient and the therapist to an agreement of some sort of action.”
For Peter, it is important that the therapist does not have any expectation of what he wants to find. He said:
Peter’s Experience of the Phenomenon

Questioning muscle test results
Peter was not sure if the muscle tests were a helpful method for him or not. He was judging the result of the muscle tests and questioning the therapist’s competence, as evidenced by his statement:

“I found... my mind coming in, when the muscles were weak or strong, judging the process and saying: ‘Hang on... did you actually push as hard on my arm or leg as before?’”

Peter was uncertain about the method because his mind only agreed in one-third of the tests with the therapist’s interpretation of a muscle test. He was really doubtful about the test results and said:

“...Sometimes the muscles were strong, indicating that the problem was fixed, even when I still could feel that my spine was not alright.”

Peter saw himself as a sceptic.

Dealing with ambivalence
Peter did not like that there were only ‘weak’ or ‘strong’ readouts in muscle testing. But he felt that there was something to muscle testing nevertheless. He recalled a session where he was really confused about his healing process. He remembered:

“There was one part of myself that knew about the issue, but there was another part of me that really didn’t want to know about it.”

Through muscle testing, the conflict was showing up in a physical form. He found this very helpful and stated:

“It gives you a clear cut answer and the patient can see the result.”

Improving health
After Peter had dealt with his ambivalence he validated the method and confirmed the usefulness of muscle testing. He stated:

meridian was stimulated was tested under double blind conditions.

Methods
The two muscles under investigation in this study were triceps brachii and latissimus dorsi. According to applied kinesiology theory, these muscles are associated with the spleen meridian (Walther 1988, pp 312, 328; Thie 1987, pp 45, 51). The spleen meridian is a bilateral meridian and the acupuncture point Spleen 5 is the specific sedation point on spleen meridian (Essentials of Chinese Acupuncture 1980, pp 7ff & 326; Schmidt 1988, p. 146; Stux 1988, p. 39) which, when stimulated, has a reducing effect on the energy flow in the meridian. The Spleen 5 point on each foot was stimulated using two 3,000 gauss gold-plated rare earth magnets (one for each foot). The south pole of each magnet was marked to ensure that a matching pair was applied to the sedation points. For the placebo trials, a pair of similar sized plastic buttons was used as a substitute.

Figure 5  The starting position for the triceps brachii test
The general testing position was with the person being tested lying supine on a massage table with the head supported by a small cushion. The starting position for the triceps brachii test was a full supination of the forearm while keeping shoulder and elbow joint relaxed resting on the table (Figure 5). An eccentric test was conducted against gravity. The examiner evaluated the force needed to move the forearm of the person in the direction to flex the elbow joint.

Figure 6  The starting position for the latissimus dorsi test

Latissimus dorsi was assessed from a starting position of maximal internal rotation and adduction of the humerus while holding the elbow straight (Figure 6). The pectoralis muscles were kept relaxed to maintain a neutral position for flexion/extension of the humerus in the shoulder joint. A concentric test was conducted for the adduction capacity of latissimus dorsi. The person was requested to hold the arm in adduction while the examiner evaluated the force needed to abduct the arm.

A muscle was tested concurrently on both sides of the body (Figures 5 and 6). The tests were carried out three times prior

Dealing with ambivalence
Muscle testing was, for Anita, very suspect at first because she didn’t know what it was and it felt a bit awkward. Through the results and the improvement in her health arising out of the biofeedback of indicator muscle change, she started to appreciate the muscle testing procedure. She recalled:

“I found it kind of suspicious, the kind of tool S had, like... this water bottle on my belly. But the results and depth of it gave me actually more trust in this thing with the muscles.”

Efficiency
For Anita, muscle tests were a fast way of getting to her problems and solving them. She said that, talking to a therapist without having the biofeedback from muscle testing, she could spend hours beating around the bush. She reported:

“The muscle test is in a way faster. It bypasses my kind of resistance, the lot of words and stories.”

Interpretative Summary
Anita’s first encounter with the phenomenon was years ago when she had a lump in her breast. She wanted to try alternative methods to prevent her from developing cancer. Through kinesiology sessions the lump in her breast went away and she realised that there was a connection between her emotions and memories, and the body. This shifted Anita’s perception of reality profoundly. She opened her mind to creative ways of staying healthy. Muscle testing brought her in touch with another part of herself which was not her logical, thinking part. Her perception of reality became more sophisticated. She gained awareness of things in her life which affected her, and learned how to protect herself. Through muscle testing, she was able to access information which she needed to better care for herself.
Controlling body response
Anita reported that she had no mental control over her body’s response. She said:

“(I)t is not actually something I feel that I have control over...”

Connecting with one’s inner being
Anita reported that muscle tests have brought her more in touch with the part in herself which is not the logical thinking part. She feels it is another part within herself and she doesn’t really know what it is. She stated:

“It brings me in touch with something where I’m getting touched, where I can bring up tears or what kind of feeling I have.”

Showing problem areas
Anita observed that muscle tests showed problem areas which she had not been able to verbalise. She was quite amazed by the fact that the kinesiologist noticed those areas through muscle testing and without knowing anything about her. She stated:

“(T)he experience of S actually not knowing anything about me and just testing my body and the body showing something about myself which I cannot myself put straight into words was quite deep.”

Looking after yourself
Through muscle testing Anita became more aware of the connection between her body and her feelings. She now feels more refined and alert to things which are happening to her. She stated:

“It made me somehow more sensitive... in the sense of feeling more refined, I feel more refined or more subtle.”

This gives her more protection against doing things in her life which will harm her.

to any intervention to familiarise the person with the testing procedure and the examiner with the person’s muscle response. To distract the person’s attention from the muscles under investigation, concentric tests of the middle fibres of deltoid were conducted in seven starting positions of the humerus from 90 degree abduction to full adduction (see Figure 7).

Figure 7 The starting position for concentric tests of the middle fibres of deltoid

The sequence of the muscle tests was as follows: triceps, lat. dorsi, right deltoid, left deltoid, lat. dorsi, triceps. The tests were rated as ‘change’ when the force needed to move the person’s arm was diminished compared with prior testing.

The evaluation of the muscle tests in this study ensued from the comparison of the force needed to move the arm before and after the intervention as perceived by the examiner. The examiner felt the person’s muscle response prior to any intervention and compared this with the response after the intervention. If a change in muscle
performance occurred, the rating of the manual test was noted as ‘change’.

The acupuncture point Spleen 5 was marked on the skin of both feet by anatomical reference (see Figure 8) and the lower legs were covered with a blanket. The laboratory assistant applied either a pair of magnets or the placebo to the marked points while the examiner was turned away from the person to be tested.

Figure 8    The acupuncture point Spleen 5, marked on the skin of both feet

A distinction was made as to whether the north or the south poles of the magnets were applied to the skin, as it is known that north pole stimulation can have a different effect on biological systems to south pole stimulation. “By using magnetic north pole water the plants grew long and thin but using irrigation with south pole water the same plants grew short and thick... North pole slows down and south pole speeds up fermentation” (Mehta 1991, p. 13).

Thirty seconds after the magnets/placebo were applied, the sequence of muscle tests was conducted. Immediately after the tests were completed, the magnets/placebo were under control, she saw no need to act on the test results. She found the method challenged her as a client to be more involved in her own healing process.

Anita’s Experience of the Phenomenon

Getting aware
Anita reported that muscle testing had made her aware of a connection between her emotions and memories, and the body. She noticed that certain movements in her body were impaired when stressful emotions or memories were addressed. She recalled:

“...when... it was really impossible for me to look in a certain direction while doing the movements, I realised that there was a connection between my emotions and memories, and the body.”

She also noticed that certain things would make her body feel better. She remembered:

“I could feel that it was good for me to drink water at that very moment.”

Anita became aware that there was something outside her mind which knew what the body needed. She said:

“I understood, that there is a possibility of something outside my mind to know what my body needs.”

Feeling the body responding
Feeling the physical result of a weak or a strong indicator muscle initiated a shift in Anita’s perception of reality. She stated:

“That experience for me, actually the physical results, led to possibilities in my life which I really didn’t see at the time.”

Sometimes she felt a bit confused, observing her muscles getting weak and strong, because her mind did not understand how this happened. At other times during the muscle tests, when lots of things needed to be done to get the muscle strong, she felt a bit distressed.
had helped her to see a connection between other areas in her life and her broken arm. She affirmed:

“IT probably did make me realise, yes, that that issue was tied in with the whole situation and also very important. A real crunch point.”

Exploring boundaries
Doris voiced an apprehension that she felt a bit uncomfortable about the fact that the muscle test might reveal something which she didn’t want to express in spoken language. She said:

“(I)t’s also expecting more than just the obvious from me, the client... It is just a bit sort of close.”

The role of the practitioner
For Doris, muscle testing cannot be separated from the practitioner applying the method. She articulated that she, as a client, relies on the practitioner’s interpretation of the muscle tests. She stated:

“In putting myself in your hands as a practitioner, I’m willing to accept your interpretation.”

Interpretative Summary
Doris had difficulties with a broken arm and approached a kinesiologist for complementary help with this condition. She found it interesting that she could feel the difference between having a ‘weak’ and ‘strong’ indicator muscle, but was not very confident about her own interpretation in regard to this. She preferred to rely on the practitioner’s interpretation. Intellectually, she sometimes did not expect the elicited response.

Doris felt that the method was taking the whole person into account and that treatment was wholistic. In relation to her asthma, she experienced muscle testing as a biofeedback method which could show her, in a different way than an allergic reaction in her nose and chest, that certain things were not good for her. But as she had her asthma quite well

removed by the assistant. The person was instructed to slightly stretch and move the body. After a one-minute interval and a test to verify that all muscles which had previously shown a ‘change’ had recovered their normal state, a new pair of magnets/placebo was applied to the marked points (in random order) and the above procedure was repeated.

Five such trials were conducted for each student tested, during which at least one pair of magnets with north poles to skin, one pair with south poles to skin, and one pair of placebos was applied.

Figure 9

<table>
<thead>
<tr>
<th>Research Design</th>
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<tbody>
<tr>
<td><strong>First set</strong></td>
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<td><strong>Second set</strong></td>
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<tr>
<td><strong>Third set</strong></td>
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The evaluation of data from the first set of experiments on 29 students showed that I had found an effective placebo-stimulus combination to observe indicator muscle change under double blind conditions. A further two studies were performed to ascertain if similar results could be obtained using a different group of students and the same examiner, and using students with a different examiner.

The three double blind studies were conducted using the research design described above. The first set contained 29 healthy students of both genders. The second set contained a different group of 30 healthy students, and the third set contained 24 students (see Figure 9).
The participants’ healthiness was assessed by a medical history questionnaire (see Appendix) and an applied kinesiology screening of their alarmpoints\(^1\) (mu-front points) in regard to blocked energy\(^2\), over energy\(^2\), and under energy\(^2\). Students who had been sick within the previous three months or had had an injury or surgery within the previous year were not regarded as healthy. Students who answered one or several of the remaining questions in the questionnaire (indicating otherwise compromised health) were included in the study if the applied kinesiology screening showed balanced alarmpoints. An informed consent (see Appendix) for the project was signed prior to testing. The procedure of a double blind study was briefly explained to the participants to communicate that there were no expectations of their performance in the test. They were shown the pair of magnets and the pair of plastic buttons.

**Results**

Of the 145 tests conducted in the first set of trials for triceps and lat. dorsi respectively, 46 were under placebo stimulation, 45 under north pole stimulation and 54 under south pole stimulation. In the second set of trials, the 150 tests conducted for triceps and lat. dorsi respectively comprised 48 placebo trials, 59 north pole magnetic trials and 43 south pole magnetic trials. In the third set of trials there were 43 placebo tests, 41 north pole stimulation tests and 36 south pole stimulation tests; 120 tests in all for each of the two muscles.

Doris observed that her mind was expecting that her body would react differently. She stated:

“(T)he interesting thing was that you could feel the difference but, intellectually, sometimes you weren’t expecting it to be that.”

She reported that her body response simply took her by surprise. She said that the muscle tests showed her problem areas of which she hadn’t previously been aware:

“(I)t is not what you might have expected.”

**Getting aware**

Doris reported that the muscle tests were making her more aware of what was not good for her. She is an asthmatic and said she realised through muscle testing:

“...that something else where my nose and chest wasn’t obviously reacting, was still not very good for me.”

**Wholistic approach**

Doris felt that the muscle tests took the whole person into account and not only her injured arm. She said:

“It was like a perception of where I was at... and what the injury had done to the body as a whole.”

She noticed a wholistic approach in muscle testing and stated:

“That was interesting—that all was seen as part of everything.”

**Showing problem areas**

Doris found that this method showed up things in herself which were not so obviously related to her health problem. She reported:

“(W)hat was interesting was that you who don’t know all those things about me found those things in the muscle tests.”

Despite feeling a bit uncomfortable about this, Doris appreciated this aspect of muscle testing because she felt it
“You can actually, if the person is a good practitioner, get in there, work the problem out, get away and get organised.”
For him, the method cannot be separated from the practitioner.

Interpretative Summary
Jack consulted medical doctors for an ongoing health problem and his condition was not improving. He was willing to try alternative methods and he went in search of help. At first he felt a bit embarrassed that he was trying to get better through muscle testing.
His encounter with indicator muscle change was, for him, a bit of a revelation. It made him aware that his body was reacting to certain substances or things even though his mind didn’t want this to happen. He could not understand why the body was reacting in the way it did. This initiated for him a shift in his perception of reality.
Jack experienced the muscle tests as being very beneficial and highly efficient for improving his health. He found that the expertise of the practitioner applying the method was important in relation to whether or not the method was quick and efficient.

Doris’s Experience of the Phenomenon
Feeling the body responding
At first, Doris was not able to feel her muscles responding and stated:
“It wasn’t really clear at the beginning how I felt things... Rather than feeling a muscle, one could feel the effect.”
But she soon became accustomed to the method and reported:
“It was quite interesting to feel that, at times, you suddenly felt a weakness in the leg or arm when certain things were mentioned...”

Table 1 (see below) shows the number of muscle tests conducted for triceps and lat. dorsi per application and the occurrence of indicator muscle change in the three sets of trials. This table shows that, for both muscles, the occurrence of indicator muscle change during stimulation with north

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Occurrence of indicator muscle change during magnetic stimulation of Spleen 5</th>
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<tbody>
<tr>
<td><strong>First set of trials</strong></td>
<td></td>
</tr>
<tr>
<td>application</td>
<td>triceps</td>
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<tr>
<td></td>
<td>frequency (*)</td>
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<tr>
<td>placebo Series I</td>
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<td>%</td>
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<tr>
<td>Θ Series I</td>
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<td>%</td>
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<tr>
<td>Θ Series II</td>
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<tr>
<td><strong>Second set of trials</strong></td>
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<tr>
<td>placebo Series II</td>
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<td>%</td>
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<tr>
<td>Θ Series II</td>
<td>59</td>
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<tr>
<td><strong>Third set of trials</strong></td>
<td></td>
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<tr>
<td>placebo Series III</td>
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<td>%</td>
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<td>100</td>
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<tr>
<td>Θ Series III</td>
<td>36</td>
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<td>%</td>
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<tr>
<td>Θ</td>
<td>magnet with south pole to skin</td>
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<tr>
<td>Θ</td>
<td>magnet with north pole to skin</td>
</tr>
<tr>
<td>(*)</td>
<td>frequency = number of muscle tests conducted</td>
</tr>
<tr>
<td></td>
<td>change = indicator muscle change</td>
</tr>
<tr>
<td></td>
<td>no change = no indicator muscle change</td>
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</table>
pole magnets was much higher than during placebo stimulation.

The data was evaluated using multi-level modelling which took into account that five trials were clustered within individuals and that there were three different groups of individuals (students) tested on three different occasions by two different examiners (see Figure 10).

"Multi-level analysis allows characteristics of the group to be incorporated into models of individual behaviour, while also producing correct estimates of standard errors so that valid tests and intervals can be constructed." (Paterson and Goldstein 1991, p. 319)

Feeling his body reacting to certain things and seeing the result in his improving condition contributed to a shift in his perception of reality.

Dealing with ambivalence
Jack reported that he was very sceptical of the method because he was brought up in a different reality. He had a very technical background and he felt that the muscle tests were some sort of craziness which his mind couldn’t believe. He said:

"(M)y mind didn’t want to believe it."

Jack reported the following experience, which he attributed to having been educated in another way:

"And for the mind to observe the body going through this routine of being able to resist or not being able to resist, even though I wanted the body to do what the brain was telling it, it was very, very unusual."

Improving health
Jack dealt with his ambivalence by seeing that the results of the method were improving his condition. He reported:

"I have observed my body answering to questions by being able to respond or not being able to respond... in my case it’s been beneficial..."

Efficiency
Jack found that muscle testing was, for him, a very efficient method for improving his health. He stated:

"I haven’t come across any other method that gets you into it so quickly."

The role of the practitioner
Jack expressed that, for him, the practitioner doing the muscle test plays an important role in the efficiency of the method. He stated:

The analysis was done by using multi-level logistic regression. It was carried out with the aid of the ML3E statistical program. The model was fitted by doing generalised least squares. Level 1 was the trial level, level 2 was the subject level, level 3 was the sets-of-experiment level.

Figure 10 Characteristics of the trials relevant to multi-level modelling

Multi-level Modelling Takes into Account that:

- 5 trials were clustered within individuals;
- 3 different groups of students were tested; on
- 3 different occasions; by
- 2 different examiners.
“I just know for me that it does work.”
Susan also gave us some clues about how she validated the muscle test results during a session. She said:
“I believed a lot of these things because I could feel that they were true.”

Interpretative Summary
Susan struggled with reoccurring headaches for a number of years. She tried to heal the problem by consulting practitioners of different healing modalities. The different treatments gave her only temporary relief from her symptoms. Through muscle testing, Susan was able to pinpoint problem areas in her life which for a number of years had caused her physical problems. The bio-feedback through muscle testing and the competence of the person doing the tests opened her mind and showed her ways of changing. She appreciated that she learned to look after herself and deal with things in different ways. She was able to heal her longstanding health problem and now feels a much happier and healthier person.

Jack’s Experience of the Phenomenon

Feeling the body responding
Jack reported that he observed different stimuli making his muscles weak or strong. He felt very strange about this fact and said:
“I could actually feel the result of different things. ...(I)It was very strange... and I also felt a bit embarrassed by the fact that I was actually subjecting myself to this methodology.”
Feeling his own body reacting and responding to certain substances was, for him, quite a revelation. He stated:
“Because, I mean, in traditional medicine you either cut it out or you sew it up or you give it pills, but to actually ask the body what it needs was really... a bit of a revelation.”

Table 2  The occurrence of IMC during magnetic stimulation of the acupuncture point Spleen 5 in relation to placebo

<table>
<thead>
<tr>
<th></th>
<th>odds ratio</th>
<th>95% C.I.</th>
<th>Z</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>north pole to skin</td>
<td>2.25</td>
<td>1.38–3.64</td>
<td>3.37</td>
<td>0.001</td>
</tr>
<tr>
<td>south pole to skin</td>
<td>1.80</td>
<td>1.10–2.93</td>
<td>2.33</td>
<td>0.020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>odds ratio</th>
<th>95% C.I.</th>
<th>Z</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>north pole to skin</td>
<td>1.95</td>
<td>1.17–3.23</td>
<td>2.57</td>
<td>0.010</td>
</tr>
<tr>
<td>south pole to skin</td>
<td>1.16</td>
<td>0.69–1.95</td>
<td>0.56</td>
<td>0.58</td>
</tr>
</tbody>
</table>

Table 2 shows that, in the tests, triceps brachii was more sensitive to magnetic stimulation than lat. dorsi. For triceps brachii, indicator muscle change occurred significantly for both applications whereas, in the lat. dorsi tests, only the north pole stimulation elicited a significant result. In triceps, the occurrence of indicator muscle change was more than twice as frequent under north pole stimulation compared with placebo (odds ratio 2.25), and nearly twice as frequent under south pole stimulation (odds ratio 1.80). In lat. dorsi, indicator muscle change occurred twice as frequently under north pole stimulation compared with placebo (odds ratio 1.95).

Table 3    Difference between Examiner A and Examiner B in baseline occurrence of the phenomenon

<table>
<thead>
<tr>
<th></th>
<th>odds ratio</th>
<th>95% C.I.</th>
<th>Z</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>triceps tests</td>
<td>0.46</td>
<td>0.30–0.70</td>
<td>3.64</td>
<td>0.0003</td>
</tr>
<tr>
<td>lat. dorsi tests</td>
<td>0.18</td>
<td>0.11–0.31</td>
<td>6.38</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Table 3 shows the difference in baseline occurrence between Examiner A and examiner B. Examiner B had a significantly lower occurrence of indicator muscle change compared with Examiner A for both the eccentric (triceps
brachii) and the concentric (latissimus dorsi) tests. The odds ratio between the two examiners for lat. dorsi was 0.18, which means that Examiner A had about four times the occurrence of indicator muscle change than Examiner B. For triceps the difference between examiners A and B was not as distinct. Examiner A had about double the occurrence of indicator muscle change compared with Examiner B (odds ratio 0.46). Thus, different baseline occurrence of indicator muscle change between the examiners in the triceps tests was much lower than in the lat. dorsi tests (see Table 3).

**Table 4**  Change in deviance between Examiner A and Examiner B in relation to the test outcome

<table>
<thead>
<tr>
<th>Test</th>
<th>Odds Ratio</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>triceps</td>
<td>1.43</td>
<td>0.49</td>
</tr>
<tr>
<td>lat. dorsi</td>
<td>2.43</td>
<td>0.30</td>
</tr>
</tbody>
</table>

Table 4 shows that the change in deviance between Examiner A and Examiner B in relation to the test outcomes was not significant. When one allows the effect of north pole stimulation versus placebo and south pole stimulation versus placebo to vary according to the examiners, the change in deviance is 1.43 for triceps tests which, in the chi square test on 2 degrees of freedom, results in a p value of 0.49. For lat. dorsi, the change in deviance between examiners is 2.43, resulting in a p value of 0.30 in the chi square test on 2 degrees of freedom.

This implies that there was no significant difference between Examiner A and Examiner B in the occurrence of the phenomenon during magnetic stimulation of Spleen 5. The occurrence of indicator muscle change was significant and similar for Examiner A and Examiner B during magnetic stimulation of the acupuncture point.

Table 5 shows the within-subject occurrence of indicator muscle change in the three sets of trials. The first and second set show a similar distribution. In the third set, the occurrence

“(T)here’s big changes through muscle testing... and I have learned a lot about myself and how to deal with things... I believe that my thought patterns have changed a lot, too, which makes me feel a happier, healthier person."

**Looking after yourself**

Susan stated that, through muscle testing, she had learned to look after herself. She can now recognise within herself that things are sometimes happening. She has learned how to deal with those things. She said:

“I can help myself a lot more. I just seem to know what the right thing to do is to help myself.”

Through muscle testing, she has not only confronted her weaknesses but also learned how to cope with them. She said:

“You can actually pinpoint things that you can do to help yourself.”

Susan appreciates the aspect of self-help in kinesiology and stated:

“(I)t was the first time somebody had given me tools to help myself.”

**The role of the practitioner**

Susan has been tested by different kinesiologists. She reported that she felt one kinesiologist was not competent and she did not trust the test results. She stated that it was important for her to trust in the person doing the muscle testing because that would help her to open up to herself and disclose her problems. She described a different response to her second kinesiologist:

“I don’t know how I would react with somebody else, but I felt this person was really competent and knew what they were talking about.”

**Improving health**

Susan experienced feeling her body responding as very beneficial. She stated:
"...that there are a lot of things going on in your body that you are not aware of."
She realised that there was a lot more involved in her well-being than what she was conscious of or had been taught. Feeling the body responding was, for her, an important means of pinpointing her problem areas. She discovered that muscle tests would show things which she didn’t realise were there.

**Showing problem areas**
Susan found that, through muscle testing, she became aware of problem areas which no-one had really been able to pinpoint for her before. She stated:

"(I)t was just perfect for me, my body telling me what the real problem areas were and how to cope with that."

Susan had been sick for a number of years and a number of different therapists had helped her temporarily, but nothing had really been able to help her in the long term until, through muscle testing, she was able to pinpoint her problem areas and find ways to solve these problems. She gave the opinion:

"Without that tool I don’t know how otherwise I could have pinpointed the problem areas."

Susan reported that a lot of things had come up in muscle tests that she intuitively knew were there.

**Teaching ways of change**
Through muscle testing, Susan has expanded her mind to be open to change:

"...to take chances and not to be restricted by how I was brought up."

She stated that she had found ways to deal with things, to be more courageous and to do things that she loved to do. Muscle testing helped her to see problem areas and weaknesses in herself and taught her ways of changing. She stated:

has a distinctly different distribution compared with the first two sets.

**Table 5**  Within-subject occurrence of indicator muscle change during magnetic stimulation

<table>
<thead>
<tr>
<th>Category*</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>series I</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>17</td>
<td>4</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>series II</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>17</td>
<td>3</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>series III</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>24</td>
</tr>
</tbody>
</table>

* Category 0 = 0 occurrences of indicator muscle change in the 5 trials for a subject
  Category 5 = 5 occurrences of indicator muscle change in the 5 trials for a subject

On a subject level, the covariance between the regression coefficient for north pole stimulation and that for south pole stimulation for triceps was -0.326 with a standard error of 0.279 (see Table 6). The change in deviance was 2.4, which

**Table 6**  Covariance in occurrence of indicator muscle change between north pole and south pole stimulation in subjects

<table>
<thead>
<tr>
<th></th>
<th>triceps tests</th>
<th>-0.326 (Standard error 0.276)</th>
</tr>
</thead>
<tbody>
<tr>
<td>lat. dorsi tests</td>
<td>-0.56 (Standard error 0.287)</td>
<td></td>
</tr>
</tbody>
</table>

**Table 7**  Change in deviation between north pole stimulation and south pole stimulation within subjects

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>p value 0.12 (chi square test (1df))</th>
</tr>
</thead>
<tbody>
<tr>
<td>triceps</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>lat. dorsi</td>
<td>3.46</td>
<td>p value 0.06 (chi square test (1df))</td>
</tr>
</tbody>
</table>
resulted in a p value of 0.12 in the chi square test on 1 degree of freedom (see Table 7). For lat. dorsi, the covariance between the regression coefficient for north pole stimulation and that for south pole stimulation was -0.56 with a standard error of 0.287 (see Table 6). The change in deviance was 3.46 with a resulting p value of 0.06 in a chi square test on 1 degree of freedom (see Table 7).

Thus the correlation cannot be determined on an individual level. As the covariances were negative, all that can be stated is that there was a tendency that subjects who had a response to north pole stimulation were less likely to have a response to south pole stimulation and vice versa.

Discussion

The occurrence of indicator muscle change in the eccentric triceps tests during magnetic stimulation of the sedation point of the spleen meridian was significantly linked to the intervention. North pole stimulation elicited more changes than south pole stimulation. Subjects who tended to have a reaction to north pole stimulation were less likely to react to south pole stimulation. The concentric tests of lat. dorsi showed a significant indicator muscle change only during north pole stimulation.

The eccentric tests of triceps produced a generally more sensitive response to the intervention than the concentric tests of lat. dorsi. The eccentric tests showed a significant change in indicator muscles for north pole stimulation and south pole stimulation whereas the concentric tests only showed a significant change for north pole stimulation. The odds ratio and the 95% C.I. was higher for triceps than for lat. dorsi and the p value of triceps was lower than for lat. dorsi.

When taking the difference between examiners A and B into account, the odds ratio, 95% C.I. and p value were not

the muscle test, and that the effectiveness of a muscle test will be dependent on the relationship the client has with the practitioner. She voiced her opinion as follows:

“If you have a practitioner whom you don’t trust, I don’t believe muscle tests will be effective then. But if I believe in my practitioner, then muscle tests will probably be very effective for me.”

Interpretative Summary

For Ruth, muscle testing sparked her innate sense of curiosity to find out more about herself. She found that, through muscle testing, she could access a part of her that knew answers which the conscious part had filtered out or didn’t want to look at. It helped her to access her intuition and gave her information which she had not totally thought of yet. Ruth experienced that muscle tests were adaptable to her changing needs. The effectiveness of muscle testing depended for her on a good relationship between the practitioner and the client.

Susan’s Experience of the Phenomenon

Controlling body response

Susan reported that she had no mental control over her body response. She said:

“Even if I wanted to hold the arm and I would think: ‘I’m going to hold the arm’, the arm would just give way.”

She reported that she sometimes felt quite frustrated about the fact that she thought that she was strong and coping in different areas but, despite her positive thinking, the muscle test would show a weak response.

Feeling the body responding

Susan reported that she could feel her muscles responding and definitely could feel if they were weak or strong. This opened her to an awareness:
Feeling the body responding
Ruth found that a ‘weak’ or ‘strong’ muscle test did not seem to be a reflection of her body actually being weak or strong. She feels that muscle tests reflect more her body reaction to a particular substance or thing. She said:
“It seems to be a reflection of how I actually react to a particular substance or thing that is presented to me.”

Getting aware
Ruth reported that the tests gave her information that she had not totally thought of previously. This helped her to deal with her health problems. She stated:
“It can be very healing if I find through the test a specific remedy or anything that works for that particular problem.”
She trusts the muscle tests because she has experienced that what the body is suggesting will work for her. She reported:
“It usually fixes a problem that I’m experiencing.”

Adaptability
Ruth observed that muscle test results can vary for particular issues depending on the time of testing. She stated:
“(M)uscle testing is very relevant to the actual day that I experience it.”
She described herself as a person whose needs can change over time and from day to day, and said that she cannot assume that the guidance she gets from the muscle tests not to have particular foods or use a certain remedy will be something which is true forever. She stated:
“I have found at times that a particular homeopathic thing has been prescribed and it worked on that particular thing on a particular day, but maybe two days later it’s not the same anymore.”

The role of the practitioner
Ruth said that she felt she needed a connection with the practitioner to feel safe. She stated that muscle testing as a tool can’t be separated from the practitioner who is doing significantly changed in the triceps tests. For the lat. dorsi tests, there was a slight change in odds ratio, 95% C.I. and p value due to the different occurrence of indicator muscle change between examiners A and B in the baseline data.

As Tables 1 and 3 show, Examiner B, who conducted the third set of trials, had a significantly different occurrence of indicator muscle change under placebos than Examiner A, who conducted the first and second set of trials. Nevertheless, this fact did not change the significance of the occurrence of indicator muscle change in relation to magnetic stimulation for both examiners. Evaluation of the data showed that there was a similar occurrence of indicator muscle change during magnetic stimulation of Spleen 5 for both examiners (see Table 4).

This result is important, specifically in relation to discussion of the occurrence of indicator muscle change, because the subjectivity of a manual muscle test and its results is often debated on the grounds that different examiners have different baseline occurrence of the phenomenon. The above results demonstrate that, despite inter-examiner difference in baseline readings, the tests can show similar results.

The different effects of the two magnetic poles in relation to the occurrence of the phenomenon confirmed a view held by many therapists working with magnets. “Difference in effects of the two poles of a magnet was discerned and recognised even by the founder of Homeopathy, Dr S. Hahnmann, as he prepared two separate medicines from the two poles with different symptoms.” (Bansal and Bansal 1993, p. 41). Since then, numerous experiments have been conducted studying the biological effects of magnetism on animals and plants and the difference in south and north pole stimulation. “(B)y using magnetic north pole water the plants grew long and thin, but using irrigation with south pole water, the plants grew short and thick” (Mehta 1991, p. 13).
Fermentation is slowed down by north pole stimulation and accelerated by south pole stimulation (Mehta 1991, p. 13).

From this it was concluded that single magnets sold for therapeutic application and treatment should have their north poles and south poles clearly marked. Furthermore, the therapist, when using single magnets for stimulation of acupuncture points, needs to ascertain to which pole the client is more sensitive.

From a neurophysiological viewpoint, the eccentric tests give some clues about the monosynaptic stretch reflex activity and the concentric tests about the cortical influenced gamma 2 efferents. In this regard it was interesting to note that Spleen 5, being located on the feet, influenced the eccentric tests more than the concentric tests, because the spinal segment supply to nerves connected with triceps brachii is C6, C7 and for lat. dorsi C6, C7, C8 (Kendall and Kendall 1983, p. 42ff). Therefore it was concluded that the modulation of the stretch reflex activity, triggered by the stimulation of the acupuncture point on the feet, was facilitated via the central upper motor neuron biofeedback loop.

The above results point in a similar direction to Leisman’s research on neurological parameters associated with ‘weak’ and ‘strong’ indicator muscles. He found a noticeable change in somatosensory-evoked potentials during testing of a ‘weak’ indicator muscle in the contralateral median nerve and suggested: “...manual muscle tests have the clinical potential for use in monitoring the neural mechanisms that mediate muscle function during a manual test” (Leisman et al. 1989, p. 150). Neural mechanisms associated with ‘weak’ and ‘strong’ indicator muscles might be linked to the thalamic generator of somatosensory-evoked potentials.

Muscle tests empower her to perceive her reality without having to rely on another person’s view. She stated: “It is like going to my own psychic. Instead of going to a psychic and have someone else tell me, it’s like I tell myself, because I feel my muscles reacting.” Ruth found that muscle testing gets her in touch with a truth she is not conscious of at times. It helps her to get that quiet moment where she can see what the truth is. She explained: “It’s like being in a meditation or sitting by a river where you have got that moment to observe.” She feels that muscle tests are somehow a doorway into something else.

**Efficiency**

Ruth appreciates the efficiency of the method, as evidenced by her statements: “It’s just like a really simple way to access what’s really going on inside...” and “...muscle testing is a fast method of reaching the truth—what your inner self is saying.”

**Accessing intuition**

Ruth reported that the muscle tests are a bridge to her intuition and, through muscle testing, she gets more in touch with her intuition. She said: “The muscle test is like a confirmation of my intuition.” Ruth observed that she sometimes doesn’t trust her own intuition and that muscle tests may confirm something she intuitively knows already but has ignored. She remembered: “It has at times presented things that I haven’t really wanted to look at. But because it came up in a muscle test, I am much more willing to look at it then.” She shared that she is training herself now to develop her intuition so that, eventually, she will not need muscle tests as a bridge in this way.
“Like, I took a bite of something and I knew I didn’t want to eat that.”

The role of the practitioner
For Steve, muscle testing as a tool cannot be separated from the practitioner applying the tests. He stated:
“[F]he practitioner is good with the questions that they ask, I can feel my response and I can feel the truth of what’s being said.”

He holds the view that the results of the muscle tests are highly dependent on the practitioner’s expertise. He stated:
“(T)he muscle test will show whatever the practitioner and the patient are capable of being aware of.”

Interpretative Summary
Steve holds the view that a tool like muscle testing is highly dependent on the expertise of the practitioner using it. He stated that the quality and skills of the practitioner were very important and made all the difference in what he experienced through the tests.
The muscle tests connected him with his own inner knowingness and he perceived indicator muscle change as communication with himself, mediated by a practitioner. Steve didn’t like doctors telling him what was wrong with him. He liked the physicality of the muscle response because he could feel for himself what made him ‘weak’ or ‘strong’. This gave him a sense of truth about what was said.

Ruth’s Experience of the Phenomenon
Connecting with one’s inner being
Ruth stated that muscle tests connect her with that part of her being:
“...that knows the answers but that the conscious part has filtered out or is not willing to look at.”

Conclusion
This study confirmed Goodheart’s clinical observation that indicator muscle change will occur in an indicator muscle if the sedation point of the associated meridian is stimulated. An effective stimulus-placebo combination was found which significantly elicited indicator muscle change in an experimental setting under double blind conditions.

Despite eliminating the mental activities of preconception and belief, which were thought to be the predominant factors in eliciting the phenomenon, the phenomenon occurred. This showed that there are parameters involved in the occurrence of indicator muscle change which go beyond mental activity. These parameters might modulate cortical and spinal nervous structures in regard to motor behaviour and result in a disturbance in the recruitment of motor units in a muscle. The transient loss of isometric muscle strength known as ‘indicator muscle change’ is an expression of a subtle loss in neuromuscular integrity due to a stimulus.

Further studies could be conducted in relation to the question if the occurrence of indicator muscle change was specific for the muscles associated with the meridian, or if there was a significant occurrence of this phenomenon also in other muscles which were not known to be linked to the meridian.

In summary, the object of the study was to ascertain if the occurrence of indicator muscle change during stimulation of the sedation point of the associated meridian would occur under experimental conditions. The hypothesis that indicator muscle change would occur in triceps brachii and latissimus dorsi when the sedation point of the spleen meridian was stimulated with 3000 gauss rare earth magnets was tested under double blind conditions.
Since, at the time of the study, no placebo–stimulus combination was known to be strong enough to alter muscle performance in a manual test under double blind conditions, the first step was to find a placebo–stimulus combination which altered muscle performance significantly under double blind conditions.

An effective placebo–stimulus combination was found in a first set of experiments conducted with 29 students and 290 muscle tests. A second set of experiments was conducted with 30 different students using the same examiner. For the third set of experiments, a different examiner muscle-tested 24 students. Data was evaluated using multi-level modelling which took into account that five trials were clustered within individuals and that there were three different groups of students tested on three different occasions by two different examiners.

Significant results occurred in triceps (eccentric tests) for north pole and south pole magnetic stimulation, whereas the (concentric) tests of lat. dorsi had significant results only under north pole magnetic stimulation. Furthermore, the data showed that triceps was more sensitive to north pole stimulation than lat. dorsi. It was concluded that the modulation of stretch reflex activity was facilitated via the upper motor neuron pathways as Spleen 5, being located on the feet, did not belong to the spinal segment supplying the nerves connected with triceps and lat. dorsi.

Muscle testing was a valuable experience for her because it showed her how she was feeling inside. It taught her ways to cope with her workload and to look after herself better.

Steve’s Experience of the Phenomenon

Feeling the body responding
Steve stated that muscle testing connected him to his own sense of rightness and his inner knowing. He said:

“It connects me more to my knowingness...”

He stated that feeling the body responding often confirms for him things he already knows. The muscle tests remind him to connect his conscious mind to those things. He recalled:

“I knew those things but somehow it confirmed it for me and let me connect my conscious mind more with what needed to happen on an emotional level.”

Connecting with one’s inner being
Steve said he appreciates muscle testing because he finds that, through muscle testing, he, as a client, is not entirely relying on the practitioner’s opinions. He voiced:

“(T)he advantage of kinesiology for me is just that it gives the patient a feeling of what the response is rather than relying on the practitioner. They feel it for themselves.”

He perceives muscle testing is communication with himself, mediated by the practitioner. Through muscle testing he experienced a sense of inner knowingness. He expressed:

“I need to feel what’s wrong with me. ...this is easily mediated by the muscle test.”

Getting aware
Steve found that: “Muscle testing) has given me some guides to deeper awareness of what my truth is.”

Being muscle tested for particular dietary advice, Steve grew to be aware of what he wanted to eat and what food was not good for him. He reported:
Observing her body reacting to certain things has shown her aspects of herself which she didn’t know. She recalled:
“[It opened me to myself and how I react to things…”

Getting aware
Sue found that the muscle tests were giving her insight into a part of herself which normally escaped her attention. She concluded:
“It’s just my body being aware of how it’s feeling and everything that I’ve ever experienced is stored somewhere in that. So with the testing it’s just showing that part. It’s just my body saying what is stored in that part. In our conscious life we’re so hectic, we’re so caught up with everything, we often forget what is inside and all these things we’ve experienced.”

Looking after yourself
In learning about things which make her body weak or strong, Sue feels that she is now a lot more in control and that she actually feels better inside—not so stressed. She said:
“For me it’s been a valuable experience. I feel that I can go now and do a lot of things whereas before I was really stuck.”
She has found a means of strengthening herself such that her inner spirit is not as stressed as it was before. She reported:
“So when I feel stressed now it’s only like an external stress and I can overcome that. It’s not that my inner spirit is stressed.”

Interpretative Summary
As a mother of two young children, Sue’s life is very hectic. Experiencing the phenomenon of indicator muscle change made Sue aware of how her body was feeling and what things in the present and past were making her feel stressed. With the busyness of her life, she often forgot how she felt inside and stress gradually built up within her.

Chapter 5
The Occurrence of Indicator Muscle Change in Relation to Negative Emotional Attitudes

This chapter discusses the experiments conducted to ascertain if negative emotional attitudes would elicit indicator muscle change in triceps brachii and latissimus dorsi under blind conditions.

Introduction
Positive and negative emotions are part of the physiological make-up of human beings and will not cause disease under normal conditions. Diamond (1990) noticed a connection between indicator muscles and specific emotional states. From his clinical observations he reasoned that negative emotional attitudes disturb a person’s life energy, causing indicator muscle change (Diamond 1990, 1992).

This resembled the paradigm of psychosomatic medicine which purports that a very intense and persistent experience of negative emotions can cause disease in an individual. Furthermore, it bore a likeness to the Imagery training of sports psychology used to enhance motor performance.

Up to the time of this study, there were no reports in the literature about experimental studies which have investigated the relationship between indicator muscles and specific emotional attitudes. The aim of the following experiments, therefore, was to ascertain if such a relationship existed under experimental blind conditions.
Triceps brachii and lat. dorsi were chosen for investigation. The manual muscle testing procedures were standardised in regard to the testing position, the mode of assessment (concentric and eccentric testing), and the evaluation criteria of the test.

Triceps brachii and lat. dorsi are associated with the spleen meridian (Waltther 1988, pp 312, 328). According to Diamond (1992, p.124), “realistic anxieties about the future” are the negative emotion associated with the spleen meridian. He states:

“The specific state involved in spleen meridian problems is one of worry and anxiety about the future, about real problems in the relatively immediate future.”

(Diamond 1992, p. 124)

Therefore, the hypothesis that indicator muscle change will occur in triceps brachii and lat. dorsi while a person is thinking about a realistic anxiety in his/her life was tested under blind conditions.

**Methods**

The participants in the three sets of experiments were identical with those involved in the study in Chapter 4. Testing procedure and evaluation criteria for the tests were similar to the study described in Chapter 4.

An imagery script was developed which met Diamond’s criteria for the negative emotion associated with the spleen meridian. Experimental data in sports psychology stated that internal imagery was more effective in eliciting a motor response than external imagery (Harris and Robinson 1986). Therefore, the imagery script directed the participants to line which can be expressed in an hypothesis. The occurrence of the phenomenon is judged and compared according to these presumptions.

The qualitative method does not build up such a third entity. The perception of the phenomenon is described and meanings unfold. They are referred to as qualities reflecting aspects of the phenomenon under investigation. These can be used for references in consecutive observations, thus generating judgement. “Sensibly perceptual consciousness is a foundation for judgemental consciousness; the former can exist without the latter, and the latter emerges out of the former” Sokolowski (1974, p. 205).

The qualities presented below emerged as the participants’ experience of the phenomenon.

**Sue’s Experience of the Phenomenon**

**Connecting with one’s inner being**

Sue reported that indicator muscle change had given her a better understanding about herself, how she reacts to things and what her inner strength is. She stated:

“It’s getting me more in touch with what I feel and want to do...”

**Efficiency**

Sue found that muscle testing was a very efficient procedure to get her in touch with whatever problems she had to deal with. She reported:

“With muscle testing, you were right there on the first day.”

**Feeling the body responding**

Sue found it an exciting experience to feel her body responding and said:

“It’s exciting to feel the body responding; that the body knows what is right and wrong for you.”
Chapter 7

Analysis and Interpretation of the Interviews

The spoken word is one way people make sense of their lived experience. Therefore, it is important to seek ontological and epistemological insights through language.

The following chapter analyses each participant’s narrative about their experience with applied kinesiology and indicator muscle testing. Qualities were identified from these interviews as being aspects of indicator muscle change. Each interview has been condensed to qualities reflecting the interviewee’s impression of aspects of the phenomenon. All qualities are listed in the order in which they were expressed in the interviews, and an interpretive summary is given for each individual.

In the second section of this chapter, the qualities which emerged from the individual interviews are listed in alphabetical order (to avoid any prioritisation) and their meanings explained in broader terms.

The third section lists additional qualities, raised by some participants as being important aspects of the phenomenon to them, although they were not part of the research question.

Participants’ Experience of the Phenomenon

The process of creating a meaning from lived experience is quite distinct from the judging process used in quantitative research. The act of judging implies a presumed reference experience feelings and sensations associated with the emotion.

As the participants in this study were students, it was reasoned that a realistic anxiety in their immediate future might be failing some of their exams. The students were interviewed prior to the trials to find out their feelings about the upcoming exams. Most of the students were genuinely worried about failing their anatomy exam. Some expressed anxiety about exams in other subjects. Some, who did not have any real worry related to exams, were asked about issues in their lives which did cause them anxiety. I made sure that the issues expressed involved real anxieties in the near future. Themes like ‘I won’t get the job I have applied for’ or ‘I will not have enough time to prepare myself for the exams’ emerged.

The imagery was directed as follows: The participants who stated their anxiety in relation to their exams were instructed to imagine that they had sat the exam. Just now, someone had given them the message that they had failed the exam. They should think the sentence: “I have failed my... exam”, and feel and experience the sensations they would have from such a message. The rest of the students were advised to imagine that the event about which they were worried had actually occurred, and then to mentally state the fact of that occurrence and experience the feelings they would have arising from such an occurrence. For the placebo trials the participants were instructed to imagine that they were lying on the massage table being muscle tested and to mentally state: “I am lying on a massage table”.

The sequence of muscle tests were: triceps - lat. dorsi - right deltoid - left deltoid - lat. dorsi - triceps. The tests were described in detail in Chapter 4. They were performed three times on each student. After each trial, the person was instructed to sit up and forget about what s/he had been
thinking in the trial. All the muscles were reassessed prior to any subsequent trial to make sure that they had regained their strength. For the three trials the participants were instructed to imagine their ‘anxiety theme’ at least once and the ‘placebo theme’ once, a repetition of either of the themes could be added at random.

Three sets of experiments were conducted on three different occasions using Examiner A for the first and second sets and Examiner B for the third set.

**Results**

Of the 87 tests conducted in the first set of trials for triceps and lat. dorsi, 42 used the imagery of the ‘placebo theme’, and 45 the ‘anxiety theme’. In the second set of trials, 90 tests were conducted each for triceps and lat. dorsi. Forty-four of those used the imagery of the ‘placebo theme’ and 46 used the ‘anxiety theme’. The third set comprised 72 trials for each muscle. There were 35 tests using the imagery of the ‘placebo theme’ and 37 using the ‘anxiety theme’.

Table A shows the number of muscle tests conducted for triceps and lat. dorsi per application in the three sets of trials, and the occurrence of indicator muscle change. The data shows that the occurrence of indicator muscle change for both muscles in the first and second sets of trials was much higher during imagery of the ‘anxiety theme’ than during imagery of the ‘placebo theme’. In the third set of trials there was no difference in the occurrence of indicator muscle change between imagery of the ‘placebo’ and the ‘anxiety’ themes.

Data was evaluated using multi-level modelling which took into account that three trials were clustered within individuals that there were three different groups of students and I’m a bit like that with vega as well. It’s just a machine between two people. I think muscle testing can bypass the machine. But I think it’s in the user.

Anna: Can you recall your first experience with muscle tests?

Linda: Yeah, when was I first muscle tested? I did a detoxing, a six months detox., and then learnt how to do it. I could show you that, actually. We faced each other, and one person pushed the other’s muscle. So I learnt how to do it, and we just thought it was great. I did it with a friend and we worked out everything—time of birth and, you know. So what did I think about it at first? I just thought it was accessing the stuff.

Anna: Thank you for the interview.
Linda: Yep, yep. I think with the muscle testing you can get there quicker. For instance, when we first started we were looking at the pelvic floor. With your knowledge of anatomy and stuff you could access the different muscles that I needed to work on quickly through the muscle tests. And I think probably your knowledge helps us access things a bit quicker, ‘cause you bypass a lot of things when you’re trying to get in there. So if you’d just started this and didn’t have that knowledge you could flounder around for a day, whereas your knowledge combined with the muscle testing is accessing it quickly.

Anna: Oh yeah. Good. Do you have something else? What else could you say about it, when you think about the sessions you had with me and just the technique of muscle testing... using the technique of muscle testing?

Linda: Um. The technique. Sometimes I feel a little bit confused after a while, if I’m feeling tired, but then it tends to work out anyway and I think that if you have an unclear reading, you then re-do it with the legs or whatever, so the readings are usually pretty clear. But sometimes, yeah, I feel a little bit tired and a bit... wondering whether I should concentrate on the muscle testing or just on where ever we’re working on. Sometimes I think: “Should I just totally forget about my arms and what you’re doing, or should I focus in on it?” But I think I tend to space out a bit.

Anna: It still works, and that’s the beauty about it, it still works.

Linda: Yeah, so I tend to go off in a relaxed state. You can put me in a situation where I can access myself. I’m a little bit wary of the user of muscle testing in some ways. I don’t think anyone can do muscle testing.

<table>
<thead>
<tr>
<th>Table A  Occurrence of indicator muscle change during emotionally loaded imagery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First set of trials</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Series I placebo(*)</td>
</tr>
<tr>
<td>%</td>
</tr>
<tr>
<td>Series I anxiety(*)</td>
</tr>
<tr>
<td>%</td>
</tr>
<tr>
<td><strong>Second set of trials</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Series II placebo(*)</td>
</tr>
<tr>
<td>%</td>
</tr>
<tr>
<td>Series II anxiety(*)</td>
</tr>
<tr>
<td>%</td>
</tr>
<tr>
<td><strong>Third set of trials</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Series III placebo(*)</td>
</tr>
<tr>
<td>%</td>
</tr>
<tr>
<td>Series III anxiety(*)</td>
</tr>
<tr>
<td>%</td>
</tr>
</tbody>
</table>

(*) frequency = number of muscle tests conducted
change = indicator muscle change
no change = no indicator muscle change
placebo = placebo theme
anxiety = anxiety theme

tested on three different occasions by two different examiners. The analysis was done using multi-level logistic regression. It was done with the aid of the ML3E statistical program. The model was fitted by doing generalised least
squares. Level 1 was the trial level, level 2 the subject level and level 3 the set-of-experiment level.

Table B  The occurrence of indicator muscle change during ‘anxiety’ in relation to ‘placebo’

<table>
<thead>
<tr>
<th></th>
<th>odds ratio</th>
<th>95% C.I.</th>
<th>Z</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>triceps</td>
<td>1.74</td>
<td>1.04-2.91</td>
<td>2.13</td>
<td>0.033</td>
</tr>
<tr>
<td>lat. dorsi</td>
<td>2.05</td>
<td>1.20-3.51</td>
<td>2.63</td>
<td>0.009</td>
</tr>
</tbody>
</table>

Table B shows a significant occurrence of indicator muscle change during imagery of the ‘anxiety theme’. Lat. dorsi was more sensitive in these trials with an odds ratio of 2.05 and a p value of 0.009. Although the odds ratio of 1.74 and the p value of 0.033 of the triceps tests were significant, one needs to be cautious about this result, as the interaction term of Examiner B pointed in an opposite direction (z = -0.17) to the estimate. This might be not significant and due to random error. In any event, the number of students tested by Examiner B was not sufficient to be conclusive about the interaction term.

Table C  Difference between Examiner A and Examiner B in baseline occurrence of the phenomenon

<table>
<thead>
<tr>
<th></th>
<th>odds ratio</th>
<th>95% C.I.</th>
<th>Z</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>triceps</td>
<td>0.41</td>
<td>0.23-0.73</td>
<td>-3.05</td>
<td>0.002</td>
</tr>
<tr>
<td>lat. dorsi</td>
<td>0.21</td>
<td>0.11-0.40</td>
<td>-4.71</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Table C shows the difference in baseline occurrence between Examiner A and Examiner B. Examiner B had significantly lower occurrence of indicator muscle change compared with Examiner A for both the eccentric and the concentric tests. The odds ratio between the two examiners for lat. dorsi was 0.21, which means that Examiner A had

Linda: I trust it.

Anna: Is there also sometimes conflict with your mind, or...?

Linda: No, I haven’t found conflict with my mind. Because everything that’s come up I sort of knew, felt that I knew, but hadn’t confronted it, or didn’t want it to be an issue. I find muscle testing quite confronting. As I said before, it’s threatening in that way, that you’re there and quite vulnerable in a way when you’re exposing yourself. I find, once you relax and I’m with you in a session, I am quite vulnerable.

Anna: Yeah. Is there something else you want to add to the procedure of muscle testing? Just recall when you come in the room to have sessions with me or another therapists who uses muscle testing. What’s your anticipation, how do you feel in that regard?

Linda: Well, I feel, as I said before, it’s not as much going to the therapist and receiving stuff, it’s more going in to access my truth, or a way of going in to talk to myself, to find out what’s the matter. And I don’t know what that self is.

Anna: Very interesting. That’s a good way how to put it really, isn’t it?

Linda: Whereas I don’t, even though I see you as a qualified person and everything else, I feel when I’m going there, you’re just a guide or a catalyst, “cause you’re asking me all the time. You never say: “Do this” or “Do that”.

Anna: So it gives a refined communication really. Would you also say you can access my knowledge better through that, because I can offer it to you better?
Linda: Yes. Whereas, with the muscle testing, it may bring out things that don't seem connected with the health problem but they are. So, I think that we may have got somewhere, but it would've taken longer for a start, 'cause muscle testing can get straight there, and we may have fixed things up in another way.

Anna: Interesting.

Linda: You know, I'm a little bit for herbs, homeopathy, this works for me. It's a matter of going a certain way about it. But I found through the muscle testing I saved a lot of time.

Anna: Right. 'Cause through that, would you say you could shape the procedure individually or...?

Linda: I think it brings up things that a therapist may not think to ask.

Anna: Right.

Linda: There may not be anything obvious about me not feeling myself, say, me not being Linda. It's common with having a baby but, still, the therapist may not think to ask those things.

Anna: So that's the wholistic concept behind muscle testing as well, which you know is there.

Linda: Right.

Anna: What's your opinion about the result of the muscle test, so when something comes up in a muscle test, do you trust it, or is there, you know...?

about four times the occurrence of indicator muscle change compared with Examiner B. For triceps, the difference between examiners A and B was not as distinct. Examiner A had about double the occurrence of indicator muscle change compared with Examiner B (odds ratio 0.41). Thus, the difference in baseline occurrence of indicator muscle change between examiners was much lower in the eccentric triceps test than in the concentric lat. dorsi tests.

**Table D Change in deviance between Examiner A and Examiner B in relation to the test outcome**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>p value 0.10 (chi square test (1df))</th>
</tr>
</thead>
<tbody>
<tr>
<td>triceps</td>
<td>2.74</td>
<td></td>
</tr>
<tr>
<td>lat. dorsi</td>
<td>0.98</td>
<td>0.32 (chi square test (1df))</td>
</tr>
</tbody>
</table>

Table D shows no significant change in deviance between Examiner A and Examiner B in relation to the test outcome for lat. dorsi (p value 0.32). For triceps, the change in deviance was 2.74, resulting in a p value of 0.10 obtained from a chi square test (1df). This result was marginally significant as the interaction term of Examiner B pointed in an opposite direction (z -0.17) from the estimate in those experiments. The number of students tested by Examiner B was not sufficient to be able to be conclusive about the interaction term.

Table E shows the within-subject occurrence of indicator muscle change in the three sets of trials. The second and the third sets show a similar distribution. The occurrence in the first set has a distinctly different distribution compared with the second and third sets. In the first set, students had a distinctly greater occurrence of indicator muscle change than in the second and third sets.
**Table E  Within-subject occurrence of indicator muscle change during emotionally loaded imagery**

<table>
<thead>
<tr>
<th>Category*</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>series I</td>
<td>2</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>29</td>
</tr>
<tr>
<td>series II</td>
<td>2</td>
<td>12</td>
<td>11</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>series III</td>
<td>4</td>
<td>8</td>
<td>9</td>
<td>3</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>lat. dorsi</th>
</tr>
</thead>
<tbody>
<tr>
<td>series I</td>
</tr>
<tr>
<td>series II</td>
</tr>
<tr>
<td>series III</td>
</tr>
</tbody>
</table>

* Category 0 = 0 occurrences of indicator muscle change in the 5 trials for a subject
  Category 3 = 3 occurrences of indicator muscle change in the 5 trials for a subject

**Discussion**

The results show that the occurrence of indicator muscle change in lat. dorsi during imagery of the ‘anxiety theme’ was significantly more frequent than during imagery of the ‘placebo theme’. The significance for triceps was less distinct and the interaction term for Examiner B was in the opposite direction from the estimate (-0.17). This might be due to random error and the fact that the number of students tested by Examiner B was not sufficient to be able to be conclusive about the interaction term compared with Examiner A. This implies that the data from the above experiments is non-conclusive.

Testing for the occurrence of indicator muscle change in relation to emotionally loaded internal imagery seems to be more complex than the research design could cater for. The very nature of this investigation implied that only a blind design was possible. Because of this, a lot of contextual parameters could not be controlled.

Linda: Yeah, it’s helped because it’s shown me that I have control of my own health, because it’s not you that was prescribing something or not you that was saying: “Take this”. Instead of saying: “You need a homeopathic”, you would find out: “Do I need a homeopathic” asking my muscles. If the muscles turned strong you would say: “Yes. What homeopathic, do you know?”, muscle test again. So you weren’t prescribing. Everything was asking me.

Anna: Yeah, yeah. When you look back to the sessions, what do you think, has muscle testing enhanced your communication with the therapist? Would you have been able to communicate with me what we have talked through, through the sessions, when you look back, without having the muscle tests?

Linda: Oh, yeah. But I think it would have taken us a lot longer.

Anna: Yeah.

Linda: Right. And I don’t think that things would’ve come up in the same way. I first saw you about an anal fissure. Right?

Anna: Yeah.

Linda: I think we would’ve looked at more the physical aspect of it and da da da da da da. Different things may have come up but I would not have thought to bring things up that were inappropriate, whereas...

Anna: Right, so it’s a judgement from the mind what is inappropriate.
giving me options. So that’s given me more faith in my...

Anna: Healing?

Linda: Yeah.

Anna: Oh, that’s an interesting aspect. I haven’t really thought about that.

Linda: So that’s what I think of it, and that’s why I’m taking a bit more control now.

Anna: That might frighten people away, also.

Linda: Yes.

Anna: Those who don’t want that aspect of shared responsibility.

Linda: Yes. And I was saying to the chiropractor now where I’m feeling things are out of balance and that I’m working through emotional things and da da da da da, whereas before I tended to not say much, even particularly with doctors. Probably doing naturopathy, or maybe that’s why I did naturopathy, I could never say: “This is what I feel it is”, or “I don’t know, I’d like to try something else”, or I’d just take the script and walk out feeling disappointed.

Anna: Right.

Linda: Whereas now I feel a bit stronger.

Anna: And the muscle testing was a procedure which has helped you with that?

For example, the different and highly significant results of the first set of tests might be due to the fact that Examiner A was a teacher of the students at the time of the experiment and employed by the institution where the students were studying. The students’ professional connection with the examiner might have influenced their willingness to disclose what they were thinking. Thus, the first set might have had a more significant contextual variable influencing the test outcome than the actual imagery script. The students of the second set of tests had only superficial contact with Examiner A - as a teacher - and Examiner B was a total stranger to the students of the third set. These contextual differences might have influenced the data considerably.

Furthermore, the internal imagery asked for in these experiments depended on the cognitive efforts of each individual student. These might be very different in an experimental setting compared with a clinical setting, where the patient wants to get well.

Research reports on the effects of mental practice on motor skill learning show that a host of individual, task and methodological factors influence the outcome of mental practice on motor skills (Weinberg 1982, Feltz and Landers 1983). This might also be the case regarding the occurrence of indicator muscle change in relation to negative emotional attitudes. The cognitive task of internal imagery is a complex multi-determined human action. The task of reproducing a specific experience and its energetic variations in a quasi-experimental setting might be more significant in influencing the occurrence of indicator muscle change then the actual imagery script.

Therefore, based on the above data, no far-reaching conclusions about the occurrence of the phenomenon in relation to negative emotional attitudes can be made. Many more studies would need to be conducted to
illuminates this particular research theme. The research presented here needs to be seen as a start for further controlled studies.

**Conclusion**

This study confirms Diamond’s clinical observation that indicator muscle changes will occur in a spleen-related indicator muscle when a person mentally focuses on ‘realistic anxieties about the future’. But the results were only marginally significant and some contextual parameters, such as the student/teacher relationship, might have influenced the results. Many more studies would need to be conducted to be conclusive about parameters involved in the occurrence of indicator muscle change in relation to emotional attitudes.

In summary, the object of the study was to ascertain if indicator muscle change will occur during mental activity related to negative emotional attitudes. The hypothesis derived from Diamond’s (1990, 1992) clinical reports of such a relationship. In the overall evaluation of the three sets of experiments, the data showed a significant relationship between the mental focus on realistic anxieties about the future and the occurrence of indicator muscle change in triceps brachii and lat. dorsi. But the results were only marginally significant and some contextual parameters - like the student/teacher relationship - might have influenced the results. Further studies are needed to quantify the occurrence of the phenomenon in relation to mental activity and emotional attitudes in different clinical and/or experimental settings.

Linda: Yeah, more trusting...

Anna: Your own intuition, more trusting?

Linda: Yeah, more trusting of it. I think I was aware that I had intuition in other things or with other people. But through the muscle testing and through the sessions, I put more trust in that intuition. I felt it was always there. But just trusting it a bit more that it was right.

Anna: Oh right. Do you think it has enhanced communication with yourself, with your inner healing or whatever you call it, the healing guide?

Linda: Yeah, definitely. I had problems with my neck lately and I was really trying to be in touch with feeling my body and feeling my gravity. Mind you, all gravity’s out a bit. Whereas before I had sessions with you, I would tend to just go to someone and give the problem to them. You know, hand it over to them.

Anna: Ah, right. So muscle testing... what you say...

Linda: Now I’m being more responsible. I’ll do my meditation and different things and ask for the guides, as you were saying, and take a bit more control, knowing that the answers are there.

Anna: In you?

Linda: With the muscle testing I find you don’t come and say: “Do this, do this”. You’re asking me what to do, so I find the muscle testing has given me more control. Even though you’ve done medicine and know a lot, you don’t use that information to impose it on me. You’re just asking me what I want and
for me, so I am quite confident and comfortable with muscle testing and things like that.

Anna: It was not a threat or a...?

Linda: No, not at all, except the threat of knowing something I wasn’t ready to challenge yet. Knowing that things would probably come up in muscle testing which I would not feel comfortable with. Knowing that maybe I couldn’t hide something if I wanted to.

Anna: So what sense do you have from that procedure of being muscle tested? What do you think it is?

Linda: Energy, sure. I can feel that during the session. I find it incredible because there’s no control over the outcome of a test. Even if I wanted to tighten that muscle doing a muscle test, it just loses its power. So there’s something that I feel is a bit beyond me, in a way, or beyond my consciousness. I don’t know what sense I could put to it.

Anna: So you really wanted to have a strong muscle and it just doesn’t do it?

Linda: Yeah, even if I just try and keep it strong or go against you, even if I wanted to rig it, so to speak, or to really go against it, if it was a ‘no’ or whatever, the muscle just weakens. I lose the strength, and I don’t know what that is.

Anna: Yeah. Well, that’s why we’re investigating it. It’s good that you say that. So would you say muscle testing helps that you are more aware of yourself and your body?

Chapter 6

People’s Perception of the Phenomenon of Indicator Muscle Change

Phenomenology validates people’s lived experience as being in the realm of cognitive authority. The involvement in everyday life and people’s experience in the world is a source of knowledge which, if compiled, can help to shed light on the human condition from a group’s perspective. People who have encountered the phenomenon of indicator muscle change in a health care setting have valid experience of the phenomenon. In this chapter the researcher, having explored the clients’ experience, documents their spoken accounts of the phenomenon.

Planning the Interviews

As human beings are self-reflective and make sense of phenomena encountered in their lives, they are a source for generating knowledge through communication. Language conveys experience, shaped by the person’s specific context and his/her unique interpretation of events.

The flexibility of a semi-structured interview was seen as the appropriate technique to find out about people’s experience of the phenomenon. A survey with questionnaires was seen as inadequate, because these give a preconceived set of criteria into which the person has to fit his/her experience. Douglas (1985) has described this research technique as limiting when it is concerned with personal experience.
In accordance with the phenomenological assumption that lived experience can be articulated, the criteria for selecting clients for the interviews was that they had a good knowledge of the process of muscle testing and indicator muscle change, and that they would be willing to disclose their views about the phenomenon to me. I invited five of my own clients and five of another kinesiology practitioner’s clients to be interviewed.

The interviews took place in either the clients’ homes or in public places they designated. I obtained an informed consent for taping each conversation and transcribing it at a later date for publication. The people were given an assurance of confidentiality of their personal data. They were also informed that the recording of the conversation and the interview itself could be stopped at any time on their request. The offer was made that the taped information would be replayed to them if they so wished. They were also informed about the interview process itself and encouraged to freely state their views and opinions.

The Interview Structure

The interview technique was a semi-structured protocol. I prepared questions in relation to the theme: ‘Does indicator muscle testing and the phenomenon of indicator muscle change enhance a person’s perception of reality and, if so, in what way?’ The aim was to keep the conversation free-flowing and open-ended to allow a dialogue in which to learn from the interviewee’s experience and his/her interpretation of the phenomenon.

The approach was based on Gadamer’s premise that being in the world was revealed in language (Gadamer 1975, p. 345ff). Gadamer stated:

Linda: Yeah, yeah. I feel my body knows the answers but I can’t access them due to not just judging but clouding them. There is interference, emotional, all sorts of other stuff affecting that. When I’m with you, doing a session with muscle testing, I feel more intuitive. Like, you might, say, look at an area of stress and you might muscle test and say: “This doesn’t give your body stress; there’s something else”, and automatically I feel my thyroid, or the area under stress. Then we work on it using the muscle testing to look how we’re going to fix it.

Anna: Right. So would you say the muscle test guides you? Where you have to look at?

Linda: Yeah, guides and checks, because there’s a few times I’ve said: “Throat” or said: “Right leg” and the muscle test would reaffirm that. So after a few sessions I found now I’m more likely to just say what first comes into my mind and it tends to be right. It’s developed my intuition by doing sessions. Where at the beginning I was a little bit probably nervous, too, a little bit unsure of myself whether I could feel what was going on, now I can go into a session and just say whatever comes up, even if it’s silly, and then the muscle test can reaffirm that or lead us in a different way of working or...

Anna: Interesting. It has strengthened your intiution?

Linda: Yes.

Anna: Oh, right. So how does it feel for you to be muscle tested?

Linda: It wasn’t new for me, because I’ve been muscle tested before, with a chiropractor up here when I was pregnant, and also in Melbourne. It wasn’t new
Judy: Yeah, very much. And you know, it is also really to trust the body that it knows and to let it speak; relax, let your mind go and let the body speak, tell you what it needs.

Anna: Then you can act on it or not?

Judy: Yeah, then I have a choice. In that example of the tea, my body was saying: “Take it” and then I didn’t take it. But the body was still asking for it, still wanting it, when I was tested later.

Anna: Thank you for the interview.

Linda’s Perception of the Phenomenon

Linda is a 36-year-old naturopath and young mother who had kinesiology sessions for food allergies and different other health problems.

Anna: Linda, can you recall the sessions with me? What was the benefit that we had muscle testing in our healing sessions? Could we just have done it with intuition? What is kinesiology giving in the session?

Linda: Right. I found with kinesiology that my body or my system knows the answers and that kinesiology was a way of accessing these, bypassing in some ways the conscious part of me. Your energy as the practitioner and the muscle tests assisted me to see areas, to see blockages and then to check or to use kinesiology to work on these areas.

Anna: So, do you feel you know intuitively the answer but your mind is judging the answer? If something comes up in the muscle test it will help you to be better with your intuition?

“A conversation is a process of two people understanding each other. Thus it is characteristic of every true conversation that each opens himself to the other person, truly accepts his point of view as worthy of consideration and gets inside the other to such an extent that he understands, not a particular individual, but what he says.”

(1975, p. 347)

Prior to the interviews I introduced my research to the participants. I explained the general theme of my research and the research design. I gave them as much contextual information as they needed to understand their role in my project. Foddy (1993, pp 19 ff and 189), who described human question-answer behaviour in a research setting, stressed the active role and reflective behaviour of the interviewee in trying to make sense of the questions. ‘It is more fruitful to see respondents as active agents engaged in the task of trying to make sense of the questions that are put to them.’ He concluded that contextual information minimised assumptions by the interviewees about the researcher’s interest and their own expected role in the project.

The participants were asked to recall healing sessions where indicator muscle testing was used. They were encouraged to describe, from their experience, what sense they had of the procedure, how they felt about the procedure, how they reacted to it, and what understanding they had of the method.

These questions acted as prompts in the conversation when the narrative of the interviewee ceased. I saw my main task as an interviewer as being to encourage each participant to tune into his/her experience and give a vivid account of it. The interview was a creative process in which the interviewer facilitated the recall of the person’s experience.
The protocol was intended to give the participants space to raise other themes, which they regarded as important to their experience, during the conversation.

**Ten Interviews**

The interviews elicited an account of each interviewee’s particular experience with the phenomenon of indicator muscle change in his/her own context of being in the world. In the following section, I have given a full transcription of the interviews from the ten research participants. This acknowledges the fact that the people themselves, and in their own words, can most accurately describe their experiences.

The ten research participants were: Sue, Steve, Ruth, Susan, Jack, Doris, Anita, Peter, Judy and Linda. They all had consulted kinesiologists to help them improve their health problems.

- Sue, the 27-year-old mother of two children, had kinesiology sessions to better cope with her situation of having a family and looking after two young children.

- Steve is a 39-year-old research scientist in cognitive psychology. He had kinesiology sessions for food allergies and, more recently, for coping with the murder of a friend.

- Ruth is a 28-year-old yoga teacher and mother of a young baby. She had kinesiology sessions to help her cope with her new role as a mother. Prior to that she had encountered muscle testing for various other health problems.

between when the mind talks its ideas and when the body talks. The body says: “I need this, this is a mess”, and they can see the difference and feel that the body knows. What the body has on information is never really accessed.

**Anna:** Do you think muscle testing is also educational?

**Judy:** Oh yes, very educational. It gives you information about what the body needs. It is showing you another reality than what the mind thinks.

**Anna:** Does it enhance your perception of reality?

**Judy:** Well, I think there is a reality like what the body needs, like I was saying before, and then there is the reality what I think my body needs. That is a reality but it is not necessarily the reality of my body. Muscle testing just gets you in tune with your body and gives you a very good relationship to your body, how to look after your body, how to care for your body, where to start and give it what it wants. I trust that the body can get well, no matter what diseases or what things are in the way. That it will get well, if you take care of your body when you’re sick. When you’re used to the old, traditional way and your problems don’t get less, you are looking for other ways to get better. When I see my body reacting and I don’t know how to do anything else, that’s for most people very educational. I was willing to try something else and I trusted the person doing the muscle test.

**Anna:** So the muscle test is a guidance of how to slowly change your body?
Judy: Yeah, sure, very much so. Now I’m very aware of what is going on in my body, what attitudes I have, how I look at my body and what deficiencies I have in my body. The muscle tests really access information and then I can act on that information to do what I need to do to keep me healthy. Yes, it is directive for me. I can feel: If I do this, my body gets depleted and, well, if I do this, it strengthens the body.

Anna: Do you think the muscle test accesses this information in a quick and efficient way?

Judy: Well, you see, this muscle test, especially with P, was very specific. You know, you can’t eat this, you can eat that. But I have never been to a naturopath and I don’t know enough about nutrition for a start, so I don’t know.

Anna: Feeling your body respond. How was that for you? Feeling your muscles getting weak or strong?

Judy: Well, I have always been weak and it is now for the last six months that I have done a lot of healing—it is not just muscle testing, I have done a lot of different things—and now it is starting to come together. I’m getting stronger and stronger and more energetic. So it is a real breakthrough. I was always getting colds because I have this scoliosis right on my chest and that deformity is really restricting my breathing and weakening my lungs.

Anna: What is the most important aspect for you being muscle tested?

Judy: I think people need to have experience that the body is really talking and feel the difference

- Susan is a 34-year-old teacher who had reoccurring headaches for which she sought help through kinesiology.
- Jack is a 41-year-old real estate agent who had kinesiology sessions to heal his glandular fever and reoccurring gout attacks.
- Doris is a 44-year-old music teacher who had kinesiology sessions to help heal a broken arm and improve her asthma.
- Anita is a 32-year-old artist who consulted kinesiologists for different health problems over the years.
- Peter is a 36-year-old journalist who experienced muscle testing during chiropractic treatment and had kinesiology sessions for his reoccurring meningitis.
- Judy is a 31-year-old school teacher who had kinesiology sessions to heal her chronic fatigue.
- Linda is a 36-year-old naturopath and young mother who had kinesiology sessions for food allergies and other health problems.

All of the above research participants had experienced muscle testing on several occasions and with different kinesiology practitioners. The following are the full transcriptions of the interviews in order for the reader to have a complete reference for the analysis and interpretation of the interviews in the following chapters.

Sue’s Perception of the Phenomenon

Sue is a young mother of two small children. She had kinesiology sessions to help her better cope with her situation of having a family to care for.
Anna: Can you recall a session when you were muscle tested with P? What happened there in the session for you being muscle tested?

Sue: I hadn’t had muscle tests done before and she gave me certain things and I had to hold my arm. She was testing me and getting me to say certain things. And she like held my arm and then I was really surprised how my body would respond. And then she’d get me to repeat something and then she’d test if I can hold my arm and I’d think that, consciously, I would be strong and I’d be weak. It really surprised me.

Anna: So was that a revelation to you how your body reacts to certain things?

Sue: Yes, deep down it felt like it was telling the truth. Consciously, I was not aware.

Anna: So, do you think you had some control over your muscle?

Sue: Unconsciously, yes; but not consciously.

Anna: So consciously you’d think “I have to be strong”, but it didn’t happen, you still could be weak. When you discovered that, did that change your reality and how you perceive your body?

Sue: Yeah, it made me look at myself a lot more. I felt like I had been hiding from myself.

Anna: So what is the muscle testing telling you?

Sue: It’s getting me more in touch with what I feel and want to do, what I really want.

nutrition—things and teas I needed to get better. She told me that I needed this particular type of tea and the next time I came back she muscle tested for all the things she had given to me if they were working in my body. She said to me: “This is working, this is working, but this tea that I gave you, is not in your body yet. Your body is not registering this tea”. “Well”, I said, “P, I have to confess I haven’t taken it”. She said: “Well, if you’re going to come to me to get treatment, then you really have to follow through what the body is telling us”. And the body was asking for this tea I didn’t like the taste of. But that was so obvious what my body was saying that I said to myself: “O.K., I really trust my body and if my body says it needs this, then I take it”.

Anna: Looking back, do you think that it was beneficial to trust the muscle test?

Judy: Oh yes, especially a lot of nutritional information, not so much emotional things at the time, the vitamins and minerals and what I shouldn’t eat and what I should eat. For example, I was constipated and I kept quite a strict diet. But the tests showed that soya milk was bad and that was why I was getting constipated. I dropped the soy milk and I felt much better. So, I have had immediate results. And taking the minerals was very good because I usually get quite sick by changes of temperature and rainy days, but this time, because I’m on this program taking what my body said it needed, I haven’t got sick, which is quite something for me.

Anna: So do you think the muscle test has helped you to be more aware of your body and its needs?
Judy: Well, it very much depends on who does it. I don’t think anyone who gives you a therapy will make you always comfortable with it. P does it very softly, very intuitively and very sweetly whereas I had one guy who did muscle tests just the opposite: very, very rough, very full on, very invasive. He was the one that did the scoliosis tests for me. He was always getting my mind to do things, look left, right, look up, down. He wanted me to do things all the time, so the brain didn’t get a hold of this thing that’s going on and work it all out. He was saying this way the brain doesn’t know what’s going on. You’re by-passing the brain and just working with my body. By the end of it, I didn’t know what was up and what was down but I also trusted that he was very into what he was doing and was very precise. He was rough, he was tough. But I just thought: “Put all that aside and trust; he knows what he’s doing. He knows about scoliosis and I really need his help”. He was invasive in his approach and very different from P.

Anna: Well, were those muscle tests beneficial as well?

Judy: Yeah, about three days after that I got an incredible pain in my spine, more than I ever had, and then it went. It was a very intense pain and I felt he had moved something very deep. It changed my body. He used to treat me very radically but it changed my body. So it was very different to P, even though the techniques are similar. A whole different approach; I couldn’t really compare them.

Anna: Do you trust the results of a muscle test when you are tested?

Judy: At first I didn’t. I can remember one funny thing happening to me. P muscle tested my body for

Anna: Do you think it has something to do with your intuition—that the muscle tests show your intuition?

Sue: I suppose it could be intuition but it feels like an inner strength—what is felt inside, what strength really remains.

Anna: And the muscle testing as a procedure brought you...?

Sue: Getting me more in touch with that.

Anna: How did that feel for you being muscle tested?

Sue: It’s exciting to feel your body responding. That the body knows what is right and wrong for you. Life is so hectic and rush, rush, rush and I am caught up in things and it’s nice to get back to what are the really important things. So it felt good in a way to see the body responding but, at the same time, also upsetting in a way, too, to realise how much you can cover up when you are rushing.

Anna: Did the muscle testing open something for you?

Sue: It opened me to myself and how I react to things and still react to the past.

Anna: Would you say the muscle testing as a procedure has been beneficial to you?

Sue: Oh yes, I’d recommend it, yes, for a lot of different things. Especially stressful situations and anything really. I found it very efficient.

Anna: Did you learn more about yourself in muscle testing?

Sue: Yes, especially things from my past.
Anna: What is your opinion about the results of the muscle tests, when you experience something and then you get weak and then you get strong? What is your mind telling you then?

Sue: For me, I guess, it’s telling me how to better look after myself. I feel I’m doing something for myself like the additives testing for the food. It’s saying “No, this food is actually weakening you, it’s not very good for you, it’s not making you really sick but it’s not strengthening you, it’s not giving you the energy you need, it’s not right for your body”. So in that regard, yes, it is making me feel stronger. Also, things emotionally that I covered up... the muscle test make me look at them and find ways of dealing with them, which really makes me stronger again. I find that very strengthening.

Anna: When you think about your muscle getting weak and strong in the tests, would you be able to access that just sitting down and thinking about it yourself?

Sue: No, I don’t think so. Well, I never did that before with the things I’ve dealt with in the muscle testing, and I feel I’ve healed past things that have happened in my life that I couldn’t see any way. I couldn’t have done that without it. I’m not saying it’s the most wonderful thing I have done in my life, but it certainly really worked.

Anna: Do you think just talking to a counsellor would have had the same effect, would it be just as quick?

Sue: No, I don’t think so. This really got to what was causing the problems straight away. Whereas with talking we never got to it really. It was something that it needs, what it doesn’t need. I think when one is rigid with ideas of how things should be, then that voice will become strong, and if one knows this voice more and more, you can get in tune with yourself, in tune with this voice.

Anna: So would you say muscle testing is a communication tool for you with yourself?

Judy: Well, I couldn’t do it myself. That is why I went to somebody else because I needed that other person to access that voice. So it was very much a communication with that voice, a commitment of being well, how the body is feeling at that point in time.

Anna: Have you been muscle tested by someone else as well?

Judy: Yeah, I have, actually—two other people, because I have a very bad curvature of the spine, scoliosis, and I have done a fair bit of work with two different practitioners. One gave me a scoliosis test which was an hour and a half of absolute muscle testing of my body, and another one was a chiropractor.

Anna: When you now look back to those sessions, what do you think is the muscle testing giving you in relation to the therapists using the muscle test?

Judy: I always think muscle testing is accessing me. Muscle tests bring the therapist more in contact with me, what I need, and there is an easiness about it.

Anna: When you go into a room to be muscle tested, how do you receive the procedure? Do you think... is that O.K. for you or is it invasive?
time, my mind was saying: “No problem”, but my body was saying: “Something is interfering with your willingness to get well”. So that was one example of how my mind was perceiving things differently. And then we tested the next week and I got my one hundred percent, and there was a line between really wanting to get well and my body saying: “Yes, this person really wants to get well”. I really felt it in my body this time. I really felt the determination to get well whereas, before, I thought I had the determination to get well but it wasn’t really a body sense.

Anna: Do you think the results of the muscle tests help you to see what direction you need to go?

Judy: Yeah, it gives a lot of direction and a lot of insight into what is really going on in my body, and to my attitude, to my emotionality and to my physicality. And I have been tested about a lot of different levels of my energetic body, my physical body, my emotional body, etcetera.

Anna: Do you think it accesses intuitive knowledge you have?

Judy: Yes, very much.

Anna: How would you describe what is accessed when the muscles go weak or strong. What part of your being would that be?

Judy: Well, I think the body has its own voice. And I think when one is really stubborn and stuck with ideas, then the body has a space to speak up about what’s really happening. The body’s voice... basically, that is what muscle testing accesses, this body voice. What was caused a long way in my past. With muscle testing, you were right there on the first day.

Anna: So, you say that you could access information in your energy field that you wouldn’t have accessed in another way.

Sue: Yes.

Anna: Now the method as such. Do you find being muscle tested is invasive?

Sue: No. I think it's important to trust the person who's doing the testing. If you feel comfortable with them, you feel comfortable with whatever emotions might come up. That is O.K.; I didn't feel that it was invasive...

Anna: Or pushing you or something?

Sue: No, you've still got control. You can always say “No, I don't want to do it any more”. I didn't find it invasive. I felt that I benefited from the testing.

Anna: Do you have an idea what part of you is making your muscles weak or strong?

Sue: Of where the strength or weakness are coming from? Well, I feel in our body we have all the energy fields and everything, but I feel I've got a centre somewhere which effects the rest of my body. It's just my body being aware of how it's feeling and everything that I've ever experienced is stored somewhere in that. So, with the testing, it's just showing that part. It's just my body saying what is stored in that part. In our conscious life we're so hectic, we're so caught up with everything we often
forget what is inside and all these things we’ve experienced.

Anna: Is there something else you want to mention... what muscle testing has done for you?

Sue: For me it’s been a very valuable experience. I feel that I can go now and do a lot of things whereas before I was really stuck. I got aware of past things that were subconscious and I didn’t remember that they were holding me back.

Anna: So the muscle tests helped you remember?

Sue: Yes, and heal them. It showed me things about myself which I didn’t know. It showed me things that I can do—practical and easy ways to keep feeling good and going.

Anna: So did it give you a better sense of the everyday reality, how you can cope with your kids and everything?

Sue: Oh yes, it made it much easier. I had a lot of stress before that, on top of having two hectic kids. I’m not as stressed now.

Anna: And you can deal with reality in a different way?

Sue: Most of the time. I’ve got some exercises I can do that really make me feel a lot more in control, a lot better. It’s not something like that I’m pretending to feel better. I actually feel better inside. So when I feel stressed now it’s only like an external stress and I can overcome that. It’s not that my inner spirit is stressed.

Anna: Thank you for the interview.

Judy: Yeah, you could say that. It’s there, but I cannot tap it and I guess the muscle testing was a way to tap it directly. I mean, I’m sure I could get to it myself because that was why I went to P. I felt in my body that there were things disturbing me and I tried to sit and meditate to find the answers. But it was really clear that I needed help in accessing that information. I wanted to access that information. By muscle testing I could do it.

Anna: Do you think with the muscle test you can access information quicker than just sitting and meditating on it? Or what does muscle testing give you?

Judy: Well, I have a very strong mind and I have a very strong stubbornness about how I think things are. So how I think about what is wrong with me, like my worries or anxiety, dominates my whole perception of that. When I have muscle testing it bypasses this mental anxiety. What’s wrong, what’s happening... that sort of anxiety that then blocks the issue of the information that my body needs to have.

Anna: Do you think that being muscle tested enhances your perception of your own reality?

Judy: Well, it makes me see very clearly that what I think is going on is not actually what’s going on. For example, P asked me what my attitude was to get healthy. She asked me that question: what’s my commitment to getting well in the lower part of my body because that’s where I was working on at the time? I thought that I had a very good intention to the problem and I was ready to get healthy very quickly. Then she muscle tested me and my willingness to get well was only forty percent. That was what my body was saying and, at the same
his mind through either and has expectations of what he wants to find. If the therapist is empty, then it’s a pretty good tool, probably more credible because there is some sort of physical contact between the patient and the therapist which the pendulum does not give. But it is always good to have different tools.

Anna: Thank you for the interview.

Judy’s Perception of the Phenomenon

Judy is a 31-year-old teacher who has kinesiology sessions to heal her chronic fatigue.

Anna: Judy, can you recall a session with P? What sense did you have about the procedure, lying on the table and your arm being muscle tested?

Judy: So, you basically want to know what was the essence for me with muscle testing?

Anna: Yes.

Judy: What was important for me is the trust that my body knows. That there are things in my body, secrets in my body, that muscle testing can tap and I can connect to my brain. There is a difference between my body knowing about illnesses and certain upsets of the body and the preconceived knowing from my brain what was going on. Bypassing my brain and going straight to my body through muscle testing gives me answers to questions and I find out lots of things, information about my body, that was not available to me in my conscious mind.

Anna: So you feel that the muscle tests access something which you cannot access with your mind?

Steve’s Perception of the Phenomenon

Steve is a 39-year-old psychologist. He had kinesiology sessions for food allergies and, more recently, for coping with the murder of a friend.

Anna: Steve, can you recall a kinesiology session please? Tell me a bit about how you experience muscle testing.

Steve: The last session that I had with P?

Anna: Yeah.

Steve: I knew, I was in shock about an emotional trauma, a murder, and I went to P for a different reason, but it was apparent that I needed to work on this, on the shock.

Anna: When you get tested, can you feel how the muscles get weak and strong?

Steve: Yes, it’s very clear. What I like about the muscle testing is that it really connects me. I’m not relying on the practitioner, but I feel the truth of my body’s response myself. It’s undeniable evidence for me and the skill of asking the questions is important. If the practitioner is good with the questions that they ask, I can feel my response and I feel the truth of what’s been said and it helps me to connect to a more understanding of myself. What I realised during the sessions is that I know what I need. I really do know it and the practitioner is just bringing it out, demonstrating it.

Anna: So, you think the muscle testing really shows what you know within yourself.
Steve: Yes, yes.

Anna: Is it accessing your inner knowing? What sense do you get from this procedure?

Steve: The sense of rightness of what comes out, because it is my knowingness. It connects me more to my knowingness and, in this case, it just confirms my knowingness because I knew I was in shock. It was emotional shock and I knew I was experiencing rage about what happened. I wasn’t letting myself feel it. I knew these things but somehow it confirmed it for me and let me connect my conscious mind more with what needed to happen at an emotional level.

Anna: What do you gain out of the muscle testing procedure? Why do you have to go to a practitioner if you know what is on line for you?

Steve: That was this particular case. There have been other cases where I haven’t known, particularly dietary. What I value about P is the dietary advice. But in the context of the last session, I’m already coming from a situation which is quite deep in emotional and energetic work. I understand a lot about emotional energy. So it was a confirmation of what I had already been working on in a group. That was, where my energy was. I needed to work with what was. It’s like, how can you talk about diet when someone has been murdered? I mean, it was bizarre. So there are other cases where, particularly dietary, I didn’t have such a clear notion. I went through the candida diet with P and, after I’d been through the clean-out, I found that I connected much more with what I wanted to eat. Like my palate became much more refined. I started to know. Like, I’d take a bite of something and I knew I didn’t want to eat that. So end result. And at the end of a session, it somewhat brings the patient and the therapist to an agreement of some sort of cause of action. It is a quite powerful negotiation tool. It is really like a protocol, something you can build up from.

Anna: So, to summarise the session: You had a feeling around your heart chakra something was not right; intuitively you had a feeling where the block was; so, through the muscle testing, we agreed upon a cause of action and then we could work on it and disperse the block.

Peter: Yes. Muscle testing clarified the block. You can’t stay wishy-washy about it. You make an agreement with the therapist. There is a notion in crystal healing which says where you put your awareness is where the energy goes. With muscle testing, not only the therapist has to focus on the problem but also the patient and they work together on it. It is a step-by-step method and different parts of our beings can be tested: the body, emotional, electrical and so on. And we get answers on each part so that we can get a picture and then decide on the right direction.

Anna: Would you say the reading of the muscle tests were showing what was in your subconscious mind? Or what level of your being were we communicating with? Is it the mind as such, your conscious mind or your subconscious mind or your higher self?

Peter: It’s got to be either subconscious mind or higher self, not the conscious level because, at that time, my conscious mind was really confused. Perhaps it was a bit of both—subconscious mind and higher self. A lot of answers are known by the higher self anyway. I find it really important that the therapist doesn’t put
Anna: What would you say if you compare pendulums and muscle testing?

Peter: I would not trust pendulums, either. I trust my hands. Muscle testing or pendulums allow only weak or strong, right or wrong. There is not the spectrum of differences I can pick up with my hands.

Anna: So you are saying that the muscle testing can give read-outs, which are not what is felt by the one who is tested, and the judgement of your mind is that one-third feels “right”, one-third feels “I don’t know” and one-third feels “not right”?

Peter: Yes. Perhaps muscle testing is more for educating the patient so that the patient actually can work with the therapist on another level. I am a sceptic, but I feel there is something to the muscle testing.

Anna: When you now think about the issue of using your hands to attain information, this is normally classified as intuition or intuitive process. Do you feel that muscle testing can enhance this intuitive process? What did the muscle testing do for you in the session?

Peter: For me, it was a tool to work with, a parameter. Without that, you would have to find another structure, another method, something to quantify the results. It gives you a clear cut answer and the patient can see the result. It is going to be weak, it is going to be strong. When I was working with my hands I might feel a block and the patient might not feel it when he is not tuned in. I think it is very helpful with the muscle testing that the patient can see or feel the result. And if the patient agrees on that, then it is possible for the patient to work step-by-step with the therapist through the session and come to an even there, it started to refine me. The muscle testing was like the first step.

Anna: So would you say the muscle test has enhanced your perception of reality, what has happened to you in your physical body or...?

Steve: Yeah, it has given me some guides to deeper awareness of what my truth is. What my real knowing is.

Anna: Can you go back to the feeling of lying and being tested? How do you feel about the muscle test as a procedure?

Steve: It’s fine.

Anna: Is it invasive?

Steve: No, no, it’s not invasive at all. I’m an acupuncturist, so looking at someone’s tongue, for example, is very invasive because a lot of people are embarrassed to show their tongue. Taking a pulse isn’t, but also palpation of the body is invasive. What I like about the kinesiology muscle testing is that it’s a very simple procedure. It’s not invasive at all. It doesn’t invade any boundaries that I may have. It involves me as well. I feel the truth, I’m not relying on some doctor. I don’t trust doctors. I don’t trust people telling me what is wrong with me. I need to feel it myself and I get that through the muscle test. So I guess it’s invasive in the sense that it really does show me the truth of what the result is. I feel it, but it’s not invasive against any boundaries that I might have or any privacy that I might want to respect.
Anna: Do you feel the muscle test shows in any way only what you are able to be aware of at a particular point in time?

Steve: I don’t think that is a function of the muscle tests themselves. I think that the muscle test will show whatever the practitioner and the patient are capable of being aware of. It’s like any diagnostic procedure. And P is very sensitive in the use of muscle test. It goes to a deep level. For example, she tests spiritual things or chakras that are open or whatever. So I don’t feel that the muscle test is bound to a certain level of experience.

Anna: Right, so when you see a practitioner now applying the muscle testing procedure, how much would you say is due to the tool and what is the person?

Steve: I’d say it is one hundred percent the person. I don’t believe in a healing modality without persons. I don’t believe that there is a diagnostic tool that just gives you the right answer. It is the awareness and skill. I mean, what point is for the practitioner to have the most spiritual knowledge of somebody who is totally unaware of it. It won’t make sense to them. Why do they need to know that their heart chakra is blocked if they’re a truck driver and concerned about the ache in their back. It’s not relevant. It’s not what they need. It’s the same the other way round. If the patient is very refined and the practitioner is worried about a very gross level of medical intervention but the patient is really needing something on the soul level... again, it’s the awareness of both parties and the tools. I mean, to me, feeling the pulse is the same as kinesiology. But the advantage of kinesiology for me is just that it gives the patient a feeling of what the response is rather than they relying on the practitioner. They feel it for themselves.

therapist. I found, each time I have been treated through muscle testing, it is almost like my mind coming in, when the muscles were weak or strong, judging the process and saying: “Hang on, what is going on here? Is that right, did you actually push as hard on my arm or leg as before?” I find myself almost judging that during the session. And for my mind it is clear that perhaps the weak or strong muscle test is there only in one-third of the cases, one-third of the time I really doubt the results and one-third of the time I am undecided.

Anna: In your session, we were looking a long time for the priority goal, we had to work with, and your mind was scanning through your energy body while we muscle tested to find the ‘gordic knot’. Did you find the muscle testing helpful for that?

Peter: Yes, I did. I was really confused at that time. There was one part of myself that knew about the issue, but there was an other part of me that really didn’t want to know about it. There was a conflict there somehow, and through the muscle tests this was showing up.

Anna: Do you find muscle tests helpful?

Peter: Muscle testing has been used on me before, during chiropractic treatment. They checked with the muscle testing if my spine was in line before and after a treatment. Here, sometimes the muscles were strong, indicating that the problem was fixed, even when I still could feel that my spine was not all right. I don’t know what that means. Perhaps the therapist was going too fast in his muscle testing or I was not trusting or it was a combination of both. I don’t know.
Anita: Yeah, I think I am more aware of that and, when I feel this more strongly, I can do something about it.

Anna: When you have mental stress or emotional stress your body gets weaker?

Anita: Yes, I have now more flexibility in my hip joints and my knee joints because somebody has worked on it and I can see the relationship there.

Anna: So the body reacts to whatever is happening. And what does it feel actually lying there and having this muscle tested or standing there and someone is pushing your body or your arm in a certain direction?

Anita: Yeah, in the very beginning, when I just didn’t even know what it was, I found it a bit awkward, very technical and very logical, actually. I found it kind of suspicious, the kind of tools S had, like what I said about this water bottle on my belly. But the results and depth of it gave me actually more trust in this thing with the muscles. And out of the depth, even in the first session, I could just relax and I remember.

Anna: Thank you.

Peter’s Perception of the Phenomenon

Peter is a 36-year-old journalist who had kinesiology muscle testing during chiropractic treatment and for his reoccurring meningitis.

Anna: Peter, can you recall a session? How did you experience the muscle tests?

Peter: For me, it is hard to feel what actually is helpful or not helpful with the muscle tests. I find it is mostly for the

Anna: Yeah, exactly. Do you feel that this is educational when you can feel yourself what is going on? Would you say that muscle testing gives a bit of power back to the patient or...?

Steve: Let me retract from that a little bit. I believe what you say, but I also believe, at a subtle level, if I’m sitting with a pulse diagnosis somewhere the same thing can happen as well. This is a gross level of indication back and for certain patients, this is good. They need to feel “Oh it’s weak”. But other patients can just feel their being, they can feel the truth for themselves and so the words of me as a practitioner don’t need to spell it out so much. They feel it for themselves. So again, a tool is a tool. It’s the person using the tool that makes the difference.

Anna: How do you experience muscle testing for yourself?

Steve: It’s a communication with myself mediated by the practitioner. What I like is that I come away with a sense of knowingness. A lot of practitioners just want to tell me what’s wrong with me and I don’t really want to accept this. I need to feel what’s wrong with me. I want to bring my awareness to that so that I’m responsible. I think this is easily mediated by the muscle test. I mean, I have other problems with kinesiology, I think that their intervention methods are lousy but it is a fantastic diagnostic tool.

Anna: So what do you think are the limits of kinesiology?

Steve: I think it’s a diagnostic tool. The muscle test is diagnostic but when you’re actually strengthening the points this to me is a little superficial and it’s very dependent. I mean, it could still be strong but it’s very dependent on the connectedness of the
practitioner. I mean, with a really refined practitioner they could do good things with this as they could with anything. But there is something a little superficial to it, like talking about affirmations. I don’t like affirmations. We talked about hypnosis and things. I don’t like using mental recitation to change my state. To me, it’s best to let the mind go completely and move into the heart energy or spiritual energy. Actually strengthening the points is fairly superficial compared to acupuncture.

Anna: You get a strong muscle response after such a point is strengthened. What do you feel about the result of the muscle test in that regard?

Steve: It’s easy to momentarily influence somebody’s energy. The muscle testing is showing the state of the energy and it’s easy to manipulate this superficial flow. But, you see, this superficial flow changes all the time, every minute. You look at something, you have a beautiful thought, it changes. So what the goal is is to use this superficial energy to effect deep change, and this strengthening, weakening meridians is just superficial.

Anna: So, would you say the muscle test is a diagnostic tool, not such a superficial ever changing thing?

Steve: No, no. I think it’s a deeper diagnostic tool, but the actual interventions that are based on this I think are superficial.

Anna: Thank you for the interview.

what to choose; I just don’t know how to cope with something like this decision”. I would never have picked that by myself. I brings me in touch with something where I am getting touched. Where can I bring up tears or what kind of feelings I have.

Anna: Is there something else you would like to say?

Anita: Yeah. Before you asked me: “Does it make you more aware of your body?” but I thought what I should say is that it makes me aware of the connection between my body and my feelings—that it has made me more aware of that. It made me somehow more sensitive. I don’t know if it was directly kinesiology but because of this person who gave the kinesiology sessions and the way S treated me, yeah, with all that it made me more sensitive in the sense of feeling more refined. I should say, I feel more refined or more subtle.

Anna: Does it increase your sense of your physical body? Are you more aware of what is really going on?

Anita: Yeah, it’s a feeling like you have eaten too much and you feel it in your stomach, that your whole belly is full. And now those feelings are much more subtle. Like, I can feel I am sitting here now and I’m a little bit scared giving the interview. Therefore I feel a bit tight and tense. Not that I can do anything with it now. But I am aware of it, that there is something that has been repeated in my life. Or if there are things in your life and you will be affected by them, you have less energy and then something hits you. It is just energy failure.

Anna: In your body?
Anna: Do you think it is enhancing your intuition having such tests? That you feel more in your intuitive part when you have a session, or does that not play a role?

Anita: I have a feeling that what is asked from me during such a session is actually coming from another part of me than this logic part. So in that regard I have been brought more in touch with another part of myself than my logic parts. You could say it enhances my intuition. I feel it comes from another part than the logic way of thinking. So in a way, yes, I guess yes.

Anna: Does it bypass your mind and taps into another part of you?

Anita: Somehow, in a normal therapy session with a psychologist or someone else, you may have a resistance and you can spend hours and hours just talking and hiding. Somehow, in this kind of process, there is another force, something of you, I should say, almost from the unconscious, which resists. You don't really want to be naked. But in another way, you really want to be there naked because you want to solve this illness or whatever goes on. The muscle test in a way is faster. It bypasses my kind of resistance, the lot of words and stories.

Anna: Do you find it is a different method of communicating?

Anita: In a way, yes. It felt efficient in the sense that it gave me completely whatever information I needed. I felt: "Yes, I can recognise this, and yes, of course, I just felt that yesterday when I was with this person". Or in the very last session I did, there was this thing about me, that there is no choice and I feel I never have a choice and all these days before I felt: "I don't know

Ruth’s Perception of the Phenomenon

Ruth is a 28-year-old yoga teacher and mother of a young baby. She had kinesiology sessions to cope with her new role as a mother. Prior to that she had encountered muscle testing for various other health problems.

Anna: Can you recall a session or a few sessions you had with muscle testing and just get a sense of that session? Not so much the issue we were working on, but what the muscle tests did for you in the session? Did they confirm what you anyway knew or what was happening?

Ruth: Well, it wasn’t like it confirmed what I already knew, but at times I would already be thinking of the answer and at times I would sort of throw in an answer and the muscle test would be weak. It is hard to tell. Sometimes my intuition was confirmed and sometimes it was just my mind throwing in an idea.

Anna: What part of your being are we accessing through the muscle test?

Ruth: All the angels. I think it is your higher self, the unconscious, the subconscious, the part that knows the answers but that the conscious part has filtered out or is not willing to look at at that time. There is so much going on all the time for our mind and you got that little bit there, which really needs to be looked at, and you just don’t have the quiet space to really look at that one bit. Then the muscle test accesses that one bit that is there. And then you might be able to say: "O.K., there might be so much other stuff going on, but this might be the key issue. Maybe we’ll look at this today". It's like being in meditation or sitting by a river where you have got that moment to
observe. I think muscle tests really helps to get that quiet moment to see what the truth is.

Anna: How relevant are the muscle tests for you?

Ruth: Personally I find that, for me, muscle testing is very relevant to the actually day that I experience it. So say Tuesday I might be feeling a certain way or I might be experiencing something in a certain way and the muscle test will confirm that. But then, maybe the next day, it won’t be the same because I’ve changed or I’ve moved. So for me, I can’t say muscle testing is sort of the same every day.

Anna: Yeah, that’s because it is not a machine. It is an interactive procedure. Do you think muscle tests pick up futile things, which could be one day this and the other day that? That they don’t have relevance?

Ruth: Well, I feel that the muscle test is kind of the initial confirmation and then we move into something deeper. It’s like the muscle test is just for me like a doorway into something else and that’s actually how I see it when I’m in a session with you. It’s just like a really simple way to access what’s really going on inside. But when I have a session with you it’s so much more to it than just the muscle tests for me.

Anna: Can you recall sessions with other people as well?

Ruth: Yeah, I’ve had other sessions with other people who use muscle tests and it has been very specific, not as subtle, and yes, at the time, it sort of confirmed it. But because I’m a being and I change from day to day, I can’t say that if the muscle test tells me not to have beans, not to have squash, not to have this and not to have that, that I can assume that this is a

in a kind of hypnosis. There were moments when S worked with my childhood and I was actually remembering what was my feeling then and my legs started to shake while I was standing there. I had to stand while S was doing this and after the session I was physically very faint and my legs felt very different. I guess I went for something emotional because I had finished a relationship with a man or something like that at the time.

Anna: So what is the muscle test? How do you experience that when you feel that your arm gets weak? Can you feel that?

Anita: I can feel that, yeah, I can feel when my arm is strong or weak. But it is never like I feel that I have control over it, when S does that to me. No.

Anna: Even if you think you are strong, it might be weak?

Anita: Yeah, it is not actually something where I feel I have control over when S does it. Or we both.

Anna: Can you accept what comes out of a muscle test? Can you feel the change as well from a weak test to what makes your arm stronger?

Anita: Yes, I can feel the difference once my arm is strong again. Sometimes it gives me a confused feeling, that a water bottle on my belly or a reading from the Bible has really changed something. Because without that the muscle was weak and then with it the test was strong. And sometimes I feel a little bit distressed if there needs to be lots of things done to get the muscle one hundred percent strong.
is what kinesiology did the most for me, the realisation that there is this connection.

Anna: Between body and...?

Anita: And between other levels of my being, with these parts which are missing in me. And the body sometimes shows there is a lack of something. So it is more on this level that I have been very touched. I was lying and S was touching my breast and S asked my muscles and then S wrote something down for me which was so spot-on about my father. Yeah, it hit something. So, the experience of S actually not knowing anything about me and just testing my body and the body showing something about myself which I cannot myself put straight into words was quite deep. It came just out, to show me something on that level. That was my experience.

Anna: Would you say that the muscle testing was enhancing your intuition or was it more that you could show to the therapist what was going on for you, which you wouldn’t have been able to say in words, because it was not in your conscious mind?

Anita: No, I couldn’t have seen it consciously. What S said, the words from the Bible which showed me my father, and relate it to something in my breast. No, I could never have told her that. So, when S made that connection I was touched and I had to cry. But I have no idea why. I don’t know if that understanding has another meaning, but the lump went away, that’s for sure. Then I did some other sessions not so long ago, like one year ago. I don’t know what the reason was any more. I guess, it was more an emotional reason than a physical reason. The memory that I have of that session is that I felt almost guidance for ever. In a week’s time it might not apply any more. So I have found at times that a particular homoeopathic thing has been subscribed and it worked for that particular thing on that particular day, but maybe two days later it’s not the same any more.

Anna: Would you say that the muscle tests are a valid thing to have?

Ruth: Well, I did feel it was valid, like I said, because it felt like it was a doorway... you know, like in our session with the rebirthing. We went through, we got to that particular thing, and that came out of the blue and it was very relevant because I hate rebirthing and I was very afraid of that. But then it was like the space for me to do it. So I did it. And then I had a result from that which was a key, I felt it was relevant at the time because it did move energy and it did change something inside of me. So I thought it was relevant information.

Anna: If I would have just said: “Look, you need now a rebirthing session”, would you have accepted that in the same way?

Ruth: No, not in the same way. No, because I really trusted that muscle test. It proved to me that it was my body that told me that this is what will work, even though I had quite a lot of resistance to it.

Anna: So, in that sense, would you say the body can through the muscle test show another reality than the one your mind is looking at, or another truth?

Ruth: Yeah, it’s just another level of truth. I mean, that’s a better way for me to put it, because reality is a bit
hard to define, what reality really is. So, yeah, I would say it’s more of a level of truth. It’s a truth that I’m not conscious of at times. I believe it’s a part of my intuition.

Anna: So you think the muscle test reflects a part of your intuition you are not aware of?

Ruth: Yeah, definitely. If I was completely aware of my intuition I wouldn’t need to come to someone else to have them do muscle tests. Do you know what I mean? I don’t trust my intuition at times so then the muscle test for me confirms it: “Oh yeah, that can mean so and so”. I wouldn’t say it’s like my mind making it up, I’d say that it is the intuition. Does that make sense?

Anna: Yeah, I can follow you. What is the muscle test in that regard then?

Ruth: Well, the muscle test is like a confirmation of my intuition rather than a thought, where I could be thinking anything.

Anna: You were thinking: “I don’t need rebirthing”, but then, with the muscle tests, it came up that it was a good thing to do, wasn’t it?

Ruth: Well, I’ve been told often it is very important for me to do rebirthing. And I was specifically told in sessions, months before I even had Jacob, that it would be really good for me to do some rebirthing before Jacob came, because it was going to be a real issue for me, his birth and motherhood and all the rest of the stuff, and I would ignore it then. So again, it was like this is a tool, this is useful, this has been useful and, again, the muscle test kind of confirmed that.

Anna: Can you recall the sessions you’ve had and what the muscle testing did for you? How did you experience the muscle testing?

Anita: Well, the first sessions I did were many years ago, maybe five, six years ago. It was while I had a lump in my breast and I just wanted to make sure. I didn’t want to go through this thing of radiation in the hospital. I wanted to try any alternative to make sure that it was not developing into cancer or anything serious. I had gone to a few normal doctors but they had no answers. That’s why I came to this person who practised kinesiology. What it did to me is a bit hard to say, in a sense. While I was lying down I felt basically going through emotions of feeling in a quiet space or not. But the amazing thing was, for me, when S changed things on my body or found answers. For example, there was, in the beginning, as part of the first session, a need for my body to have water. So S gave me water to drink and then a water bottle on my belly. Just what that basically did for me, to my physical body, was a very deep experience. I understood, that there is a possibility of something outside my mind to know what my body needs. I could feel that it was good for me to drink water at that very moment. That experience for me—actually the physical results—led to possibilities in my life which I really didn’t see at the time. So for me, muscle testing has opened my life in depth. For example, when I had to do something with my eyes and elbows and I could see that it was really impossible for me to look in a certain direction while doing the movements, I realised that there was a connection between my emotions and memories and the body. It was so hard to look up there and down there, but not the other ways. So, actually, that
the vibes of the two people, you might not feel like saying things to everyone. It’s objective to a certain extent but it’s also expecting more than just that obvious from me the client. So I could imagine in some cases it could feel threatening.

Anna: Do you think it helped you expressing what your issues were? What you couldn’t bring into language or into a sentence or so? How to solve issues?

Doris: I think I’m fairly verbal anyway. I mentioned that particular issue to a few other female friends who know about that situation. It is not as if that had never been verbalised before. But I suppose what was interesting was that you, who don’t know all those things about me, found those things in the muscle tests. It probably did make me realise: “Yes, that issue was tied in with the whole situation and also very important”. A sort of real crunch point. The power difference in the muscles happened to reappraise that, especially the two adults but the four people in the household, and it was quite interesting looking at one question and the next step, which made me even more incapacitated and happen to change the muscle power again. The whole formulae had to reconstruct itself again. That was interesting, that all was seen as part of everything.

Anna: Thanks for the interview.

Anita’s Perception of the Phenomenon

Anita is a 32-year-old artist who had consulted a kinesiologist for different health problems over the years.

Something that had already been presented to me months and months before.

Anna: But your mind edited the information. Then the muscle test brought it up again. So what role does the muscle test play then for you, when you come in a session with me? What do you get out of it?

Ruth: It is like going to my own psychic. Instead of going to a psychic and have someone else tell me, it’s like I tell myself because I feel my muscles reacting. For me, it is a tool. I mean, I’m training myself to develop my intuition and so eventually I won’t need that as a bridge any more. But I feel it’s a bridge. So it’s either the bridge or the tool... like a hammer to get the nail in. So I see the muscle test is a bridge.

Anna: What sense do you get of the role muscle tests are playing in a session with me?

Ruth: Well, basically, it is a tool that you’re using. Isn’t that what it is? It’s a tool, that you use as part of a session that you do. You use that tool and that for me brings information clearer to me. That’s what it does. But then there are other things that you do as well that bring information clearly to me, so basically it’s one modality of what you do which is very useful.

Anna: What is the muscle testing doing for you? What benefit do you get out of it?

Ruth: I find it alleviates some of my questions about what is going on. So it answers questions I have about what is going on.

Anna: Does it feel right what comes out of a muscle test?
Ruth: Yes, it is a useful barometer for telling me where I am in that moment. It is a useful bridge to my intuition.

Anna: What part of yourself is muscle testing accessing?

Ruth: I think it is accessing the part of myself where I am not consciously aware. It accesses a part of me which I don’t know about, which has answers which I can’t actually hear. I call that intuition.

Anna: What does muscle testing do for you?

Ruth: It usually fixes a problem that I am experiencing. It gives me information that I have not totally thought of yet. It can be very healing if I find through the test a specific remedy or anything that works for the particular problem.

Anna: Is it part of your psychical body what makes the muscle strong or weak?

Ruth: No, I think it is something else because my body feels strong and physically fine. So when we test for specific things it doesn’t seem to be a reflection of my body being weak or strong. It seems to be a reflection of how I actually react to the particular substance or theme that is presented to me. So it is a body reaction.

Anna: Is muscle testing an invasive method or threatening?

Ruth: No, I find it is quite fun. My innate sense of curiosity is sparked. I don’t find it threatening at all. It has at times presented things that I haven’t really wanted to look at. But because it came up in a muscle test, I am much more willing to look at it then. It resolves the tension then. It is answering my questions. I like to myself, in a sort of daily feeling, of understanding ones body’s reactions, I think I need more awareness of what that feels like.

Anna: How do you feel being muscle tested? Is that threatening or is it o.k. for you to have that procedure applied?

Doris: It is generally not threatening. I mean, it reminded me of homeopathy a bit, but there might be in-depth questions or the expectation of an in-depth response or the showing of something from inside. It is simply saying: “Right, that is a way we can help with sort of muscles etcetera or finding a way to move through an issue”. So, in that, it is not threatening. It is just a bit sort of close.

Anna: Different?

Doris: Yeah, it is treating you wholistically, I suppose, and so that is perhaps a bit hard on some occasions, if you don’t feel like expressing something that is not the obvious.

Anna: There is no machine between you and the therapist in muscle testing. What do you think about the objectivity of muscle tests in relation to a pendulum or a machine in between? What would you prefer? Is there a preference?

Doris: No. I mean, the objectivity was good in the way one was simply lying down. A lot of the time one wasn’t at eye contact. I think one prefers that sometimes. It is easier just to express it, without the person necessarily looking. So that you’ve got that freedom to just try to express it. No. I think the personal thing is probably important. Because depending on the relationship or
Doris: I feel that they’re quite gathered. Yes, I accept them, but I certainly hadn’t gone into any change covering the floors etcetera. I think it is almost too big, that particular one, to deal with at the moment. But it has probably opened up a whole area that I think is all too much to think of, to be aware of, without at the moment gaining much. I don’t feel I can. It hasn’t given me much knowledge of how to move in those areas myself, and how to feel my own responses etcetera.

Anna: Right, so would you say your intuition has not been enhanced? What are we tracing with the muscle tests from your perspectives?

Doris: Well, I suppose, it was what things you’re reacting negatively to. I’m very aware that wyd with my asthma. But it suggested, that something else where my nose and chest wasn’t obviously reacting was still not very good for me. So in a way, I think I have to work harder at sensing how my muscles would be reacting in that situation. I mean, I have to get more practice at doing it, or knowing, or perhaps having your practitioner do it, because I think it is a bit of a delicate one, of feeling one’s own muscle response.

Anna: Do you feel it is important that you yourself can feel the muscle response as well?

Doris: What do you mean with “important”?

Anna: You know, if you are weak or strong.

Doris: I imagine that you’re better off. It wasn’t important for the thing itself. In putting myself in your hands as the practitioner, I’m willing to accept your interpretation. In terms of putting it into practice understand things and if I get an answer through the muscle test I am more able to move forward.

Anna: You say that you have intuition. So what is the benefit of having muscle testing on top of that?

Ruth: Well, being an intuitive person doesn’t necessarily mean that I always trust my intuition. So for me the muscle test is a confirmation of my intuition.

Anna: Do you feel what comes out of a muscle test some part of you has known anyway?

Ruth: Yeah. Most times yes. Other times I am quite surprised what it says and other times it is exactly opposite to what I thought, and then I realise that it was actually my fear what I was thinking and the muscle test cut through that fear. My intuition is sometimes confused by fear. I think muscle testing is a fast method of reaching the truth—what your inner self is saying.

Anna: So has muscle testing enhanced your intuition?

Ruth: Well, it has more confirmed it. In that sense I am more willing to believe my intuition at another time, when originally it is confirmed. So the next time, when I have an intuitive sense, I am more likely to believe it, because the muscle test has confirmed it at another time. I can’t really say that it has enhanced my intuition.

Anna: When you receive the procedure do you feel safe?

Ruth: Yeah. But I feel that depends on the practitioner. If you have a connection with the practitioner you feel safe. If you have a practitioner whom you don’t trust, I don’t believe muscle tests will be effective then. But
if I believe in my practitioner, then muscle testing will probably be very effective for me.

Anna: Thank you for the interview.

**Susan’s Perception of the Phenomenon**

Susan is a 34-year-old teacher who had reoccurring headaches for which she sought help through kinesiology.

Anna: Susan, you have experienced muscle testing. Can you recall a session and perhaps tells us about how you felt?

Susan: Well, probably the first sort of reaction was that my heart started beating really quickly and I had no control over that. P was sort of going back in time with me to the time when I was being born. My heart was just beating really quickly and then I just burst into tears and I didn’t know why. It was just a feeling I had no control over, something that had been locked away. Something that I didn’t know what it was.

Anna: Right. So did you feel what she was doing with your muscles? The muscle testing, could you feel that?

Susan: Yes. Once again I had no control when she was testing my arm and pushing my arm in different directions. Even if I wanted to hold the arm and I would think that, yes, I’m fine and I’m going to hold the arm, the arm would just give way. I had no control over it.

Anna: With observing yourself in the muscle tests and getting to know your body reaction being weak to certain things, what did that do to your mind?

Anna: What sense did you have of the procedure of the muscle tests? Where did it come from, to be weak or strong? Did you get a sense of that?

Doris: Probably it grew better, and perhaps the second time it was better. But I’d have to say that it is a result of your reaction to it. Whereas, when I was standing doing the leg going to the rooms, it was more obvious. With the arms one wasn’t and one depends on you being able to perceive what is your feeling with it.

Anna: When you were standing there and we did the standing up stuff?

Doris: Well, I think because I had to press and that was also a weight-bearing thing, I could feel that it wasn’t as strong.

Anna: What do you think of the results of the muscle tests. Was your mind editing them?

Doris: Well, I think one would tend to. In one way all the questions are to do with one’s intellectual understanding. But when you say “editing”, I don’t think I edited them. One tried not to edit them in terms of the potential response. It simply took us by surprise, we just went from room to room and there were different responses. Then we thought it would get better with putting the slippers on and then it was still bad. Then we tested the slippers in another spot and that was also a negative one.

Anna: What do you feel now about these tests of the shoes and that stuff?
places. Yet that reaction seemed to happen when we tested at the clinic and in the room itself. There was a weakening of my muscles. Yes, I felt that.

Anna: You felt that? Do you think muscle tests can help you get more aware of your body or how your body reacts?

Doris: I’m sure it could. I don’t think the two sessions are enough for that. I did become more aware. I mean, you actually gave other exercises like the breathing in and the feeling. The other really interesting thing was that centring, or me feeling where you were giving me energy. So there was an understanding that things had been thrown off centre a bit. That sort of awareness of the jolt the body had taken has probably enabled me to accept the thing itself more, perhaps. But the fact that some responses weren’t anticipated was another reason why one would think there is validity in it, because it is not what you might have expected. It is really hard to think back where I was at, and what I was doing.

Anna: Would you say that the muscle tests enhanced at that time your perception of your reality?

Doris: Yes, it did. It seemed to be actually very physiological in one way. But, then, it is not the way one is used to. As I said with these feelings, where you were touching etcetera, and we realised the whole body is involved. I suppose that was… that helped me. It was like a perception of where I was at, I suppose, and what the injury had done to the body as a whole, I think.

Susan: Well, I suppose, it showed up things maybe in my personality that I didn’t realise that they were there. I thought that I was coping or I was strong in different areas. I would think positively in the day about things like that, but obviously I still wasn’t feeling those feelings. I suppose at times I would get frustrated, angry that I wasn’t behaving the way that I wanted to be, or that I hadn’t changed my thought patterns quick enough. Sometimes I found that a bit frustrating.

Anna: So did you find that the muscle testing brought to your awareness, to your conscious mind, where your body didn’t react the way you wanted it?

Susan: Well yeah, and I found that over the years I’ve been to a lot of people for headaches and different things and no-one would ever really pinpoint exactly what it was or help me and the muscle tests were excellent for me. I mean, it was just perfect for me, my body telling me what the real problem areas were and how to cope with that. You know, the years—ten years I had acupuncture and homeopathy. It helped temporarily but nothing really helped for a longer time. I think, what I liked about this, too, is that it really worked on the emotional level. A lot of people you go to don’t work on the emotional level. It’s just about nutrition and how you feel physically, but it doesn’t really get right into the emotions in your body and how that makes you react after years and years. For me, anyway, it’s just the best thing, that I’ve ever done to... to help me.

Anna: Do you feel the muscle test as such was a good tool to guide you to who you are, where you are at?
Susan: Well, it just showed me where the weaknesses or the problems were. If it hadn’t have been through a muscle testing I don’t know how I could have sorted out the things. You can feel it very definitely, the muscle testing. You can feel where there’s a weakness and where you feel strong. Without that tool I don’t know what other ways I could have pinpointed the problem areas.

Anna: So would you say through feeling your body getting weak or strong that you got a better insight now in your reality?

Susan: Yes, definitely. Because it helped me to see the areas and taught me ways of changing. Just changing my thought patterns and changing old ideas and things like that.

Anna: Are you aware of your intuition, that we have this intuitive part? Would you say the muscle testing is accessing that intuitive part or is there something else? What part of your being do you think the muscle testing is accessing?

Susan: Well, it’s accessing a part that I’m not conscious of. Whether it’s intuitive or not I don’t know. I don’t really know how it works, actually. I just know for me that it does work. Maybe it just opens up things in me. Whether it’s intuitive or not I don’t know. It seems to open up something in me.

Anna: A perception? Or a focus? Or an awareness?

Susan: An awareness, definitely. An awareness of that there are a lot of things going on in your body that you are not aware of; that there are a lot of other factors

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**Doris’s Perception of the Phenomenon**

Doris is a 44-year-old music teacher who had kinesiology sessions to help heal a broken arm and improve her asthma.

Anna: What did it feel for you to be muscle tested?

Doris: At that very first time?

Anna: Yes, or the second time.

Doris: Well, it began to be clearer. It wasn’t really clear at the beginning, how I felt things, but then we worked it, or you worked it, out. Yes, I became clearer, but that didn’t seem to matter anyway because often you suggested the muscles do their own reaction anyway.

Anna: So, what was the feeling when you were muscle tested? Can you recall that? What your arms and legs did?

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Anna: So could you feel your strength, or whatever it is in the muscle, changing?

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Jack: Well, that’s it. In my case it’s been beneficial and I think you take from anything.

Anna: When you got to know this procedure did you feel it is invasive or do you feel it’s o.k.?

Jack: Sometimes you’ll ask questions that you are going to be embarrassed by anyway. You need to know that your body responds and there’s no way you can hide that.

Anna: Would you say that you’ve got a better understanding of your body’s reality, being weak and strong? How is it with intuition? Do you know the term intuition? Would you say muscle testing has enhanced your intuition?

Jack: Intuition is... The difference between intuition and paranoia is a very fine line. I read that somewhere just recently.

Anna: Has it made you more aware of what you do?

Jack: Oh, it has made me more aware of my body.

Anna: What would you say is the main gain out of the method?

Jack: I haven’t come across any other method that gets you into it so quickly. There are other different methods of therapy around which most likely could come up with similar results. I don’t think they will be as quick.

Anna: Thank you for the interview, Jack.

involved in your well-being. It opens up that sort of thing for me anyway.

Anna: Yeah, like a doorway to look into what’s going on for you.

Susan: And I have found because I have been having muscle testing for about six years, I’ve also found now—whether you’d say it’s intuitive or not I don’t know—but I’ve found ways now that I can deal with things or I can recognise in myself sometimes that things are happening. That I don’t have to rush off and find out what it is. That I can deal with it myself. I’ve learned a lot of ways of dealing with things and I just put them into action myself. I can help myself a lot more. I just seem to know what the right thing to do is to help myself.

Anna: So would you say it brought you closer to your reality, opened up your awareness about reality so that you can cope with whatever is there?

Susan: Yes, definitely. It expanded my mind to be open to change, to take chances and not to be restricted by how I was brought up or by things that have happened in my life, but to explore things more and to be more courageous and do things that I love to do, and not be frightened by it. That it doesn’t matter and that I can cope.

Anna: Coming back to the muscle testing procedure. You know, when you want to hold an arm or you want to hold a leg and you can’t. What does that do to your judgement about yourself or to your experience about yourself?
Susan: I suppose, for me, it just makes me think that I’ve still a long way to go before I am more like I want to be perhaps; that I’ve got a lot more to experience and work through. I know and I can feel that I’m definitely getting there and there’s been big changes through the muscle tests.

Anna: How did you feel about the procedure? You said in the beginning that your heart was really racing. Do you feel it’s an invasive procedure being muscle tested? Compared to all the other procedures that we have, that practitioners have?

Susan: I suppose it’s invasive because it really deals with your subconscious, your emotions and spiritually how you feel. But I didn’t find it threatening. I think it was just the fact that there were a lot of things in my personality that I had just shut off and that I didn’t want to look at. But for me this was a way of unlocking it and it was just great. I just found that, for me, it was a good tool anyway. Initially it was mainly because everything related back to the past and I used to think: “Surely I’ve got over that, it’s not going to go back to the past again?” So sometimes I would go in there thinking to myself or hoping that it was nothing to do with the past or something like that. But it was, for a long time. And I would know that I was going to react and that my heart was going to beat if I went back in time, that I would feel panic and maybe it was just that I didn’t want to face the reality of certain things. But it certainly opened up my mind to a lot of other things. So, for me, it’s more invasive having an acupuncture needle poked into my body than letting go of my emotions.

Anna: What is your opinion about the muscle test. Do you trust the results?

Anna: Did the muscle testing as such as a method help you to get more aware of your body? What do you think is the benefit of muscle testing?

Jack: I firmly believe that muscle testing on someone who approaches it with an open mind and without prejudice actually gets most likely to a condition a lot quicker than any form of traditional tick the box, tick the box, tick the box, yes, no, yes, no. I recommended it to my sister-in-law who is going through all sorts of health and emotional problems. Because I think it is like, some people, if you go to them with a problem or for advice or for a service, they perform the service very quickly, very efficiently and it is done. And I think that that is so with muscle testing. You can actually, if the person is a good practitioner, get in there, work the problem out, get away and get it organised.

Anna: Right, so you find it an efficient method?

Jack: I think so, highly efficient.

Anna: We have language to communicate. Would you classify muscle testing as a communication tool? Does it make it easier for you how you can communicate with your practitioner?

Jack: I’ve observed my body answering to questions by being able to respond or not being able to respond. And just really diverse things. I mean, some people think it’s a bit of... a bit of hocus-pocus. But, I mean, there is so much hocus-pocus in the world, isn’t there?

Anna: Is it beneficial hocus-pocus?
thought I’d try. You know some of these things that happen in my life now if you’d told me two years ago that I’d be doing certain things, I would have said: “No way!”

Anna: So, was it educational to you?

Jack: Totally. And also what it did for the first time in years, it said: “This is your body and this is your mind and your body is reacting to this”. First of all the mind couldn’t understand or didn’t want to believe it, And for the mind to observe the body going through this routine of being able to resist or not being able to resist, even though I wanted the body to do what the brain was telling it, it was very, very unusual. Especially for someone like me, because my background is totally technical—you know, A plus B equals C.

Anna: Did the muscle testing enhance your perception of reality or did it shift your perception of reality in a sense?

Jack: Well yes. Yes, I believe that it was part of a shift in my perception of reality. I’ve been taught other things. Like this is an arm, the arm is reaching for the door, O.K., and if someone wants to bend it they can’t because the arm is reaching for the door. It is not that someone’s going to bend my arm now and I’ve got to resist; but...

Anna: Yeah, you were observing what your body did in regard to certain things and certain supplements.

Jack: Supplements and also emotional stuff, a lot of emotional stuff.

Susan: Well, for me, I had a lot of trust in the person that did the muscle testing on me. But there are certainly differences in the muscle response and you can really feel the difference of weak and strong. I’ve only been muscle tested really by a couple of people. But one was a dentist who I didn’t think that he really knew what he was doing. I had a great faith in the people that I went to, and I think that probably helped me open up myself. I don’t know how I would react with somebody else but I felt this person was really competent and knew what they were talking about. But also I think a lot of things came up that I intuitively knew that they were there. I believed a lot of these things because I could feel that they were true. I felt that I had a great belief in it that it was the right thing to do.

Anna: So you had a feeling that the safe place created by the therapist was also important; that you could deal with whatever you wanted to deal with. That’s a very interesting aspect.

Susan: Yes, that was important. Well, for me it was, because it was mainly a lot of emotional-type things I needed to deal with. Sometimes, if something went wrong, I’d think: “I’ve got to go down and have a session”. But in a way I felt that that was not so good because you would have to eventually cope with things yourself without always feeling that you’ve got to run to somebody else and let them deal with your problems. It’s very easy to do that. It has taken me a long time to realise that and I still will go and have sessions. But I’ve learnt a lot about myself and how to deal with things and I believe that my thought patterns have changed a lot, too, which makes me feel a happier, healthier person. I felt safe talking about how I felt. And what I liked about muscle testing particularly is that you can confront these
issues but then you learn how to cope with it by affirmations or changing your diet, and you can actually pinpoint things that you can do to help yourself. That's what I really like about it. I would sometimes be a bit worried about facing these issues. But then I used to think: 'Well, it's good, because it's out in the open and now I can do something positive to change my way of thinking or to make life easier for myself. I can do something positive. I think, doing muscle testing, it was the first time somebody had given me the tools to help myself. You have to learn how to do things in a different way, so for me muscle testing was a wonderful way to learn that.

Anna: An education. Thank you for the interview.

**Jack’s Perception of the Phenomenon**

Jack is a 41-year-old real estate agent who has kinesiology sessions to heal his glandular fever and recurring gout attacks.

Anna: Jack, can you recall sessions when you were muscle tested. What did that feel for you having this procedure done?

Jack: Well, initially I was referred to P by someone, a practitioner, I really trust. I didn’t exactly understand the process and I guess, I still don’t. But what happened in the first couple of sessions were very strange because I found my body reacting to different things, different stimuli and reacting either positively or negatively. Well, when I say positively or negatively, the result was either weak or strong. I mean, it was perceptible. I could actually feel the result of different things. First of all I thought it was very strange, as I’ve said. I also felt a bit embarrassed by the fact that I was actually subjecting myself to this methodology.

Anna: This procedure?

Jack: Yeah, to the procedure, exactly. But I observed my body actually responding, being able to hold and then not being able to hold. And also, I must say at this point that throughout all the procedures or all the appointments with P I really felt relaxed. I have faith in her as a person.

Anna: Yeah, you could relax.

Jack: Yeah. To start with we tested food allergies because I had found out the previous year that I had glandular fever. So that was one of the reasons I was going to the doctors. The initial reason was the fact of this lethargy. It was not exactly food allergies but it was vitamin supplements to actually get my body functioning again. And by just trying different supplements on my body, on the chest, etcetera, the actual part would react. At first that’s quite alarming. Because, I mean, in traditional medicine you either cut it out, or you sew it up or you give it pills but to actually ask the body what it needs was really... well, to me, it was a bit of a revelation.

Anna: Was that O.K. with your mind? Did you feel that your mind was coming in and editing what the muscle test was saying?

Jack: No, my mind didn’t want to believe it. It just felt that this was some sort of craziness but I’d go along because, as I’ve said before, I’d tried traditional medicine and it wasn’t getting me anywhere. So I
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Anna: What is your opinion about the muscle test. Do you trust the results?

Susan: Yes, I do. I feel I can trust the results.

Anna: Did the muscle testing as such as a method help you to get more aware of your body? What do you think is the benefit of muscle testing?

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Anna: Would you say that you've got a better understanding of your body's reality, being weak and strong? How is it with intuition? Do you know the term intuition? Would you say muscle testing has enhanced your intuition?

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Susan: And I have found because I have been having muscle testing for about six years, I've also found now—whether you'd say it's intuitive or not I don't know—but I've found ways now that I can deal with things or I can recognise in myself sometimes that things are happening. That I don't have to rush off and find out what it is. That I can deal with it myself. I've learned a lot of ways of dealing with things and I just put them into action myself. I can help myself a lot more. I just seem to know what the right thing to do is to help myself.

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Susan: Yes, definitely. It expanded my mind to be open to change, to take chances and not to be restricted by how I was brought up or by things that have happened in my life, but to explore things more and to be more courageous and do things that I love to do, and not be frightened by it. That it doesn't matter and that I can cope.

Anna: Coming back to the muscle testing procedure. You know, when you want to hold an arm or you want to hold a leg and you can't. What does that do to your judgement about yourself or to your experience about yourself?
Susan: Well, it just showed me where the weaknesses or the problems were. If it hadn’t have been through a muscle testing I don’t know how I could have sorted out the things. You can feel it very definitely, the muscle testing. You can feel where there’s a weakness and where you feel strong. Without that tool I don’t know what other ways I could have pinpointed the problem areas.

Anna: So would you say through feeling your body getting weak or strong that you got a better insight now in your reality?

Susan: Yes, definitely. Because it helped me to see the areas and taught me ways of changing. Just changing my thought patterns and changing old ideas and things like that.

Anna: Are you aware of your intuition, that we have this intuitive part? Would you say the muscle testing is accessing that intuitive part or is there something else? What part of your being do you think the muscle testing is accessing?

Susan: Well, it’s accessing a part that I’m not conscious of. Whether it’s intuitive or not I don’t know. I don’t really know how it works, actually. I just know for me that it does work. Maybe it just opens up things in me. Whether it’s intuitive or not I don’t know. It seems to open up something in me.

Anna: A perception? Or a focus? Or an awareness?

Susan: An awareness, definitely. An awareness of that there are a lot of things going on in your body that you are not aware of; that there are a lot of other factors

Doris’s Perception of the Phenomenon

Doris is a 44-year-old music teacher who had kinesiology sessions to help heal a broken arm and improve her asthma.

Anna: What did it feel for you to be muscle tested?

Doris: At that very first time?

Anna: Yes, or the second time.

Doris: Well, it began to be clearer. It wasn’t really clear at the beginning, how I felt things, but then we worked it, or you worked it, out. Yes, I became clearer, but that didn’t seem to matter anyway because often you suggested the muscles do their own reaction anyway.

Anna: So, what was the feeling when you were muscle tested? Can you recall that? What your arms and legs did?

Doris: I could feel, yes. Rather than feeling a muscle, one could feel the effect. It was quite interesting to feel that at times you suddenly felt a weakness in the leg or the arm when certain things were mentioned, like the water on the floor and that sort of thing.

Anna: So could you feel your strength, or whatever it is in the muscle, changing?

Doris: Yes, I could tell the difference. Nothing at first, as I say, but then when one practised a fair bit, then you thought, yes. Well, I think the interesting thing was you could feel the difference, but intellectually sometimes you weren’t expecting it to be that. So I felt it wasn’t as if I was anticipating it. The muscle was weak in a room where I have one of my favourite
places. Yet that reaction seemed to happen when we tested at the clinic and in the room itself. There was a weakening of my muscles. Yes, I felt that.

Anna: You felt that? Do you think muscle tests can help you get more aware of your body or how your body reacts?

Doris: I’m sure it could. I don’t think the two sessions are enough for that. I did become more aware. I mean, you actually gave other exercises like the breathing in and the feeling. The other really interesting thing was that centring, or me feeling where you were giving me energy. So there was an understanding that things had been thrown off centre a bit. That sort of awareness of the jolt the body had taken has probably enabled me to accept the thing itself more, perhaps. But the fact that some responses weren’t anticipated was another reason why one would think there is validity in it, because it is not what you might have expected. It is really hard to think back where I was at, and what I was doing.

Anna: Would you say that the muscle tests enhanced at that time your perception of your reality?

Doris: Yes, it did. It seemed to be actually very physiological in one way. But, then, it is not the way one is used to. As I said with these feelings, where you were touching etcetera, and we realised the whole body is involved. I suppose that was... that helped me. It was like a perception of where I was at, I suppose, and what the injury had done to the body as a whole, I think.

Susan: Well, I suppose, it showed up things maybe in my personality that I didn’t realise that they were there. I thought that I was coping or I was strong in different areas. I would think positively in the day about things like that, but obviously I still wasn’t feeling those feelings. I suppose at times I would get frustrated, angry that I wasn’t behaving the way that I wanted to be, or that I hadn’t changed my thought patterns quick enough. Sometimes I found that a bit frustrating.

Anna: So did you find that the muscle testing brought to your awareness, to your conscious mind, where your body didn’t react the way you wanted it?

Susan: Well yeah, and I found that over the years I’ve been to a lot of people for headaches and different things and no-one would ever really pinpoint exactly what it was or help me and the muscle tests were excellent for me. I mean, it was just perfect for me, my body telling me what the real problem areas were and how to cope with that. You know, the years—ten years I had acupuncture and homeopathy. It helped temporarily but nothing really helped for a longer time. I think, what I liked about this, too, is that it really worked on the emotional level. A lot of people you go to don’t work on the emotional level. It’s just about nutrition and how you feel physically, but it doesn’t really get right into the emotions in your body and how that makes you react after years and years. For me, anyway, it’s just the best thing, that I’ve ever done to... to help me.

Anna: Do you feel the muscle test as such was a good tool to guide you to who you are, where you are at?
if I believe in my practitioner, then muscle testing will probably be very effective for me.

Anna: Thank you for the interview.

Susun’s Perception of the Phenomenon

Susan is a 34-year-old teacher who had reoccurring headaches for which she sought help through kinesiology.

Anna: Susan, you have experienced muscle testing. Can you recall a session and perhaps tells us about how you felt?

Susan: Well, probably the first sort of reaction was that my heart started beating really quickly and I had no control over that. P was sort of going back in time with me to the time when I was being born. My heart was just beating really quickly and then I just burst into tears and I didn’t know why. It was just a feeling I had no control over, something that had been locked away. Something that I didn’t know what it was.

Anna: Right. So did you feel what she was doing with your muscles? The muscle testing, could you feel that?

Susan: Yes. Once again I had no control when she was testing my arm and pushing my arm in different directions. Even if I wanted to hold the arm and I would think that, yes, I’m fine and I’m going to hold the arm, the arm would just give way. I had no control over it.

Anna: With observing yourself in the muscle tests and getting to know your body reaction being weak to certain things, what did that do to your mind?

Anna: What sense did you have of the procedure of the muscle tests? Where did it come from, to be weak or strong? Did you get a sense of that?

Doris: Probably it grew better, and perhaps the second time it was better. But I’d have to say that it is a result of your reaction to it. Whereas, when I was standing doing the leg going to the rooms, it was more obvious. With the arms one wasn’t and one depends on you being able to perceive what is your feeling with it.

Anna: When you were standing there and we did the standing up stuff?

Doris: Well, I think because I had to press and that was also a weight-bearing thing, I could feel that it wasn’t as strong.

Anna: What do you think of the results of the muscle tests. Was your mind editing them?

Doris: Well, I think one would tend to. In one way all the questions are to do with one’s intellectual understanding. But when you say “editing”, I don’t think I edited them. One tried not to edit them in terms of the potential response. It simply took us by surprise, we just went from room to room and there were different responses. Then we thought it would get better with putting the slippers on and then it was still bad. Then we tested the slippers in another spot and that was also a negative one.

Anna: What do you feel now about these tests of the shoes and that stuff?
Doris: I feel that they’re quite gathered. Yes, I accept them, but I certainly hadn’t gone into any change covering the floors etcetera. I think it is almost too big, that particular one, to deal with at the moment. But it has probably opened up a whole area that I think is all too much to think of, to be aware of, without at the moment gaining much. I don’t feel I can. It hasn’t given me much knowledge of how to move in those areas myself, and how to feel my own responses etcetera.

Anna: Right, so would you say your intuition has not been enhanced? What are we tracing with the muscle tests from your perspectives?

Doris: Well, I suppose, it was what things you’re reacting negatively to. I’m very aware that way with my asthma. But it suggested, that something else where my nose and chest wasn’t obviously reacting was still not very good for me. So in a way, I think I have to work harder at sensing how my muscles would be reacting in that situation. I mean, I have to get more practice at doing it, or knowing, or perhaps having your practitioner do it, because I think it is a bit of a delicate one, of feeling one’s own muscle response.

Anna: Do you feel it is important that you yourself can feel the muscle response as well?

Doris: What do you mean with “important”?

Anna: You know, if you are weak or strong.

Doris: I imagine that you’re better off. It wasn’t important for the thing itself. In putting myself in your hands as the practitioner, I’m willing to accept your interpretation. In terms of putting it into practice understand things and if I get an answer through the muscle test I am more able to move forward.

Anna: You say that you have intuition. So what is the benefit of having muscle testing on top of that?

Ruth: Well, being an intuitive person doesn’t necessarily mean that I always trust my intuition. So for me the muscle test is a confirmation of my intuition.

Anna: Do you feel what comes out of a muscle test some part of you has known anyway?

Ruth: Yeah. Most times yes. Other times I am quite surprised what it says and other times it is exactly opposite to what I thought, and then I realise that it was actually my fear what I was thinking and the muscle test cut through that fear. My intuition is sometimes confused by fear. I think muscle testing is a fast method of reaching the truth—what your inner self is saying.

Anna: So has muscle testing enhanced your intuition?

Ruth: Well, it has more confirmed it. In that sense I am more willing to believe my intuition at another time, when originally it is confirmed. So the next time, when I have an intuitive sense, I am more likely to believe it, because the muscle test has confirmed it at another time. I can’t really say that it has enhanced my intuition.

Anna: When you receive the procedure do you feel safe?

Ruth: Yeah. But I feel that depends on the practitioner. If you have a connection with the practitioner you feel safe. If you have a practitioner whom you don’t trust, I don’t believe muscle tests will be effective then. But
Ruth: Yes, it is a useful barometer for telling me where I am in that moment. It is a useful bridge to my intuition.

Anna: What part of yourself is muscle testing accessing?

Ruth: I think it is accessing the part of myself where I am not consciously aware. It accesses a part of me which I don’t know about, which has answers which I can’t actually hear. I call that intuition.

Anna: What does muscle testing do for you?

Ruth: It usually fixes a problem that I am experiencing. It gives me information that I have not totally thought of yet. It can be very healing if I find through the test a specific remedy or anything that works for the particular problem.

Anna: Is it part of your psychical body what makes the muscle strong or weak?

Ruth: No, I think it is something else because my body feels strong and physically fine. So when we test for specific things it doesn’t seem to be a reflection of my body being weak or strong. It seems to be a reflection of how I actually react to the particular substance or theme that is presented to me. So it is a body reaction.

Anna: Is muscle testing an invasive method or threatening?

Ruth: No, I find it is quite fun. My innate sense of curiosity is sparked. I don’t find it threatening at all. It has at times presented things that I haven’t really wanted to look at. But because it came up in a muscle test, I am much more willing to look at it then. It resolves the tension then. It is answering my questions. I like to

myself, in a sort of daily feeling, of understanding ones body’s reactions, I think I need more awareness of what that feels like.

Anna: How do you feel being muscle tested? Is that threatening or is it o.k. for you to have that procedure applied?

Doris: It is generally not threatening. I mean, it reminded me of homeopathy a bit, but there might be in-depth questions or the expectation of an in-depth response or the showing of something from inside. It is simply saying: “Right, that is a way we can help with sort of muscles etcetera or finding a way to move through an issue”. So, in that, it is not threatening. It is just a bit sort of close.

Anna: Different?

Doris: Yeah, it is treating you wholistically, I suppose, and so that is perhaps a bit hard on some occasions, if you don’t feel like expressing something that is not the obvious.

Anna: There is no machine between you and the therapist in muscle testing. What do you think about the objectivity of muscle tests in relation to a pendulum or a machine in between? What would you prefer? Is there a preference?

Doris: No, I mean, the objectivity was good in the way one was simply lying down. A lot of the time one wasn’t at eye contact. I think one prefers that sometimes. It is easier just to express it, without the person necessarily looking. So that you’ve got that freedom to just try to express it. No. I think the personal thing is probably important. Because depending on the relationship or
the vibes of the two people, you might not feel like saying things to everyone. It’s objective to a certain extent but it’s also expecting more than just that obvious from me the client. So I could imagine in some cases it could feel threatening.

Anna: Do you think it helped you expressing what your issues were? What you couldn’t bring into language or into a sentence or so? How to solve issues?

Doris: I think I’m fairly verbal anyway. I mentioned that particular issue to a few other female friends who know about that situation. It is not as if that had never been verbalised before. But I suppose what was interesting was that you, who don’t know all those things about me, found those things in the muscle tests. It probably did make me realise: “Yes, that issue was tied in with the whole situation and also very important”. A sort of real crunch point. The power difference in the muscles happened to reappraise that, especially the two adults but the four people in the household, and it was quite interesting looking at one question and the next step, which made me even more incapacitated and happen to change the muscle power again. The whole formulae had to reconstruct itself again. That was interesting, that all was seen as part of everything.

Anna: Thanks for the interview.

Anita’s Perception of the Phenomenon

Anita is a 32-year-old artist who had consulted a kinesiologist for different health problems over the years.

Something that had already been presented to me months and months before.

Anna: But your mind edited the information. Then the muscle test brought it up again. So what role does the muscle test play then for you, when you come in a session with me? What do you get out of it?

Ruth: It is like going to my own psychic. Instead of going to a psychic and have someone else tell me, it’s like I tell myself because I feel my muscles reacting. For me, it is a tool. I mean, I’m training myself to develop my intuition and so eventually I won’t need that as a bridge any more. But I feel it’s a bridge. So it’s either the bridge or the tool... like a hammer to get the nail in. So I see the muscle test is a bridge.

Anna: What sense do you get of the role muscle tests are playing in a session with me?

Ruth: Well, basically, it is a tool that you’re using. Isn’t that what it is? It’s a tool, that you use as part of a session that you do. You use that tool and that for me brings information clearer to me. That’s what it does. But then there are other things that you do as well that bring information clearly to me, so basically it’s one modality of what you do which is very useful.

Anna: What is the muscle testing doing for you? What benefit do you get out of it?

Ruth: I find it alleviates some of my questions about what is going on. So it answers questions I have about what is going on.

Anna: Does it feel right what comes out of a muscle test?
hard to define, what reality really is. So, yeah, I would say it’s more of a level of truth. It’s a truth that I’m not conscious of at times. I believe it’s a part of my intuition.

Anna: So you think the muscle test reflects a part of your intuition you are not aware of?

Ruth: Yeah, definitely. If I was completely aware of my intuition I wouldn’t need to come to someone else to have them do muscle tests. Do you know what I mean? I don’t trust my intuition at times so then the muscle test for me confirms it: “Oh yeah, that can mean so and so”. I wouldn’t say it’s like my mind making it up, I’d say that it is the intuition. Does that make sense?

Anna: Yeah, I can follow you. What is the muscle test in that regard then?

Ruth: Well, the muscle test is like a confirmation of my intuition rather than a thought, where I could be thinking anything.

Anna: You were thinking: “I don’t need rebirthing”, but then, with the muscle tests, it came up that it was a good thing to do, wasn’t it?

Ruth: Well, I’ve been told often it is very important for me to do rebirthing. And I was specifically told in sessions, months before I even had Jacob, that it would be really good for me to do some rebirthing before Jacob came, because it was going to be a real issue for me, his birth and motherhood and all the rest of the stuff, and I would ignore it then. So again, it was like this is a tool, this is useful, this has been useful and, again, the muscle test kind of confirmed that.

Anna: Can you recall the sessions you’ve had and what the muscle testing did for you? How did you experience the muscle testing?

Anita: Well, the first sessions I did were many years ago, maybe five, six years ago. It was while I had a lump in my breast and I just wanted to make sure. I didn’t want to go through this thing of radiation in the hospital. I wanted to try any alternative to make sure that it was not developing into cancer or anything serious. I had gone to a few normal doctors but they had no answers. That’s why I came to this person who practised kinesiology. What it did to me is a bit hard to say, in a sense. While I was lying down I felt basically going through emotions of feeling in a quiet space or not. But the amazing thing was, for me, when S changed things on my body or found answers. For example, there was, in the beginning, as part of the first session, a need for my body to have water. So S gave me water to drink and then a water bottle on my belly. Just what that basically did for me, to my physical body, was a very deep experience. I understood, that there is a possibility of something outside my mind to know what my body needs. I could feel that it was good for me to drink water at that very moment. That experience for me—actually the physical results—led to possibilities in my life which I really didn’t see at the time. So for me, muscle testing has opened my life in depth. For example, when I had to do something with my eyes and elbows and I could see that it was really impossible for me to look in a certain direction while doing the movements, I realised that there was a connection between my emotions and memories and the body. It was so hard to look up there and down there, but not the other ways. So, actually, that
is what kinesiology did the most for me, the realisation that there is this connection.

Anna: Between body and...?

Anita: And between other levels of my being, with these parts which are missing in me. And the body sometimes shows there is a lack of something. So it is more on this level that I have been very touched. I was lying and S was touching my breast and S asked my muscles and then S wrote something down for me which was so spot-on about my father. Yeah, it hit something. So, the experience of S actually not knowing anything about me and just testing my body and the body showing something about myself which I cannot myself put straight into words was quite deep. It came just out, to show me something on that level. That was my experience.

Anna: Would you say that the muscle testing was enhancing your intuition or was it more that you could show to the therapist what was going on for you, which you wouldn’t have been able to say in words, because it was not in your conscious mind?

Anita: No, I couldn’t have seen it consciously. What S said, the words from the Bible which showed me my father, and relate it to something in my breast. No, I could never have told her that. So, when S made that connection I was touched and I had to cry. But I have no idea why. I don’t know if that understanding has another meaning, but the lump went away, that’s for sure. Then I did some other sessions not so long ago, like one year ago. I don’t know what the reason was any more. I guess, it was more an emotional reason than a physical reason. The memory that I have of that session is that I felt almost guidance for ever. In a week’s time it might not apply any more. So I have found at times that a particular homeopathic thing has been subscribed and it worked for that particular thing on that particular day, but maybe two days later it’s not the same any more.

Anna: Would you say that the muscle tests are a valid thing to have?

Ruth: Well, I did feel it was valid, like I said, because it felt like it was a doorway... you know, like in our session with the rebirthing. We went through, we got to that particular thing, and that came out of the blue and it was very relevant because I hate rebirthing and I was very afraid of that. But then it was like the space for me to do it. So I did it. And then I had a result from that which was a key. I felt it was relevant at the time because it did move energy and it did change something inside of me. So I thought it was relevant information.

Anna: If I would have just said: “Look, you need now a rebirthing session”, would you have accepted that in the same way?

Ruth: No, not in the same way. No, because I really trusted that muscle test. It proved to me that it was my body that told me that this is what will work, even though I had quite a lot of resistance to it.

Anna: So, in that sense, would you say the body can through the muscle test show another reality than the one your mind is looking at, or another truth?

Ruth: Yeah, it’s just another level of truth. I mean, that’s a better way for me to put it, because reality is a bit
observe. I think muscle tests really helps to get that quiet moment to see what the truth is.

Anna: How relevant are the muscle tests for you?

Ruth: Personally I find that, for me, muscle testing is very relevant to the actually day that I experience it. So say Tuesday I might be feeling a certain way or I might be experiencing something in a certain way and the muscle test will confirm that. But then, maybe the next day, it won’t be the same because I’ve changed or I’ve moved. So for me, I can’t say muscle testing is sort of the same every day.

Anna: Yeah, that’s because it is not a machine. It is an interactive procedure. Do you think muscle tests pick up futile things, which could be one day this and the other day that? That they don’t have relevance?

Ruth: Well, I feel that the muscle test is kind of the initial confirmation and then we move into something deeper. It’s like the muscle test is just for me like a doorway into something else and that’s actually how I see it when I’m in a session with you. It’s just like a really simple way to access what’s really going on inside. But when I have a session with you it’s so much more to it than just the muscle tests for me.

Anna: Can you recall sessions with other people as well?

Ruth: Yeah, I’ve had other sessions with other people who use muscle tests and it has been very specific, not as subtle, and yes, at the time, it sort of confirmed it. But because I’m a being and I change from day to day, I can’t say that if the muscle test tells me not to have beans, not to have squash, not to have this and not to have that, that I can assume that this is a in a kind of hypnosis. There were moments when S worked with my childhood and I was actually remembering what was my feeling then and my legs started to shake while I was standing there. I had to stand while S was doing this and after the session I was physically very faint and my legs felt very different. I guess I went for something emotional because I had finished a relationship with a man or something like that at the time.

Anna: So what is the muscle test? How do you experience that when you feel that your arm gets weak? Can you feel that?

Anita: I can feel that, yeah, I can feel when my arm is strong or weak. But it is never like I feel that I have control over it, when S does that to me. No.

Anna: Even if you think you are strong, it might be weak?

Anita: Yeah, it is not actually something where I feel I have control over when S does it. Or we both.

Anna: Can you accept what comes out of a muscle test? Can you feel the change as well from a weak test to what makes your arm stronger?

Anita: Yes, I can feel the difference once my arm is strong again. Sometimes it gives me a confused feeling, that a water bottle on my belly or a reading from the Bible has really changed something. Because without that the muscle was weak and then with it the test was strong. And sometimes I feel a little bit distressed if there needs to be lots of things done to get the muscle one hundred percent strong.
Anna: Do you think it is enhancing your intuition having such
tests? That you feel more in your intuitive part when
you have a session, or does that not play a role?

Anita: I have a feeling that what is asked from me during
such a session is actually coming from another part of
me than this logic part. So in that regard I have been
brought more in touch with another part of myself
than my logic part. You could say it enhances my
intuition. I feel it comes from another part than the
logic way of thinking. So in a way, yes, I guess yes.

Anna: Does it bypass your mind and taps into another part
of you?

Anita: Somehow, in a normal therapy session with a
psychologist or someone else, you may have a
resistance and you can spend hours and hours just
talking and hiding. Somehow, in this kind of process,
there is another force, something of you, I should say,
almost from the unconscious, which resists. You don’t
really want to be naked. But in another way, you
really want to be there naked because you want to
solve this illness or whatever goes on. The muscle test
in a way is faster. It bypasses my kind of resistance,
the lot of words and stories.

Anna: Do you find it is a different method of
communicating?

Anita: In a way, yes. It felt efficient in the sense that it gave
me completely whatever information I needed. I felt:
“Yes, I can recognise this, and yes, of course, I just felt
that yesterday when I was with this person”. Or in the
very last session I did, there was this thing about me,
that there is no choice and I feel I never have a
choice and all these days before I felt: “I don’t know

Ruth’s Perception of the Phenomenon

Ruth is a 28-year-old yoga teacher and mother of a young
baby. She had kinesiology sessions to cope with her new role
as a mother. Prior to that she had encountered muscle
testing for various other health problems.

Anna: Can you recall a session or a few sessions you had
with muscle testing and just get a sense of that
session? Not so much the issue we were working on,
but what the muscle tests did for you in the session?
Did they confirm what you anyway knew or what
was happening?

Ruth: Well, it wasn’t like it confirmed what I already knew,
but at times I would already be thinking of the
answer and at times I would sort of throw in an
answer and the muscle test would be weak. It is hard
to tell. Sometimes my intuition was confirmed and
sometimes it was just my mind throwing in an idea.

Anna: What part of your being are we accessing through
the muscle test?

Ruth: All the angels. I think it is your higher self, the
unconscious, the subconscious, the part that knows
the answers but that the conscious part has filtered
out or is not willing to look at at that time. There is so
much going on all the time for our mind and you got
that little bit there, which really needs to be looked
at, and you just don’t have the quiet space to really
look at that one bit. Then the muscle test accesses
that one bit that is there. And then you might be able
to say: “O.K., there might be so much other stuff
going on, but this might be the key issue. Maybe we’ll
look at this today”. It’s like being in meditation or
sitting by a river where you have got that moment to
practitioner. I mean, with a really refined practitioner they could do good things with this as they could with anything. But there is something a little superficial to it, like talking about affirmations. I don’t like affirmations. We talked about hypnosis and things. I don’t like using mental recitation to change my state. To me, it’s best to let the mind go completely and move into the heart energy or spiritual energy. Actually strengthening the points is fairly superficial compared to acupuncture.

Anna: You get a strong muscle response after such a point is strengthened. What do you feel about the result of the muscle test in that regard?

Steve: It’s easy to momentarily influence somebody’s energy. The muscle testing is showing the state of the energy and it’s easy to manipulate this superficial flow. But, you see, this superficial flow changes all the time, every minute. You look at something, you have a beautiful thought, it changes. So what the goal is is to use this superficial energy to effect deep change, and this strengthening, weakening meridians is just superficial.

Anna: So, would you say the muscle test is a diagnostic tool, not such a superficial ever changing thing?

Steve: No, no. I think it’s a deeper diagnostic tool, but the actual interventions that are based on this I think are superficial.

Anna: Thank you for the interview.

what to choose; I just don’t know how to cope with something like this decision”. I would never have picked that by myself. I brings me in touch with something where I am getting touched. Where I can bring up tears or what kind of feelings I have.

Anna: Is there something else you would like to say?

Anita: Yeah. Before you asked me: “Does it make you more aware of your body?”, but I thought what I should say is that it makes me aware of the connection between my body and my feelings—that it has made me more aware of that. It made me somehow more sensitive. I don’t know if it was directly kinesiology but because of this person who gave the kinesiology sessions and the way S treated me, yeah, with all that it made me more sensitive in the sense of feeling more refined. I should say, I feel more refined or more subtle.

Anna: Does it increase your sense of your physical body? Are you more aware of what is really going on?

Anita: Yeah, it’s a feeling like you have eaten too much and you feel it in your stomach, that your whole belly is full. And now those feelings are much more subtle. Like, I can feel I am sitting here now and I’m a little bit scared giving the interview. Therefore I feel a bit tight and tense. Not that I can do anything with it now. But I am aware of it, that there is something that has been repeated in my life. Or if there are things in your life and you will be affected by them, you have less energy and then something hits you. It is just energy failure.

Anna: In your body?
Anita: Yeah, I think I am more aware of that and, when I feel this more strongly, I can do something about it.

Anna: When you have mental stress or emotional stress your body gets weaker?

Anita: Yes, I have now more flexibility in my hip joints and my knee joints because somebody has worked on it and I can see the relationship there.

Anna: So the body reacts to whatever is happening. And what does it feel actually lying there and having this muscle tested or standing there and someone is pushing your body or your arm in a certain direction?

Anita: Yeah, in the very beginning, when I just didn’t even know what it was, I found it a bit awkward, very technical and very logical, actually. I found it kind of suspicious, the kind of tools S had, like what I said about this water bottle on my belly. But the results and depth of it gave me actually more trust in this thing with the muscles. And out of the depth, even in the first session, I could just relax and I remember.

Anna: Thank you.

Peter’s Perception of the Phenomenon

Peter is a 36-year-old journalist who had kinesiology muscle testing during chiropractic treatment and for his reoccurring meningitis.

Anna: Peter, can you recall a session? How did you experience the muscle tests?

Peter: For me, it is hard to feel what actually is helpful or not helpful with the muscle tests. I find it is mostly for the

Anna: Yeah, exactly. Do you feel that this is educational when you can feel yourself what is going on? Would you say that muscle testing gives a bit of power back to the patient or...?

Steve: Let me retract from that a little bit. I believe what you say, but I also believe, at a subtle level, if I’m sitting with a pulse diagnosis somewhere the same thing can happen as well. This is a gross level of indication back and for certain patients, this is good. They need to feel “Oh it’s weak”. But other patients can just feel their being, they can feel the truth for themselves and so the words of me as a practitioner don’t need to spell it out so much. They feel it for themselves. So again, a tool is a tool. It’s the person using the tool that makes the difference.

Anna: How do you experience muscle testing for yourself?

Steve: It’s a communication with myself mediated by the practitioner. What I like is that I come away with a sense of knowingness. A lot of practitioners just want to tell me what’s wrong with me and I don’t really want to accept this. I need to feel what’s wrong with me. I want to bring my awareness to that so that I’m responsible. I think this is easily mediated by the muscle test. I mean, I have other problems with kinesiology. I think that their intervention methods are lousy but it is a fantastic diagnostic tool.

Anna: So what do you think are the limits of kinesiology?

Steve: I think it’s a diagnostic tool. The muscle test is diagnostic but when you’re actually strengthening the points this to me is a little superficial and it’s very dependent. I mean, it could still be strong but it’s very dependent on the connectedness of the
Anna: Do you feel the muscle test shows in any way only what you are able to be aware of at a particular point in time?

Steve: I don’t think that is a function of the muscle tests themselves. I think that the muscle test will show whatever the practitioner and the patient are capable of being aware of. It’s like any diagnostic procedure, And P is very sensitive in the use of muscle test. It goes to a deep level. For example, she tests spiritual things or chakras that are open or whatever. So I don’t feel that the muscle test is bound to a certain level of experience.

Anna: Right, so when you see a practitioner now applying the muscle testing procedure, how much would you say is due to the tool and what is the person?

Steve: I’d say it is one hundred percent the person. I don’t believe in a healing modality without persons. I don’t believe that there is a diagnostic tool that just gives you the right answer. It is the awareness and skill. I mean, what point is for the practitioner to have the most spiritual knowledge of somebody who is totally unaware of it. It won’t make sense to them, Why do they need to know that their heart chakra is blocked if they’re a truck driver and concerned about the ache in their back. It’s not relevant. It’s not what they need. It’s the same the other way round. If the patient is very refined and the practitioner is worried about a very gross level of medical intervention but the patient is really needing something on the soul level... again, it’s the awareness of both parties and the tools. I mean, to me, feeling the pulse is the same as kinesiology. But the advantage of kinesiology for me is just that it gives the patient a feeling of what the response is rather than they relying on the practitioner. They feel it for themselves.

therapist. I found, each time I have been treated through muscle testing, it is almost like my mind coming in, when the muscles were weak or strong, judging the process and saying: “Hang on, what is going on here? Is that right, did you actually push as hard on my arm or leg as before?” I find myself almost judging that during the session. And for my mind it is clear that perhaps the weak or strong muscle test is there only in one-third of the cases, one-third of the time I really doubt the results and one-third of the time I am undecided.

Anna: In your session, we were looking a long time for the priority goal, we had to work with, and your mind was scanning through your energy body while we muscle tested to find the ‘gordic knot’. Did you find the muscle testing helpful for that?

Peter: Yes, I did. I was really confused at that time. There was one part of myself that knew about the issue, but there was an other part of me that really didn’t want to know about it. There was a conflict there somehow, and through the muscle tests this was showing up.

Anna: Do you find muscle tests helpful?

Peter: Muscle testing has been used on me before, during chiropractic treatment. They checked with the muscle testing if my spine was in line before and after a treatment. Here, sometimes the muscles were strong, indicating that the problem was fixed, even when I still could feel that my spine was not all right. I don’t know what that means. Perhaps the therapist was going too fast in his muscle testing or I was not trusting or it was a combination of both. I don’t know.
Anna: What would you say if you compare pendulums and muscle testing?

Peter: I would not trust pendulums, either. I trust my hands. Muscle testing or pendulums allow only weak or strong, right or wrong. There is not the spectrum of differences I can pick up with my hands.

Anna: So you are saying that the muscle testing can give read-outs, which are not what is felt by the one who is tested, and the judgement of your mind is that one-third feels “right”, one-third feels “I don’t know” and one-third feels “not right”?

Peter: Yes. Perhaps muscle testing is more for educating the patient so that the patient actually can work with the therapist on another level. I am a sceptic, but I feel there is something to the muscle testing.

Anna: When you now think about the issue of using your hands to attain information, this is normally classified as intuition or intuitive process. Do you feel that muscle testing can enhance this intuitive process? What did the muscle testing do for you in the session?

Peter: For me, it was a tool to work with, a parameter. Without that, you would have to find another structure, another method, something to quantify the results. It gives you a clear cut answer and the patient can see the result. It is going to be weak, it is going to be strong. When I was working with my hands I might feel a block and the patient might not feel it when he is not tuned in. I think it is very helpful with the muscle testing that the patient can see or feel the result. And if the patient agrees on that, then it is possible for the patient to work step-by-step with the therapist through the session and come to an even there, it started to refine me. The muscle testing was like the first step.

Anna: So would you say the muscle test has enhanced your perception of reality, what has happened to you in your physical body or...?

Steve: Yeah, it has given me some guides to deeper awareness of what my truth is. What my real knowing is.

Anna: Can you go back to the feeling of lying and being tested? How do you feel about the muscle test as a procedure?

Steve: It’s fine.

Anna: Is it invasive?

Steve: No, no, it’s not invasive at all. I’m an acupuncturist, so looking at someones tongue, for example, is very invasive because a lot of people are embarrassed to show their tongue. Taking a pulse isn’t, but also palpation of the body is invasive. What I like about the kinesiology muscle testing is that it’s a very simple procedure. It’s not invasive at all. It doesn’t invade any boundaries that I may have. It involves me as well. I feel the truth, I’m not relying on some doctor. I don’t trust doctors. I don’t trust people telling me what is wrong with me. I need to feel it myself and I get that through the muscle test. So I guess it’s invasive in the sense that it really does show me the truth of what the result is. I feel it, but it’s not invasive against any boundaries that I might have or any privacy that I might want to respect.
Steve: Yes, yes.

Anna: Is it accessing your inner knowing? What sense do you get from this procedure?

Steve: The sense of rightness of what comes out, because it is my knowingness. It connects me more to my knowingness and, in this case, it just confirms my knowingness because I knew I was in shock. It was emotional shock and I knew I was experiencing rage about what happened. I wasn’t letting myself feel it. I knew these things but somehow it confirmed it for me and let me connect my conscious mind more with what needed to happen at an emotional level.

Anna: What do you gain out of the muscle testing procedure? Why do you have to go to a practitioner if you know what is on line for you?

Steve: That was this particular case. There have been other cases where I haven’t known, particularly dietary. What I value about P is the dietary advice. But in the context of the last session, I’m already coming from a situation which is quite deep in emotional and energetic work. I understand a lot about emotional energy. So it was a confirmation of what I had already been working on in a group. That was, where my energy was. I needed to work with what was. It’s like, how can you talk about diet when someone has been murdered? I mean, it was bizarre. So there are other cases where, particularly dietary, I didn’t have such a clear notion. I went through the candida diet with P and, after I’d been through the clean-out, I found that I connected much more with what I wanted to eat. Like my palate became much more refined. I started to know. Like, I’d take a bite of something and I knew I didn’t want to eat that. So end result. And at the end of a session, it somewhat brings the patient and the therapist to an agreement of some sort of cause of action. It is a quite powerful negotiation tool. It is really like a protocol, something you can build up from.

Anna: So, to summarise the session: You had a feeling around your heart chakra something was not right; intuitively you had a feeling where the block was; so, through the muscle testing, we agreed upon a cause of action and then we could work on it and disperse the block.

Peter: Yes. Muscle testing clarified the block. You can’t stay wishy-washy about it. You make an agreement with the therapist. There is a notion in crystal healing which says where you put your awareness is where the energy goes. With muscle testing, not only the therapist has to focus on the problem but also the patient and they work together on it. It is a step-by-step method and different parts of our beings can be tested: the body, emotional, electrical and so on. And we get answers on each part so that we can get a picture and then decide on the right direction.

Anna: Would you say the reading of the muscle tests were showing what was in your subconscious mind? Or what level of your being were we communicating with? Is it the mind as such, your conscious mind or your subconscious mind or your higher self?

Peter: It’s got to be either subconscious mind or higher self, not the conscious level because, at that time, my conscious mind was really confused. Perhaps it was a bit of both—subconscious mind and higher self. A lot of answers are known by the higher self anyway. I find it really important that the therapist doesn’t put
his mind through either and has expectations of what he wants to find. If the therapist is empty, then it’s a pretty good tool, probably more credible because there is some sort of physical contact between the patient and the therapist which the pendulum does not give. But it is always good to have different tools.

Anna: Thank you for the interview.

Judy’s Perception of the Phenomenon

Judy is a 31-year-old teacher who has kinesiology sessions to heal her chronic fatigue.

Anna: Judy, can you recall a session with P? What sense did you have about the procedure, lying on the table and your arm being muscle tested?

Judy: So, you basically want to know what was the essence for me with muscle testing?

Anna: Yes.

Judy: What was important for me is the trust that my body knows. That there are things in my body, secrets in my body, that muscle testing can tap and I can connect to my brain. There is a difference between my body knowing about illnesses and certain upsets of the body and the preconceived knowing from my brain what was going on. Bypassing my brain and going straight to my body through muscle testing gives me answers to questions and I find out lots of things, information about my body, that was not available to me in my conscious mind.

Anna: So you feel that the muscle tests access something which you cannot access with your mind?

Steve’s Perception of the Phenomenon

Steve is a 39-year-old psychologist. He had kinesiology sessions for food allergies and, more recently, for coping with the murder of a friend.

Anna: Steve, can you recall a kinesiology session please? Tell me a bit about how you experience muscle testing.

Steve: The last session that I had with P?

Anna: Yeah.

Steve: I knew, I was in shock about an emotional trauma, a murder, and I went to P for a different reason, but it was apparent that I needed to work on this, on the shock.

Anna: When you get tested, can you feel how the muscles get weak and strong?

Steve: Yes, it’s very clear. What I like about the muscle testing is that it really connects me. I’m not relying on the practitioner, but I feel the truth of my body’s response myself. It’s undeniable evidence for me and the skill of asking the questions is important. If the practitioner is good with the questions that they ask, I can feel my response and I feel the truth of what’s been said and it helps me to connect to a more understanding of myself. What I realised during the sessions is that I know what I need. I really do know it and the practitioner is just bringing it out, demonstrating it.

Anna: So, you think the muscle testing really shows what you know within yourself.
forget what is inside and all these things we’ve experienced.

Anna: Is there something else you want to mention... what muscle testing has done for you?

Sue: For me it’s been a very valuable experience. I feel that I can now and do a lot of things whereas before I was really stuck. I got aware of past things that were subconscious and I didn’t remember that they were holding me back.

Anna: So the muscle tests helped you remember?

Sue: Yes, and heal them. It showed me things about myself which I didn’t know. It showed me things that I can do—practical and easy ways to keep feeling good and going.

Anna: So did it give you a better sense of the everyday reality, how you can cope with your kids and everything?

Sue: Oh yes, it made it much easier. I had a lot of stress before that, on top of having two hectic kids. I’m not as stressed now.

Anna: And you can deal with reality in a different way?

Sue: Most of the time. I’ve got some exercises I can do that really make me feel a lot more in control, a lot better. It’s not something like that I’m pretending to feel better, I actually feel better inside. So when I feel stressed now it’s only like an external stress and I can overcome that. It’s not that my inner spirit is stressed.

Anna: Thank you for the interview.

Judy: Yeah, you could say that. It’s there, but I cannot tap it and I guess the muscle testing was a way to tap it directly. I mean, I’m sure I could get to it myself because that was why I went to P. I felt in my body that there were things disturbing me and I tried to sit and meditate to find the answers. But it was really clear that I needed help in accessing that information. I wanted to access that information. By muscle testing I could do it.

Anna: Do you think with the muscle test you can access information quicker than just sitting and meditating on it? Or what does muscle testing give you?

Judy: Well, I have a very strong mind and I have a very strong stubbornness about how I think things are. So how I think about what is wrong with me, like my worries or anxiety, dominates my whole perception of that. When I have muscle testing it bypasses this mental anxiety. What’s wrong, what’s happening— that sort of anxiety that then blocks the issue of the information that my body needs to have.

Anna: Do you think that being muscle tested enhances your perception of your own reality?

Judy: Well, it makes me see very clearly that what I think is going on is not actually what’s going on. For example, P asked me what my attitude was to get healthy. She asked me that question: what’s my commitment to getting well in the lower part of my body because that’s where I was working on at the time? I thought that I had a very good intention to the problem and I was ready to get healthy very quickly. Then she muscle tested me and my willingness to get well was only forty percent. That was what my body was saying and, at the same
time, my mind was saying: “No problem”, but my body was saying: “Something is interfering with your willingness to get well”. So that was one example of how my mind was perceiving things differently. And then we tested the next week and I got my one hundred percent, and there was a line between really wanting to get well and my body saying: “Yes, this person really wants to get well”. I really felt it in my body this time. I really felt the determination to get well whereas, before, I thought I had the determination to get well but it wasn’t really a body sense.

Anna: Do you think the results of the muscle tests help you to see what direction you need to go?

Judy: Yeah, it gives a lot of direction and a lot of insight into what is really going on in my body, and to my attitude, to my emotionality and to my physicality. And I have been tested about a lot of different levels of my energetic body, my physical body, my emotional body, etcetera.

Anna: Do you think it accesses intuitive knowledge you have?

Judy: Yes, very much.

Anna: How would you describe what is accessed when the muscles go weak or strong. What part of your being would that be?

Judy: Well, I think the body has its own voice. And I think when one is really stubborn and stuck with ideas, then the body has a space to speak up about what’s really happening. The body’s voice... basically, that is what muscle testing accesses, this body voice. What was caused a long way in my past. With muscle testing, you were right there on the first day.

Anna: So, you say that you could access information in your energy field that you wouldn’t have accessed in another way.

Sue: Yes.

Anna: Now the method as such. Do you find being muscle tested is invasive?

Sue: No. I think it’s important to trust the person who’s doing the testing. If you feel comfortable with them, you feel comfortable with whatever emotions might come up. That is O.K.; I didn’t feel that it was invasive...

Anna: Or pushing you or something?

Sue: No, you’ve still got control. You can always say “No, I don’t want to do it any more”. I didn’t find it invasive. I felt that I benefited from the testing.

Anna: Do you have an idea what part of you is making your muscles weak or strong?

Sue: Of where the strength or weakness are coming from? Well, I feel in our body we have all the energy fields and everything, but I feel I’ve got a centre somewhere which effects the rest of my body. It’s just my body being aware of how it’s feeling and everything that I’ve ever experienced is stored somewhere in that. So, with the testing, it’s just showing that part. It’s just my body saying what is stored in that part. In our conscious life we’re so hectic, we’re so caught up with everything we often
Anna: What is your opinion about the results of the muscle tests, when you experience something and then you get weak and then you get strong? What is your mind telling you then?

Sue: For me, I guess, it’s telling me how to better look after myself. I feel I’m doing something for myself like the additives testing for the food. It’s saying “No, this food is actually weakening you, it’s not very good for you, it’s not making you really sick but it’s not strengthening you, it’s not giving you the energy you need, it’s not right for your body”. So in that regard, yes, it is making me feel stronger. Also, things emotionally that I covered up... the muscle test make me look at them and find ways of dealing with them, which really makes me stronger again. I find that very strengthening.

Anna: When you think about your muscle getting weak and strong in the tests, would you be able to access that just sitting down and thinking about it yourself?

Sue: No, I don’t think so. Well, I never did that before with the things I’ve dealt with in the muscle testing, and I feel I’ve healed past things that have happened in my life that I couldn’t see any way. I couldn’t have done that without it. I’m not saying it’s the most wonderful thing I have done in my life, but it certainly really worked.

Anna: Do you think just talking to a counsellor would have had the same effect; would it be just as quick?

Sue: No, I don’t think so. This really got to what was causing the problems straight away. Whereas with talking we never got to it really. It was something that it needs, what it doesn’t need. I think when one is rigid with ideas of how things should be, then that voice will become strong, and if one knows this voice more and more, you can get in tune with yourself, in tune with this voice.

Anna: So would you say muscle testing is a communication tool for you with yourself?

Judy: Well, I couldn’t do it myself. That is why I went to somebody else because I needed that other person to access that voice. So it was very much a communication with that voice, a commitment of being well, how the body is feeling at that point in time.

Anna: Have you been muscle tested by someone else as well?

Judy: Yeah, I have, actually—two other people, because I have a very bad curvature of the spine, scoliosis, and I have done a fair bit of work with two different practitioners. One gave me a scoliosis test which was an hour and a half of absolute muscle testing of my body, and another one was a chiropractor.

Anna: When you now look back to those sessions, what do you think is the muscle testing giving you in relation to the therapists using the muscle test?

Judy: I always think muscle testing is accessing me. Muscle tests bring the therapist more in contact with me, what I need, and there is an easiness about it.

Anna: When you go into a room to be muscle tested, how do you receive the procedure? Do you think... is that O.K. for you or is it invasive?
Judy: Well, it very much depends on who does it. I don’t think anyone who gives you a therapy will make you always comfortable with it. P does it very softly, very intuitively and very sweetly whereas I had one guy who did muscle tests just the opposite: very, very rough, very full on, very invasive. He was the one that did the scoliosis tests for me. He was always getting my mind to do things, look left, right, look up, down. He wanted me to do things all the time, so the brain didn’t get a hold of this thing that’s going on and work it all out. He was saying this way the brain doesn’t know what’s going on. You’re by-passing the brain and just working with my body. By the end of it, I didn’t know what was up and what was down but I also trusted that he was very into what he was doing and was very precise. He was rough, he was tough. But I just thought: “Put all that aside and trust; he knows what he’s doing. He knows about scoliosis and I really need his help.” He was invasive in his approach and very different from P.

Anna: Well, were those muscle tests beneficial as well?

Judy: Yeah, about three days after that I got an incredible pain in my spine, more than I ever had, and then it went. It was a very intense pain and I felt he had moved something very deep. It changed my body. He used to treat me very radically but it changed my body. So it was very different to P, even though the techniques are similar. A whole different approach; I couldn’t really compare them.

Anna: Do you trust the results of a muscle test when you are tested?

Judy: At first I didn’t. I can remember one funny thing happening to me. P muscle tested my body for

Anna: Do you think it has something to do with your intuition—that the muscle tests show your intuition?

Sue: I suppose it could be intuition but it feels like an inner strength—what is felt inside, what strength really remains.

Anna: And the muscle testing as a procedure brought you...?

Sue: Getting me more in touch with that.

Anna: How did that feel for you being muscle tested?

Sue: It’s exciting to feel your body responding. That the body knows what is right and wrong for you. Life is so hectic and rush, rush, rush and I am caught up in things and it’s nice to get back to what are the really important things. So it felt good in a way to see the body responding but, at the same time, also upsetting in a way, too, to realise how much you can cover up when you are rushing.

Anna: Did the muscle testing open something for you?

Sue: It opened me to myself and how I react to things and still react to the past.

Anna: Would you say the muscle testing as a procedure has been beneficial to you?

Sue: Oh yes, I’d recommend it, yes, for a lot of different things. Especially stressful situations and anything really. I found it very efficient.

Anna: Did you learn more about yourself in muscle testing?

Sue: Yes, especially things from my past.
Anna: Can you recall a session when you were muscle tested with P? What happened there in the session for you being muscle tested?

Sue: I hadn’t had muscle tests done before and she gave me certain things and I had to hold my arm. She was testing me and getting me to say certain things. And she like held my arm and then I was really surprised how my body would respond. And then she’d get me to repeat something and then she’d test if I can hold my arm and I’d think that, consciously, I would be strong and I’d be weak. It really surprised me.

Anna: So was that a revelation to you how your body reacts to certain things?

Sue: Yes, deep down it felt like it was telling the truth. Consciously, I was not aware.

Anna: So, do you think you had some control over your muscle?

Sue: Unconsciously, yes; but not consciously.

Anna: So consciously you’d think “I have to be strong”, but it didn’t happen, you still could be weak. When you discovered that, did that change your reality and how you perceive your body?

Sue: Yeah, it made me look at myself a lot more. I felt like I had been hiding from myself.

Anna: So what is the muscle testing telling you?

Sue: It’s getting me more in touch with what I feel and want to do, what I really want.

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Sue: nutrition—things and teas I needed to get better. She told me that I needed this particular type of tea and the next time I came back she muscle tested for all the things she had given to me if they were working in my body. She said to me: “This is working, this is working, but this tea that I gave you, is not in your body yet. Your body is not registering this tea”. “Well”, I said, “P, I have to confess I haven’t taken it”. She said: “Well, if you’re going to come to me to get treatment, then you really have to follow through what the body is telling us”. And the body was asking for this tea I didn’t like the taste of. But that was so obvious what my body was saying that I said to myself: “O.K., I really trust my body and if my body says it needs this, then I take it”.

Anna: Looking back, do you think that it was beneficial to trust the muscle test?

Judy: Oh yes, especially a lot of nutritional information, not so much emotional things at the time, the vitamins and minerals and what I shouldn’t eat and what I should eat. For example, I was constipated and I kept quite a strict diet. But the tests showed that soya milk was bad and that was why I was getting constipated. I dropped the soy milk and I felt much better. So, I have had immediate results. And taking the minerals was very good because I usually get quite sick by changes of temperature and rainy days, but this time, because I’m on this program taking what my body said it needed, I haven’t got sick, which is quite something for me.

Anna: So do you think the muscle test has helped you to be more aware of your body and its needs?
Judy: Yeah, sure, very much so. Now I’m very aware of what is going on in my body, what attitudes I have, how I look at my body and what deficiencies I have in my body. The muscle tests really access information and then I can act on that information to do what I need to do to keep me healthy. Yes, it is directive for me. I can feel: If I do this, my body gets depleted and, well, if I do this, it strengthens the body.

Anna: Do you think the muscle test accesses this information in a quick and efficient way?

Judy: Well, you see, this muscle test, especially with P, was very specific. You know, you can’t eat this, you can eat that. But I have never been to a naturopath and I don’t know enough about nutrition for a start, so I don’t know.

Anna: Feeling your body respond. How was that for you? Feeling your muscles getting weak or strong?

Judy: Well, I have always been weak and it is now for the last six months that I have done a lot of healing—it is not just muscle testing, I have done a lot of different things—and now it is starting to come together. I’m getting stronger and stronger and more energetic. So it is a real breakthrough. I was always getting colds because I have this scoliosis right on my chest and that deformity is really restricting my breathing and weakening my lungs.

Anna: What is the most important aspect for you being muscle tested?

Judy: I think people need to have experience that the body is really talking and feel the difference

Susan is a 34-year-old teacher who had reoccurring headaches for which she sought help through kinesiology.

Jack is a 41-year-old real estate agent who had kinesiology sessions to heal his glandular fever and reoccurring gout attacks.

Doris is a 44-year-old music teacher who had kinesiology sessions to help heal a broken arm and improve her asthma.

Anita is a 32-year-old artist who consulted kinesiologists for different health problems over the years.

Peter is a 36-year-old journalist who experienced muscle testing during chiropractic treatment and had kinesiology sessions for his reoccurring meningitis.

Judy is a 31-year-old school teacher who had kinesiology sessions to heal her chronic fatigue.

Linda is a 36-year-old naturopath and young mother who had kinesiology sessions for food allergies and other health problems.

All of the above research participants had experienced muscle testing on several occasions and with different kinesiology practitioners. The following are the full transcriptions of the interviews in order for the reader to have a complete reference for the analysis and interpretation of the interviews in the following chapters.

Sue’s Perception of the Phenomenon

Sue is a young mother of two small children. She had kinesiology sessions to help her better cope with her situation of having a family to care for.
The protocol was intended to give the participants space to raise other themes, which they regarded as important to their experience, during the conversation.

Ten Interviews

The interviews elicited an account of each interviewee’s particular experience with the phenomenon of indicator muscle change in his/her own context of being in the world. In the following section, I have given a full transcription of the interviews from the ten research participants. This acknowledges the fact that the people themselves, and in their own words, can most accurately describe their experiences.

The ten research participants were: Sue, Steve, Ruth, Susan, Jack, Doris, Anita, Peter, Judy and Linda. They all had consulted kinesiologists to help them improve their health problems.

- Sue, the 27-year-old mother of two children, had kinesiology sessions to better cope with her situation of having a family and looking after two young children.
- Steve is a 39-year-old research scientist in cognitive psychology. He had kinesiology sessions for food allergies and, more recently, for coping with the murder of a friend.
- Ruth is a 28-year-old yoga teacher and mother of a young baby. She had kinesiology sessions to help her cope with her new role as a mother. Prior to that she had encountered muscle testing for various other health problems.

between when the mind talks its ideas and when the body talks. The body says: “I need this, this is a mess”, and they can see the difference and feel that the body knows. What the body has on information is never really accessed.

Anna: Do you think muscle testing is also educational?

Judy: Oh yes, very educational. It gives you information about what the body needs. It is showing you another reality than what the mind thinks.

Anna: Does it enhance your perception of reality?

Judy: Well, I think there is a reality like what the body needs, like I was saying before, and then there is the reality what I think my body needs. That is a reality but it is not necessarily the reality of my body. Muscle testing just gets you in tune with your body and gives you a very good relationship to your body, how to look after your body, how to care for your body, where to start and give it what it wants. I trust that the body can get well, no matter what diseases or what things are in the way. That it will get well, if you take care of your body when you’re sick. When you’re used to the old, traditional way and your problems don’t get less, you are looking for other ways to get better. When I see my body reacting and I don’t know how to do anything else, that’s for most people very educational. I was willing to try something else and I trusted the person doing the muscle test.

Anna: So the muscle test is a guidance of how to slowly change your body?
Judy: Yeah, very much. And you know, it is also really to trust the body that it knows and to let it speak; relax, let your mind go and let the body speak, tell you what it needs.

Anna: Then you can act on it or not?

Judy: Yeah, then I have a choice. In that example of the tea, my body was saying: “Take it” and then I didn’t take it. But the body was still asking for it, still wanting it, when I was tested later.

Anna: Thank you for the interview.

Linda’s Perception of the Phenomenon

Linda is a 36-year-old naturopath and young mother who had kinesiology sessions for food allergies and different other health problems.

Anna: Linda, can you recall the sessions with me? What was the benefit that we had muscle testing in our healing sessions? Could we just have done it with intuition? What is kinesiology giving in the session?

Linda: Right. I found with kinesiology that my body or my system knows the answers and that kinesiology was a way of accessing these, bypassing in some ways the conscious part of me. Your energy as the practitioner and the muscle tests assisted me to see areas, to see blockages and then to check or to use kinesiology to work on these areas.

Anna: So, do you feel you know intuitively the answer but your mind is judging the answer? If something comes up in the muscle test it will help you to be better with your intuition?

“A conversation is a process of two people understanding each other. Thus it is characteristic of every true conversation that each opens himself to the other person, truly accepts his point of view as worthy of consideration and gets inside the other to such an extent that he understands, not a particular individual, but what he says.”

(1975, p. 347)

Prior to the interviews I introduced my research to the participants. I explained the general theme of my research and the research design. I gave them as much contextual information as they needed to understand their role in my project. Foddy (1993, pp 19 ff and 189), who described human question-answer behaviour in a research setting, stressed the active role and reflective behaviour of the interviewee in trying to make sense of the questions. ‘It is more fruitful to see respondents as active agents engaged in the task of trying to make sense of the questions that are put to them.’ He concluded that contextual information minimised assumptions by the interviewees about the researcher’s interest and their own expected role in the project.

The participants were asked to recall healing sessions where indicator muscle testing was used. They were encouraged to describe, from their experience, what sense they had of the procedure, how they felt about the procedure, how they reacted to it, and what understanding they had of the method.

These questions acted as prompts in the conversation when the narrative of the interviewee ceased. I saw my main task as an interviewer as being to encourage each participant to tune into his/her experience and give a vivid account of it. The interview was a creative process in which the interviewer facilitated the recall of the person’s experience.
In accordance with the phenomenological assumption that lived experience can be articulated, the criteria for selecting clients for the interviews was that they had a good knowledge of the process of muscle testing and indicator muscle change, and that they would be willing to disclose their views about the phenomenon to me. I invited five of my own clients and five of another kinesiology practitioner’s clients to be interviewed.

The interviews took place in either the clients’ homes or in public places they designated. I obtained an informed consent for taping each conversation and transcribing it at a later date for publication. The people were given an assurance of confidentiality of their personal data. They were also informed that the recording of the conversation and the interview itself could be stopped at any time on their request. The offer was made that the taped information would be replayed to them if they so wished. They were also informed about the interview process itself and encouraged to freely state their views and opinions.

The Interview Structure

The interview technique was a semi-structured protocol. I prepared questions in relation to the theme: ‘Does indicator muscle testing and the phenomenon of indicator muscle change enhance a person’s perception of reality and, if so, in what way?’ The aim was to keep the conversation free-flowing and open-ended to allow a dialogue in which to learn from the interviewee’s experience and his/her interpretation of the phenomenon.

The approach was based on Gadamer’s premise that being in the world was revealed in language (Gadamer 1975, p. 345ff). Gadamer stated:

Anna: Right. So would you say the muscle test guides you? Where you have to look at?

Linda: Yeah, guides and checks, because there’s a few times I’ve said: “Throat” or said: “Right leg” and the muscle test would reaffirm that. So after a few sessions I found now I’m more likely to just say what first comes into my mind and it tends to be right. It’s developed my intuition by doing sessions. Where at the beginning I was a little bit probably nervous, too, a little bit unsure of myself whether I could feel what was going on, now I can go into a session and just say whatever comes up, even if it’s silly, and then the muscle test can reaffirm that or lead us in a different way of working or...

Anna: Interesting. It has strengthened your intuition?

Linda: Yes.

Anna: Oh, right. So how does it feel for you to be muscle tested?

Linda: It wasn’t new for me, because I’ve been muscle tested before, with a chiropractor up here when I was pregnant, and also in Melbourne. It wasn’t new.
for me, so I am quite confident and comfortable with muscle testing and things like that.

Anna: It was not a threat or a...?

Linda: No, not at all, except the threat of knowing something I wasn’t ready to challenge yet. Knowing that things would probably come up in muscle testing which I would not feel comfortable with. Knowing that maybe I couldn’t hide something if I wanted to.

Anna: So what sense do you have from that procedure of being muscle tested? What do you think it is?

Linda: Energy, sure. I can feel that during the session. I find it incredible because there’s no control over the outcome of a test. Even if I wanted to tighten that muscle doing a muscle test, it just loses its power. So there’s something that I feel is a bit beyond me, in a way, or beyond my consciousness. I don’t know what sense I could put to it.

Anna: So you really wanted to have a strong muscle and it just doesn’t do it?

Linda: Yeah, even if I just try and keep it strong or go against you, even if I wanted to rig it, so to speak, or to really go against it, if it was a ‘no’ or whatever, the muscle just weakens. I lose the strength, and I don’t know what that is.

Anna: Yeah. Well, that’s why we’re investigating it. It’s good that you say that. So would you say muscle testing helps that you are more aware of yourself and your body?

Chapter 6

People’s Perception of the Phenomenon of Indicator Muscle Change

Phenomenology validates people’s lived experience as being in the realm of cognitive authority. The involvement in everyday life and people’s experience in the world is a source of knowledge which, if compiled, can help to shed light on the human condition from a group’s perspective. People who have encountered the phenomenon of indicator muscle change in a health care setting have valid experience of the phenomenon. In this chapter the researcher, having explored the clients’ experience, documents their spoken accounts of the phenomenon.

Planning the Interviews

As human beings are self-reflective and make sense of phenomena encountered in their lives, they are a source for generating knowledge through communication. Language conveys experience, shaped by the person’s specific context and his/her unique interpretation of events.

The flexibility of a semi-structured interview was seen as the appropriate technique to find out about people’s experience of the phenomenon. A survey with questionnaires was seen as inadequate, because these give a preconceived set of criteria into which the person has to fit his/her experience. Douglas (1985) has described this research technique as limiting when it is concerned with personal experience.
illuminate this particular research theme. The research presented here needs to be seen as a start for further controlled studies.

Conclusion

This study confirms Diamond’s clinical observation that indicator muscle change will occur in a spleen-related indicator muscle when a person mentally focuses on ‘realistic anxieties about the future’. But the results were only marginally significant and some contextual parameters, such as the student/teacher relationship, might have influenced the results. Many more studies would need to be conducted to be conclusive about parameters involved in the occurrence of indicator muscle change in relation to emotional attitudes.

In summary, the object of the study was to ascertain if indicator muscle change will occur during mental activity related to negative emotional attitudes. The hypothesis derived from Diamond's (1990, 1992) clinical reports of such a relationship. In the overall evaluation of the three sets of experiments, the data showed a significant relationship between the mental focus on realistic anxieties about the future and the occurrence of indicator muscle change in triceps brachii and lat. dorsi. But the results were only marginally significant and some contextual parameters - like the student/teacher relationship - might have influenced the results. Further studies are needed to quantify the occurrence of the phenomenon in relation to mental activity and emotional attitudes in different clinical and/or experimental settings.

Linda: Yeah, more trusting...

Anna: Your own intuition, more trusting?

Linda: Yeah, more trusting of it. I think I was aware that I had intuition in other things or with other people. But through the muscle testing and through the sessions, I put more trust in that intuition. I felt it was always there. But just trusting it a bit more that it was right.

Anna: Oh right. Do you think it has enhanced communication with yourself, with your inner healing or whatever you call it, the healing guide?

Linda: Yeah, definitely. I had problems with my neck lately and I was really trying to be in touch with feeling my body and feeling my gravity. Mind you, all gravity's out a bit. Whereas before I had sessions with you, I would tend to just go to someone and give the problem to them. You know, hand it over to them.

Anna: Ah, right. So muscle testing... what you say...

Linda: Now I’m being more responsible. I’ll do my meditation and different things and ask for the guides, as you were saying, and take a bit more control, knowing that the answers are there.

Anna: In you?

Linda: With the muscle testing I find you don’t come and say: "Do this, do this". You’re asking me what to do, so I find the muscle testing has given me more control. Even though you’ve done medicine and know a lot, you don’t use that information to impose it on me. You’re just asking me what I want and
Anna: Giving me options. So that's given me more faith in my...

Linda: Healing?

Anna: Yeah.

Anna: Oh, that's an interesting aspect. I haven't really thought about that.

Linda: So that's what I think of it, and that's why I'm taking a bit more control now.

Anna: That might frighten people away, also.

Linda: Yes.

Anna: Those who don't want that aspect of shared responsibility.

Linda: Yes. And I was saying to the chiropractor now where I'm feeling things are out of balance and that I'm working through emotional things and da da da da da, whereas before I tended to not say much, even particularly with doctors. Probably doing naturopathy, or maybe that's why I did naturopathy, I could never say: "This is what I feel it is", or "I don't know, I'd like to try something else", or I'd just take the script and walk out feeling disappointed.

Anna: Right.

Linda: Whereas now I feel a bit stronger.

Anna: And the muscle testing was a procedure which has helped you with that?

For example, the different and highly significant results of the first set of tests might be due to the fact that Examiner A was a teacher of the students at the time of the experiment and employed by the institution where the students were studying. The students' professional connection with the examiner might have influenced their willingness to disclose what they were thinking. Thus, the first set might have had a more significant contextual variable influencing the test outcome than the actual imagery script. The students of the second set of tests had only superficial contact with Examiner A - as a teacher - and Examiner B was a total stranger to the students of the third set. These contextual differences might have influenced the data considerably.

Furthermore, the internal imagery asked for in these experiments depended on the cognitive efforts of each individual student. These might be very different in an experimental setting compared with a clinical setting, where the patient wants to get well.

Research reports on the effects of mental practice on motor skill learning show that a host of individual, task and methodological factors influence the outcome of mental practice on motor skills (Weinberg 1982, Feltz and Landers 1983). This might also be the case regarding the occurrence of indicator muscle change in relation to negative emotional attitudes. The cognitive task of internal imagery is a complex multi-determined human action. The task of reproducing a specific experience and its energetic variations in a quasi-experimental setting might be more significant in influencing the occurrence of indicator muscle change than the actual imagery script.

Therefore, based on the above data, no far-reaching conclusions about the occurrence of the phenomenon in relation to negative emotional attitudes can be made. Many more studies would need to be conducted to
Table E  Within-subject occurrence of indicator muscle change during emotionally loaded imagery

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Total</th>
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<td><strong>triceps</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>series I</td>
<td>2</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>29</td>
</tr>
<tr>
<td>series II</td>
<td>2</td>
<td>12</td>
<td>11</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>series III</td>
<td>4</td>
<td>8</td>
<td>9</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td><strong>lat. dorsi</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>series I</td>
<td>2</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>29</td>
</tr>
<tr>
<td>series II</td>
<td>1</td>
<td>13</td>
<td>10</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>series III</td>
<td>1</td>
<td>11</td>
<td>9</td>
<td>3</td>
<td>24</td>
</tr>
</tbody>
</table>

* Category 0 = 0 occurrences of indicator muscle change in the 5 trials for a subject
Category 3 = 3 occurrences of indicator muscle change in the 5 trials for a subject

Discussion

The results show that the occurrence of indicator muscle change in lat. dorsi during imagery of the ‘anxiety theme’ was significantly more frequent than during imagery of the ‘placebo theme’. The significance for triceps was less distinct and the interaction term for Examiner B was in the opposite direction from the estimate (-0.17). This might be due to random error and the fact that the number of students tested by Examiner B was not sufficient to be able to be conclusive about the interaction term compared with Examiner A. This implies that the data from the above experiments is non-conclusive.

Testing for the occurrence of indicator muscle change in relation to emotionally loaded internal imagery seems to be more complex than the research design could cater for. The very nature of this investigation implied that only a blind design was possible. Because of this, a lot of contextual parameters could not be controlled.

Linda: Yeah, it’s helped because it’s shown me that I have control of my own health, because it’s not you that was prescribing something or not you that was saying: “Take this”. Instead of saying: “You need a homeopathic”, you would find out: “Do I need a homeopathic” asking my muscles. If the muscles turned strong you would say: “Yes. What homeopathic, do you know?”, muscle test again. So you weren’t prescribing. Everything was asking me.

Anna: Yeah, yeah. When you look back to the sessions, what do you think, has muscle testing enhanced your communication with the therapist? Would you have been able to communicate with me what we have talked through, through the sessions, when you look back, without having the muscle tests?

Linda: Oh, yeah. But I think it would have taken us a lot longer.

Anna: Yeah.

Linda: Right. And I don’t think that things would’ve come up in the same way. I first saw you about an anal fissure. Right?

Anna: Yeah.

Linda: I think we would’ve looked at more the physical aspect of it and da da da da da da. Different things may have come up but I would not have thought to bring things up that were inappropriate, whereas...

Anna: Right, so it’s a judgement from the mind what is inappropriate.
Linda: Yes. Whereas, with the muscle testing, it may bring out things that don’t seem connected with the health problem but they are. So, I think that we may have got somewhere, but it would’ve taken longer for a start, ’cause muscle testing can get straight there, and we may have fixed things up in another way.

Anna: Interesting.

Linda: You know, I’m a little bit for herbs, homeopathy, this works for me. It’s a matter of going a certain way about it. But I found through the muscle testing I saved a lot of time.

Anna: Right. ’Cause through that, would you say you could shape the procedure individually or...?

Linda: I think it brings up things that a therapist may not think to ask.

Anna: Right.

Linda: There may not be anything obvious about me not feeling myself, say, me not being Linda. It’s common with having a baby but, still, the therapist may not think to ask those things.

Anna: So that’s the wholistic concept behind muscle testing as well, which you know is there.

Linda: Right.

Anna: What’s your opinion about the result of the muscle test, so when something comes up in a muscle test, do you trust it, or is there, you know...?

Table D  Change in deviance between Examiner A and Examiner B in relation to the test outcome

<table>
<thead>
<tr>
<th></th>
<th>triceps</th>
<th>2.74</th>
<th>p value</th>
<th>0.10 (chi square test (1df))</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>lat. dorsi</td>
<td>0.98</td>
<td>p value</td>
<td>0.32 (chi square test (1df))</td>
</tr>
</tbody>
</table>

Table D shows no significant change in deviance between Examiner A and Examiner B in relation to the test outcome for lat. dorsi (p value 0.32). For triceps, the change in deviance was 2.74, resulting in a p value of 0.10 obtained from a chi square test (1df). This result was marginally significant as the interaction term of Examiner B pointed in an opposite direction (z -0.17) from the estimate in those experiments. The number of students tested by Examiner B was not sufficient to be able to be conclusive about the interaction term.

Table E shows the within-subject occurrence of indicator muscle change in the three sets of trials. The second and the third sets show a similar distribution. The occurrence in the first set has a distinctly different distribution compared with the second and third sets. In the first set, students had a distinctly greater occurrence of indicator muscle change than in the second and third sets.
squares. Level 1 was the trial level, level 2 the subject level and level 3 the set-of-experiment level.

**Table B**  
The occurrence of indicator muscle change during ‘anxiety’ in relation to ‘placebo’

<table>
<thead>
<tr>
<th></th>
<th>odds ratio</th>
<th>95% C.I.</th>
<th>Z</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>triceps</td>
<td>1.74</td>
<td>1.04-2.91</td>
<td>2.13</td>
<td>0.033</td>
</tr>
<tr>
<td>lat. dorsi</td>
<td>2.05</td>
<td>1.20-3.51</td>
<td>2.63</td>
<td>0.009</td>
</tr>
</tbody>
</table>

Table B shows a significant occurrence of indicator muscle change during imagery of the ‘anxiety theme’. Lat. dorsi was more sensitive in these trials with an odds ratio of 2.05 and a p value of 0.009. Although the odds ratio of 1.74 and the p value of 0.033 of the triceps tests were significant, one needs to be cautious about this result, as the interaction term of Examiner B pointed in an opposite direction (z = -0.17) to the estimate. This might be not significant and due to random error. In any event, the number of students tested by Examiner B was not sufficient to be conclusive about the interaction term.

**Table C**  
Difference between Examiner A and Examiner B in baseline occurrence of the phenomenon

<table>
<thead>
<tr>
<th></th>
<th>odds ratio</th>
<th>95% C.I.</th>
<th>Z</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>triceps</td>
<td>0.41</td>
<td>0.23-0.73</td>
<td>-3.05</td>
<td>0.002</td>
</tr>
<tr>
<td>lat. dorsi</td>
<td>0.21</td>
<td>0.11-0.40</td>
<td>-4.71</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Table C shows the difference in baseline occurrence between Examiner A and Examiner B. Examiner B had significantly lower occurrence of indicator muscle change compared with Examiner A for both the eccentric and the concentric tests. The odds ratio between the two examiners for lat. dorsi was 0.21, which means that Examiner A had

Linda: I trust it.

Anna: Is there also sometimes conflict with your mind, or...?

Linda: No, I haven’t found conflict with my mind. Because everything that’s come up I sort of knew, felt that I knew, but hadn’t confronted it, or didn’t want it to be an issue. I find muscle testing quite confronting. As I said before, it’s threatening in that way, that you’re there and quite vulnerable in a way when you’re exposing yourself. I find, once you relax and I’m with you in a session, I am quite vulnerable.

Anna: Yeah. Is there something else you want to add to the procedure of muscle testing? Just recall when you come in the room to have sessions with me or another therapists who uses muscle testing. What’s your anticipation, how do you feel in that regard?

Linda: Well, I feel, as I said before, it’s not as much going to the therapist and receiving stuff, it’s more going in to access my truth, or a way of going in to talk to myself, to find out what’s the matter. And I don’t know what that self is.

Anna: Very interesting. That’s a good way how to put it really, isn’t it?

Linda: Whereas I don’t, even though I see you as a qualified person and everything else, I feel when I’m going there, you’re just a guide or a catalyst, “cause you’re asking me all the time. You never say: “Do this” or “Do that”.

Anna: So it gives a refined communication really. Would you also say you can access my knowledge better through that, because I can offer it to you better?
Linda: Yep, yep. I think with the muscle testing you can get there quicker. For instance, when we first started we were looking at the pelvic floor. With your knowledge of anatomy and stuff you could access the different muscles that I needed to work on quickly through the muscle tests. And I think probably your knowledge helps us access things a bit quicker, 'cause you bypass a lot of things when you're trying to get in there. So if you'd just started this and didn't have that knowledge you could flounder around for a day, whereas your knowledge combined with the muscle testing is accessing it quickly.

Anna: Oh yeah. Good. Do you have something else? What else could you say about it, when you think about the sessions you had with me and just the technique of muscle testing... using the technique of muscle testing?

Linda: Uhm. The technique. Sometimes I feel a little bit confused after a while, if I'm feeling tired, but then it tends to work out anyway and I think that if you have an unclear reading, you then re-do it with the legs or whatever, so the readings are usually pretty clear. But sometimes, yeah, I feel a little bit tired and a bit... wondering whether I should concentrate on the muscle testing or just on where ever we're working on. Sometimes I think: "Should I just totally forget about my arms and what you're doing, or should I focus in on it?" But I think I tend to space cut a bit.

Anna: It still works, and that's the beauty about it, it still works.

Linda: Yeah, so I tend to go off in a relaxed state. You can put me in a situation where I can access myself. I'm a little bit wary of the user of muscle testing in some ways. I don't think anyone can do muscle testing.

| Table A  | Occurrence of indicator muscle change during emotionally loaded imagery |
|-----------|-----------------------------|-----------------------------|
|           | triceps | lat. dorsi | triceps | lat. dorsi |
| application | frequency | change | no change | frequency | change | no change |
| Series I placebo(*) | 42 | 13 | 29 | 42 | 13 | 29 |
| % | 100 | 31.0 | 69.0 | 100 | 31.0 | 69.0 |
| Series I anxiety(*) | 45 | 29 | 16 | 45 | 29 | 16 |
| % | 100 | 64.4 | 35.6 | 100 | 64.4 | 35.6 |
| Series II placebo(*) | 44 | 25 | 19 | 44 | 25 | 19 |
| % | 100 | 56.8 | 42.2 | 100 | 56.8 | 42.2 |
| Series II anxiety(*) | 46 | 30 | 16 | 46 | 32 | 14 |
| % | 100 | 65.2 | 34.8 | 100 | 69.6 | 30.4 |
| Series III placebo(*) | 35 | 12 | 23 | 35 | 6 | 29 |
| % | 100 | 34.3 | 65.7 | 100 | 17.1 | 82.9 |
| Series III anxiety(*) | 37 | 12 | 25 | 37 | 9 | 28 |
| % | 100 | 32.4 | 67.6 | 100 | 24.3 | 75.7 |

(*): frequency = number of muscle tests conducted  
change = indicator muscle change  
no change = no indicator muscle change  
placebo = placebo theme  
anxiety = anxiety theme

tested on three different occasions by two different examiners. The analysis was done using multi-level logistic regression. It was done with the aid of the ML3E statistical program. The model was fitted by doing generalised least
thinking in the trial. All the muscles were reassessed prior to any subsequent trial to make sure that they had regained their strength. For the three trials the participants were instructed to imagine their ‘anxiety theme’ at least once and the ‘placebo theme’ once, a repetition of either of the themes could be added at random.

Three sets of experiments were conducted on three different occasions using Examiner A for the first and second sets and Examiner B for the third set.

**Results**

Of the 87 tests conducted in the first set of trials for triceps and lat. dorsi, 42 used the imagery of the ‘placebo theme’, and 45 the ‘anxiety theme’. In the second set of trials, 90 tests were conducted each for triceps and lat. dorsi. Forty-four of those used the imagery of the ‘placebo theme’ and 46 used the ‘anxiety theme’. The third set comprised 72 trials for each muscle. There were 35 tests using the imagery of the ‘placebo theme’ and 37 using the ‘anxiety theme’.

Table A shows the number of muscle tests conducted for triceps and lat. dorsi per application in the three sets of trials, and the occurrence of indicator muscle change. The data shows that the occurrence of indicator muscle change for both muscles in the first and second sets of trials was much higher during imagery of the ‘anxiety theme’ than during imagery of the ‘placebo theme’. In the third set of trials there was no difference in the occurrence of indicator muscle change between imagery of the ‘placebo’ and the ‘anxiety’ themes.

Data was evaluated using multi-level modelling which took into account that three trials were clustered within individuals that there were three different groups of students and I’m a bit like that with vega as well. It’s just a machine between two people. I think muscle testing can bypass the machine. But I think it’s in the user.

Anna: Can you recall your first experience with muscle tests?

Linda: Yeah, when was I first muscle tested? I did a detoxing, a six months detox, and then learnt how to do it. I could show you that, actually. We faced each other, and one person pushed the other’s muscle. So I learnt how to do it, and we just thought it was great. I did it with a friend and we worked out everything—time of birth and, you know. So what did I think about it at first? I just thought it was accessing the stuff.

Anna: Thank you for the interview.
Chapter 7

Analysis and Interpretation of the Interviews

The spoken word is one way people make sense of their lived experience. Therefore, it is important to seek ontological and epistemological insights through language.

The following chapter analyses each participant’s narrative about their experience with applied kinesiology and indicator muscle testing. Qualities were identified from these interviews as being aspects of indicator muscle change. Each interview has been condensed to qualities reflecting the interviewee’s impression of aspects of the phenomenon. All qualities are listed in the order in which they were expressed in the interviews, and an interpretive summary is given for each individual.

In the second section of this chapter, the qualities which emerged from the individual interviews are listed in alphabetical order (to avoid any prioritisations) and their meanings explained in broader terms.

The third section lists additional qualities, raised by some participants as being important aspects of the phenomenon to them, although they were not part of the research question.

Participants’ Experience of the Phenomenon

The process of creating a meaning from lived experience is quite distinct from the judging process used in quantitative research. The act of judging implies a presumed reference experience feelings and sensations associated with the emotion.

As the participants in this study were students, it was reasoned that a realistic anxiety in their immediate future might be failing some of their exams. The students were interviewed prior to the trials to find out their feelings about the upcoming exams. Most of the students were genuinely worried about failing their anatomy exam. Some expressed anxiety about exams in other subjects. Some, who did not have any real worry related to exams, were asked about issues in their lives which did cause them anxiety. I made sure that the issues expressed involved real anxieties in the near future. Themes like ‘I won’t get the job I have applied for’ or ‘I will not have enough time to prepare myself for the exams’ emerged.

The imagery was directed as follows: The participants who stated their anxiety in relation to their exams were instructed to imagine that they had sat the exam. Just now, someone had given them the message that they had failed the exam. They should think the sentence: “I have failed my... exam”, and feel and experience the sensations they would have from such a message. The rest of the students were advised to imagine that the event about which they were worried had actually occurred, and then to mentally state the fact of that occurrence and experience the feelings they would have arising from such an occurrence. For the placebo trials the participants were instructed to imagine that they were lying on the massage table being muscle tested and to mentally state: “I am lying on a massage table”.

The sequence of muscle tests were: triceps - lat. dorsi - right deltid - left deltid - lat. dorsi - triceps. The tests were described in detail in Chapter 4. They were performed three times on each student. After each trial, the person was instructed to sit up and forget about what s/he had been
Triceps brachii and lat. dorsi were chosen for investigation. The manual muscle testing procedures were standardised in regard to the testing position, the mode of assessment (concentric and eccentric testing), and the evaluation criteria of the test.

Triceps brachii and lat. dorsi are associated with the spleen meridian (Watther 1988, pp 312, 328). According to Diamond (1992, p.124), “realistic anxieties about the future” are the negative emotion associated with the spleen meridian. He states:

“The specific state involved in spleen meridian problems is one of worry and anxiety about the future, about real problems in the relatively immediate future.” (Diamond 1992, p. 124)

Therefore, the hypothesis that indicator muscle change will occur in triceps brachii and lat. dorsi while a person is thinking about a realistic anxiety in his/her life was tested under blind conditions.

Methods

The participants in the three sets of experiments were identical with those involved in the study in Chapter 4. Testing procedure and evaluation criteria for the tests were similar to the study described in Chapter 4.

An imagery script was developed which met Diamond’s criteria for the negative emotion associated with the spleen meridian. Experimental data in sports psychology stated that internal imagery was more effective in eliciting a motor response than external imagery (Harris and Robinson 1986). Therefore, the imagery script directed the participants to line which can be expressed in an hypothesis. The occurrence of the phenomenon is judged and compared according to these presumptions.

The qualitative method does not build up such a third entity. The perception of the phenomenon is described and meanings unfold. They are referred to as qualities reflecting aspects of the phenomenon under investigation. These can be used for references in consecutive observations, thus generating judgement. “Sensibly perceptual consciousness is a foundation for judgemental consciousness; the former can exist without the latter, and the latter emerges out of the former” Sokolowski (1974, p. 205).

The qualities presented below emerged as the participants’ experience of the phenomenon.

Sue’s Experience of the Phenomenon

Connecting with one’s inner being

Sue reported that indicator muscle change had given her a better understanding about herself, how she reacts to things and what her inner strength is. She stated:

“It’s getting me more in touch with what I feel and want to do...”

Efficiency

Sue found that muscle testing was a very efficient procedure to get her in touch with whatever problems she had to deal with. She reported:

“With muscle testing, you were right there on the first day.”

Feeling the body responding

Sue found it an exciting experience to feel her body responding and said:

“It’s exciting to feel the body responding; that the body knows what is right and wrong for you.”
Observing her body reacting to certain things has shown her aspects of herself which she didn’t know. She recalled:
“It opened me to myself and how I react to things...”

Getting aware
Sue found that the muscle tests were giving her insight into a part of herself which normally escaped her attention. She concluded:
“It’s just my body being aware of how it’s feeling and everything that I’ve ever experienced is stored somewhere in that. So with the testing it’s just showing that part. It’s just my body saying what is stored in that part. In our conscious life we’re so hectic, we’re so caught up with everything, we often forget what is inside and all these things we’ve experienced.”

Looking after yourself
In learning about things which make her body weak or strong, Sue feels that she is now a lot more in control and that she actually feels better inside—not so stressed. She said:
“For me it’s been a valuable experience. I feel that I can go now and do a lot of things whereas before I was really stuck.”
She has found a means of strengthening herself such that her inner spirit is not as stressed as it was before. She reported:
“So when I feel stressed now it’s only like an external stress and I can overcome that. It’s not that my inner spirit is stressed.”

Interpretative Summary
As a mother of two young children, Sue’s life is very hectic. Experiencing the phenomenon of indicator muscle change made Sue aware of how her body was feeling and what things in the present and past were making her feel stressed. With the busyness of her life, she often forgot how she felt inside and stress gradually built up within her.

Chapter 5

The Occurrence of Indicator Muscle Change in Relation to Negative Emotional Attitudes

This chapter discusses the experiments conducted to ascertain if negative emotional attitudes would elicit indicator muscle change in triceps brachii and latissimus dorsi under blind conditions.

Introduction
Positive and negative emotions are part of the physiological make-up of human beings and will not cause disease under normal conditions. Diamond (1990) noticed a connection between indicator muscles and specific emotional states. From his clinical observations he reasoned that negative emotional attitudes disturb a person’s life energy, causing indicator muscle change (Diamond 1990, 1992).

This resembled the paradigm of psychosomatic medicine which purports that a very intense and persistent experience of negative emotions can cause disease in an individual. Furthermore, it bore a likeness to the imagery training of sports psychology used to enhance motor performance.

Up to the time of this study, there were no reports in the literature about experimental studies which have investigated the relationship between indicator muscles and specific emotional attitudes. The aim of the following experiments, therefore, was to ascertain if such a relationship existed under experimental blind conditions.
Since, at the time of the study, no placebo–stimulus combination was known to be strong enough to alter muscle performance in a manual test under double blind conditions, the first step was to find a placebo–stimulus combination which altered muscle performance significantly under double blind conditions.

An effective placebo–stimulus combination was found in a first set of experiments conducted with 29 students and 290 muscle tests. A second set of experiments was conducted with 30 different students using the same examiner. For the third set of experiments, a different examiner muscle-tested 24 students. Data was evaluated using multi-level modelling which took into account that five trials were clustered within individuals and that there were three different groups of students tested on three different occasions by two different examiners.

Significant results occurred in triceps (eccentric tests) for north pole and south pole magnetic stimulation, whereas the (concentric) tests of lat. dorsi had significant results only under north pole magnetic stimulation. Furthermore, the data showed that triceps was more sensitive to north pole stimulation than lat. dorsi. It was concluded that the modulation of stretch reflex activity was facilitated via the upper motor neuron pathways as Spleen 5, being located on the feet, did not belong to the spinal segment supplying the nerves connected with triceps and lat. dorsi.

Muscle testing was a valuable experience for her because it showed her how she was feeling inside. It taught her ways to cope with her workload and to look after herself better.

Steve’s Experience of the Phenomenon

Feeling the body responding
Steve stated that muscle testing connected him to his own sense of rightness and his inner knowing. He said:

“It connects me more to my knowingness...”

He stated that feeling the body responding often confirms for him things he already knows. The muscle tests remind him to connect his conscious mind to those things. He recalled:

“I knew those things but somehow it confirmed it for me and let me connect my conscious mind more with what needed to happen on an emotional level.”

Connecting with one’s inner being
Steve said he appreciates muscle testing because he finds that, through muscle testing, he, as a client, is not entirely relying on the practitioner’s opinions. He voiced:

“(T)he advantage of kinesiology for me is just that it gives the patient a feeling of what the response is rather than relying on the practitioner. They feel it for themselves.”

He perceives muscle testing is communication with himself, mediated by the practitioner. Through muscle testing he experienced a sense of inner knowingness. He expressed:

“I need to feel what’s wrong with me. ...this is easily mediated by the muscle test.”

Getting aware
Steve found that: “Muscle testing) has given me some guides to deeper awareness of what my truth is.”

Being muscle tested for particular dietary advice, Steve grew to be aware of what he wanted to eat and what food was not good for him. He reported:
“Like, I took a bite of something and I knew I didn’t want to eat that.”

The role of the practitioner
For Steve, muscle testing as a tool cannot be separated from the practitioner applying the tests. He stated:
“If the practitioner is good with the questions that they ask, I can feel my response and I can feel the truth of what’s being said.”
He holds the view that the results of the muscle tests are highly dependent on the practitioner’s expertise. He stated:
“(T)he muscle test will show whatever the practitioner and the patient are capable of being aware of.”

Interpretative Summary
Steve holds the view that a tool like muscle testing is highly dependent on the expertise of the practitioner using it. He stated that the quality and skills of the practitioner were very important and made all the difference in what he experienced through the tests.
The muscle tests connected him with his own inner knowingness and he perceived indicator muscle change as communication with himself, mediated by a practitioner. Steve didn’t like doctors telling him what was wrong with him. He liked the physicality of the muscle response because he could feel for himself what made him ‘weak’ or ‘strong’. This gave him a sense of truth about what was said.

Ruth’s Experience of the Phenomenon
Connecting with one’s inner being
Ruth stated that muscle tests connect her with that part of her being:
“...that knows the answers but that the conscious part has filtered out or is not willing to look at.”

Conclusion
This study confirmed Goodheart’s clinical observation that indicator muscle change will occur in an indicator muscle if the sedation point of the associated meridian is stimulated. An effective stimulus-placebo combination was found which significantly elicited indicator muscle change in an experimental setting under double blind conditions.

Despite eliminating the mental activities of preconception and belief, which were thought to be the predominant factors in eliciting the phenomenon, the phenomenon occurred. This showed that there are parameters involved in the occurrence of indicator muscle change which go beyond mental activity. These parameters might modulate cortical and spinal nervous structures in regard to motor behaviour and result in a disturbance in the recruitment of motor units in a muscle. The transient loss of isometric muscle strength known as ‘indicator muscle change’ is an expression of a subtle loss in neuromuscular integrity due to a stimulus.

Further studies could be conducted in relation to the question if the occurrence of indicator muscle change was specific for the muscles associated with the meridian, or if there was a significant occurrence of this phenomenon also in other muscles which were not known to be linked to the meridian.

In summary, the object of the study was to ascertain if the occurrence of indicator muscle change during stimulation of the sedation point of the associated meridian would occur under experimental conditions. The hypothesis that indicator muscle change would occur in triceps brachii and latissimus dorsi when the sedation point of the spleen meridian was stimulated with 3000 gauss rare earth magnets was tested under double blind conditions.
Fermentation is slowed down by north pole stimulation and accelerated by south pole stimulation (Mehta 1991, p. 13).

From this it was concluded that single magnets sold for therapeutic application and treatment should have their north poles and south poles clearly marked. Furthermore, the therapist, when using single magnets for stimulation of acupuncture points, needs to ascertain to which pole the client is more sensitive.

From a neurophysiological viewpoint, the eccentric tests give some clues about the monosynaptic stretch reflex activity and the concentric tests about the cortical influenced gamma 2 efferents. In this regard it was interesting to note that Spleen 5, being located on the feet, influenced the eccentric tests more than the concentric tests, because the spinal segment supply to nerves connected with triceps brachii is C6, C7 and for lat. dorsi C6, C7, C8 (Kendall and Kendall 1983, p. 42ff). Therefore it was concluded that the modulation of the stretch reflex activity, triggered by the stimulation of the acupuncture point on the feet, was facilitated via the central upper motor neuron biofeedback loop.

The above results point in a similar direction to Leisman’s research on neurological parameters associated with ‘weak’ and ‘strong’ indicator muscles. He found a noticeable change in somatosensory-evoked potentials during testing of a ‘weak’ indicator muscle in the contralateral median nerve and suggested: “...manual muscle tests have the clinical potential for use in monitoring the neural mechanisms that mediate muscle function during a manual test” (Leisman et al. 1989, p. 150). Neural mechanisms associated with ‘weak’ and ‘strong’ indicator muscles might be linked to the thalamic generator of somatosensory-evoked potentials.

Muscle tests empower her to perceive her reality without having to rely on another person’s view. She stated:

“It is like going to my own psychic. Instead of going to a psychic and have someone else tell me, it’s like I tell myself, because I feel my muscles reacting.”

Ruth found that muscle testing gets her in touch with a truth she is not conscious of at times. It helps her to get that quiet moment where she can see what the truth is. She explained:

“It’s like being in a meditation or sitting by a river where you have got that moment to observe.”

She feels that muscle tests are somehow a doorway into something else.

**Efficiency**

Ruth appreciates the efficiency of the method, as evidenced by her statements:

“It’s just like a really simple way to access what’s really going on inside...” and “...muscle testing is a fast method of reaching the truth—what your inner self is saying.”

**Accessing intuition**

Ruth reported that the muscle tests are a bridge to her intuition and, through muscle testing, she gets more in touch with her intuition. She said:

“The muscle test is like a confirmation of my intuition.”

Ruth observed that she sometimes doesn’t trust her own intuition and that muscle tests may confirm something she intuitively knows already but has ignored. She remembered:

“It has at times presented things that I haven’t really wanted to look at. But because it came up in a muscle test, I am much more willing to look at it then.”

She shared that she is training herself now to develop her intuition so that, eventually, she will not need muscle tests as a bridge in this way.
Feeling the body responding
Ruth found that a ‘weak’ or ‘strong’ muscle test did not seem to be a reflection of her body actually being weak or strong. She feels that muscle tests reflect more her body reaction to a particular substance or thing. She said:
“It seems to be a reflection of how I actually react to a particular substance or thing that is presented to me.”

Getting aware
Ruth reported that the tests gave her information that she had not totally thought of previously. This helped her to deal with her health problems. She stated:
“It can be very healing if I find through the test a specific remedy or anything that works for that particular problem.”
She trusts the muscle tests because she has experienced that what the body is suggesting will work for her. She reported:
“It usually fixes a problem that I’m experiencing.”

Adaptability
Ruth observed that muscle test results can vary for particular issues depending on the time of testing. She stated:
“(M)uscle testing is very relevant to the actual day that I experience it.”
She described herself as a person whose needs can change over time and from day to day, and said that she cannot assume that the guidance she gets from the muscle tests not to have particular foods or use a certain remedy will be something which is true forever. She stated:
“I have found at times that a particular homeopathic thing has been prescribed and it worked on that particular thing on a particular day, but maybe two days later it’s not the same anymore.”

The role of the practitioner
Ruth said that she felt she needed a connection with the practitioner to feel safe. She stated that muscle testing as a tool can’t be separated from the practitioner who is doing significantly changed in the triceps tests. For the lat. dorsi tests, there was a slight change in odds ratio, 95% C.I. and p value due to the different occurrence of indicator muscle change between examiners A and B in the baseline data.

As Tables 1 and 3 show, Examiner B, who conducted the third set of trials, had a significantly different occurrence of indicator muscle change under placebos than Examiner A, who conducted the first and second set of trials. Nevertheless, this fact did not change the significance of the occurrence of indicator muscle change in relation to magnetic stimulation for both examiners. Evaluation of the data showed that there was a similar occurrence of indicator muscle change during magnetic stimulation of Spleen 5 for both examiners (see Table 4).

This result is important, specifically in relation to discussion of the occurrence of indicator muscle change, because the subjectivity of a manual muscle test and its results is often debated on the grounds that different examiners have different baseline occurrence of the phenomenon. The above results demonstrate that, despite inter-examiner difference in baseline readings, the tests can show similar results.

The different effects of the two magnetic poles in relation to the occurrence of the phenomenon confirmed a view held by many therapists working with magnets. “Difference in effects of the two poles of a magnet was discerned and recognised even by the founder of Homeopathy, Dr S. Hahnemann, as he prepared two separate medicines from the two poles with different symptoms.” (Bansal and Bansal 1993, p. 41). Since then, numerous experiments have been conducted studying the biological effects of magnetism on animals and plants and the difference in south and north pole stimulation. “(B)y using magnetic north pole water the plants grew long and thin, but using irrigation with south pole water, the plants grew short and thick” (Mehta 1991, p. 13).
resulted in a p value of 0.12 in the chi square test on 1 degree of freedom (see Table 7). For lat. dorsi, the covariance between the regression coefficient for north pole stimulation and that for south pole stimulation was -0.56 with a standard error of 0.287 (see Table 6). The change in deviance was 3.46 with a resulting p value of 0.06 in a chi square test on 1 degree of freedom (see Table 7).

Thus the correlation cannot be determined on an individual level. As the covariances were negative, all that can be stated is that there was a tendency that subjects who had a response to north pole stimulation were less likely to have a response to south pole stimulation and vice versa.

Discussion

The occurrence of indicator muscle change in the eccentric triceps tests during magnetic stimulation of the sedation point of the spleen meridian was significantly linked to the intervention. North pole stimulation elicited more changes than south pole stimulation. Subjects who tended to have a reaction to north pole stimulation were less likely to react to south pole stimulation. The concentric tests of lat. dorsi showed a significant indicator muscle change only during north pole stimulation.

The eccentric tests of triceps produced a generally more sensitive response to the intervention than the concentric tests of lat. dorsi. The eccentric tests showed a significant change in indicator muscles for north pole stimulation and south pole stimulation whereas the concentric tests only showed a significant change for north pole stimulation. The odds ratio and the 95% C.I. was higher for triceps than for lat. dorsi and the p value of triceps was lower than for lat. dorsi.

When taking the difference between examiners A and B into account, the odds ratio, 95% C.I. and p value were not the muscle test, and that the effectiveness of a muscle test will be dependent on the relationship the client has with the practitioner. She voiced her opinion as follows:

“If you have a practitioner whom you don’t trust, I don’t believe muscle tests will be effective then. But if I believe in my practitioner, then muscle tests will probably be very effective for me.”

Interpretative Summary

For Ruth, muscle testing sparked her innate sense of curiosity to find out more about herself. She found that, through muscle testing, she could access a part of her that knew answers which the conscious part had filtered out or didn’t want to look at. It helped her to access her intuition and gave her information which she had not totally thought of yet. Ruth experienced that muscle tests were adaptable to her changing needs. The effectiveness of muscle testing depended on her on a good relationship between the practitioner and the client.

Susan’s Experience of the Phenomenon

Controlling body response

Susan reported that she had no mental control over her body response. She said:

“Even if I wanted to hold the arm and I would think: ‘I’m going to hold the arm’, the arm would just give way.”

She reported that she sometimes felt quite frustrated about the fact that she thought that she was strong and coping in different areas but, despite her positive thinking, the muscle test would show a weak response.

Feeling the body responding

Susan reported that she could feel her muscles responding and definitely could feel if they were weak or strong. This opened her to an awareness:
"...that there are a lot of things going on in your body that you are not aware of."

She realised that there was a lot more involved in her well-being than what she was conscious of or had been taught. Feeling the body responding was, for her, an important means of pinpointing her problem areas. She discovered that muscle tests would show things which she didn’t realise were there.

**Showing problem areas**

Susan found that, through muscle testing, she became aware of problem areas which no-one had really been able to pinpoint for her before. She stated:

"(I)t was just perfect for me, my body telling me what the real problem areas were and how to cope with that."

Susan had been sick for a number of years and a number of different therapists had helped her temporarily, but nothing had really been able to help her in the long term until, through muscle testing, she was able to pinpoint her problem areas and find ways to solve these problems. She gave the opinion:

"Without that tool I don’t know how otherwise I could have pinpointed the problem areas."

Susan reported that a lot of things had come up in muscle tests that she intuitively knew were there.

**Teaching ways of change**

Through muscle testing, Susan has expanded her mind to be open to change:

"...to take chances and not to be restricted by how I was brought up."

She stated that she had found ways to deal with things, to be more courageous and to do things that she loved to do. Muscle testing helped her to see problem areas and weaknesses in herself and taught her ways of changing. She stated:

has a distinctly different distribution compared with the first two sets.

**Table 5  Within-subject occurrence of indicator muscle change during magnetic stimulation**

<table>
<thead>
<tr>
<th>Category</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Total</th>
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<td>series I</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>17</td>
<td>4</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>series II</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>17</td>
<td>3</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>series III</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>24</td>
</tr>
</tbody>
</table>

* Category 0 = 0 occurrences of indicator muscle change in the 5 trials for a subject
* Category 5 = 5 occurrences of indicator muscle change in the 5 trials for a subject

On a subject level, the covariance between the regression coefficient for north pole stimulation and that for south pole stimulation for triceps was -0.326 with a standard error of 0.279 (see Table 6). The change in deviance was 2.4, which

**Table 6  Covariance in occurrence of indicator muscle change between north pole and south pole stimulation in subjects**

<table>
<thead>
<tr>
<th></th>
<th>Covariance</th>
</tr>
</thead>
<tbody>
<tr>
<td>triceps tests</td>
<td>-0.326 (Standard error 0.276)</td>
</tr>
<tr>
<td>lat. dorsi tests</td>
<td>-0.56 (Standard error 0.287)</td>
</tr>
</tbody>
</table>

**Table 7  Change in deviation between north pole stimulation and south pole stimulation within subjects**

<table>
<thead>
<tr>
<th></th>
<th>p value</th>
<th>(chi square test (1df))</th>
</tr>
</thead>
<tbody>
<tr>
<td>triceps</td>
<td>2.4</td>
<td>0.12</td>
</tr>
<tr>
<td>lat. dorsi</td>
<td>3.46</td>
<td>0.06</td>
</tr>
</tbody>
</table>
brachii) and the concentric (latissimus dorsi) tests. The odds ratio between the two examiners for lat. dorsi was 0.18, which means that Examiner A had about four times the occurrence of indicator muscle change than Examiner B. For triceps the difference between examiners A and B was not as distinct. Examiner A had about double the occurrence of indicator muscle change compared with Examiner B (odds ratio 0.46). Thus, different baseline occurrence of indicator muscle change between the examiners in the triceps tests was much lower than in the lat. dorsi tests (see Table 3).

Table 4  Change in deviance between Examiner A and Examiner B in relation to the test outcome

<table>
<thead>
<tr>
<th>Test</th>
<th>Odds Ratio</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>triceps</td>
<td>1.43</td>
<td>0.49</td>
</tr>
<tr>
<td>lat. dorsi</td>
<td>2.43</td>
<td>0.30</td>
</tr>
</tbody>
</table>

Table 4 shows that the change in deviance between Examiner A and Examiner B in relation to the test outcomes was not significant. When one allows the effect of north pole stimulation versus placebo and south pole stimulation versus placebo to vary according to the examiners, the change in deviance is 1.43 for triceps tests which, in the chi square test on 2 degrees of freedom, results in a p value of 0.49. For lat. dorsi, the change in deviance between examiners is 2.43, resulting in a p value of 0.30 in the chi square test on 2 degrees of freedom.

This implies that there was no significant difference between Examiner A and Examiner B in the occurrence of the phenomenon during magnetic stimulation of Spleen 5. The occurrence of indicator muscle change was significant and similar for Examiner A and Examiner B during magnetic stimulation of the acupuncture point.

Table 5 shows the within-subject occurrence of indicator muscle change in the three sets of trials. The first and second set show a similar distribution. In the third set, the occurrence

“(T)here’s big changes through muscle testing... and I have learned a lot about myself and how to deal with things... I believe that my thought patterns have changed a lot, too, which makes me feel a happier, healthier person.”

Looking after yourself
Susan stated that, through muscle testing, she had learned to look after herself. She can now recognise within herself that things are sometimes happening. She has learned how to deal with those things. She said:

“I can help myself a lot more. I just seem to know what the right thing to do is to help myself.”

Through muscle testing, she has not only confronted her weaknesses but also learned how to cope with them. She said:

“You can actually pinpoint things that you can do to help yourself.”

Susan appreciates the aspect of self-help in kinesiology and stated:

“(T)he first time somebody had given me tools to help myself.”

The role of the practitioner
Susan has been tested by different kinesiologists. She reported that she felt one kinesiologist was not competent and she did not trust the test results. She stated that it was important for her to trust in the person doing the muscle testing because that would help her to open up to herself and disclose her problems. She described a different response to her second kinesiologist:

“I don’t know how I would react with somebody else, but I felt this person was really competent and knew what they were talking about.”

Improving health
Susan experienced feeling her body responding as very beneficial. She stated:
“I just know for me that it does work.”
Susan also gave us some clues about how she validated the muscle test results during a session. She said:
“I believed a lot of these things because I could feel that they were true.”

Interpretative Summary

Susan struggled with reoccurring headaches for a number of years. She tried to heal the problem by consulting practitioners of different healing modalities. The different treatments gave her only temporary relief from her symptoms. Through muscle testing, Susan was able to pinpoint problem areas in her life which for a number of years had caused her physical problems. The bio-feedback through muscle testing and the competence of the person doing the tests opened her mind and showed her ways of changing. She appreciated that she learned to look after herself and deal with things in different ways. She was able to heal her longstanding health problem and now feels a much happier and healthier person.

Jack’s Experience of the Phenomenon

Feeling the body responding
Jack reported that he observed different stimuli making his muscles weak or strong. He felt very strange about this fact and said:
“I could actually feel the result of different things. ...(l)It was very strange... and I also felt a bit embarrassed by the fact that I was actually subjecting myself to this methodology.”
Feeling his own body reacting and responding to certain substances was, for him, quite a revelation. He stated:
“Because, I mean, in traditional medicine you either cut it out or you sew it up or you give it pills, but to actually ask the body what it needs was really... a bit of a revelation.”

Table 2  The occurrence of IMC during magnetic stimulation of the acupuncture point Spleen 5 in relation to placebo

<table>
<thead>
<tr>
<th>in triceps brachii</th>
<th>odds ratio</th>
<th>95% C.I.</th>
<th>Z</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>north pole to skin</td>
<td>2.25</td>
<td>1.38–3.64</td>
<td>3.37</td>
<td>0.001</td>
</tr>
<tr>
<td>south pole to skin</td>
<td>1.80</td>
<td>1.10–2.93</td>
<td>2.33</td>
<td>0.020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>in lat. dorsi</th>
<th>odds ratio</th>
<th>95% C.I.</th>
<th>Z</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>north pole to skin</td>
<td>1.95</td>
<td>1.17–3.23</td>
<td>2.57</td>
<td>0.010</td>
</tr>
<tr>
<td>south pole to skin</td>
<td>1.16</td>
<td>0.69–1.95</td>
<td>0.56</td>
<td>0.58</td>
</tr>
</tbody>
</table>

Table 2 shows that, in the tests, triceps brachii was more sensitive to magnetic stimulation than lat. dorsi. For triceps brachii, indicator muscle change occurred significantly for both applications whereas, in the lat. dorsi tests, only the north pole stimulation elicited a significant result. In triceps, the occurrence of indicator muscle change was more than twice as frequent under north pole stimulation compared with placebo (odds ratio 2.25), and nearly twice as frequent under south pole stimulation (odds ratio 1.80). In lat. dorsi, indicator muscle change occurred twice as frequently under north pole stimulation compared with placebo (odds ratio 1.95).

Table 3  Difference between Examiner A and Examiner B in baseline occurrence of the phenomenon

<table>
<thead>
<tr>
<th></th>
<th>odds ratio</th>
<th>95% C.I.</th>
<th>Z</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>triceps tests</td>
<td>0.46</td>
<td>0.30–0.70</td>
<td>3.64</td>
<td>0.0003</td>
</tr>
<tr>
<td>lat. dorsi tests</td>
<td>0.18</td>
<td>0.11–0.31</td>
<td>6.38</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Table 3 shows the difference in baseline occurrence between Examiner A and examiner B. Examiner B had a significantly lower occurrence of indicator muscle change compared with Examiner A for both the eccentric (triceps
pole magnets was much higher than during placebo stimulation.

The data was evaluated using multi-level modelling which took into account that five trials were clustered within individuals and that there were three different groups of individuals (students) tested on three different occasions by two different examiners (see Figure 10).

“Multi-level analysis allows characteristics of the group to be incorporated into models of individual behaviour, while also producing correct estimates of standard errors so that valid tests and intervals can be constructed.” (Paterson and Goldstein 1991, p. 319)

Figure 10 Characteristics of the trials relevant to multi-level modelling

<table>
<thead>
<tr>
<th>Multi-level Modelling Takes into Account that:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 5 trials were clustered within individuals;</td>
</tr>
<tr>
<td>• 3 different groups of students were tested; on</td>
</tr>
<tr>
<td>• 3 different occasions; by</td>
</tr>
<tr>
<td>• 2 different examiners.</td>
</tr>
</tbody>
</table>

The analysis was done by using multi-level logistic regression. It was carried out with the aid of the ML3E statistical program. The model was fitted by doing generalised least squares. Level 1 was the trial level, level 2 was the subject level, level 3 was the sets-of-experiment level.

Feeling his body reacting to certain things and seeing the result in his improving condition contributed to a shift in his perception of reality.

Dealing with ambivalence
Jack reported that he was very sceptical of the method because he was brought up in a different reality. He had a very technical background and he felt that the muscle tests were some sort of craziness which his mind couldn’t believe. He said:

“(M)y mind didn’t want to believe it.”

Jack reported the following experience, which he attributed to having been educated in another way:

“And for the mind to observe the body going through this routine of being able to resist or not being able to resist, even though I wanted the body to do what the brain was telling it, it was very, very unusual.”

Improving health
Jack dealt with his ambivalence by seeing that the results of the method were improving his condition. He reported:

“I have observed my body answering to questions by being able to respond or not being able to respond... in my case it’s been beneficial...”

Efficiency
Jack found that muscle testing was, for him, a very efficient method for improving his health. He stated:

“I haven’t come across any other method that gets you into it so quickly.”

The role of the practitioner
Jack expressed that, for him, the practitioner doing the muscle test plays an important role in the efficiency of the method. He stated:
“You can actually, if the person is a good practitioner, get in there, work the problem out, get away and get organised.”
For him, the method cannot be separated from the practitioner.

Interpretative Summary
Jack consulted medical doctors for an ongoing health problem and his condition was not improving. He was willing to try alternative methods and he went in search of help. At first he felt a bit embarrassed that he was trying to get better through muscle testing.
His encounter with indicator muscle change was, for him, a bit of a revelation. It made him aware that his body was reacting to certain substances or things even though his mind didn’t want this to happen. He could not understand why the body was reacting in the way it did. This initiated for him a shift in his perception of reality.
Jack experienced the muscle tests as being very beneficial and highly efficient for improving his health. He found that the expertise of the practitioner applying the method was important in relation to whether or not the method was quick and efficient.

Doris’s Experience of the Phenomenon
Feeling the body responding
At first, Doris was not able to feel her muscles responding and stated:
“it wasn’t really clear at the beginning how I felt things... Rather than feeling a muscle, one could feel the effect.”
But she soon became accustomed to the method and reported:
“It was quite interesting to feel that, at times, you suddenly felt a weakness in the leg or arm when certain things were mentioned...”

Table 1 (see below) shows the number of muscle tests conducted for triceps and lat. dorsi per application and the occurrence of indicator muscle change in the three sets of trials. This table shows that, for both muscles, the occurrence of indicator muscle change during stimulation with north

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Occurrence of indicator muscle change during magnetic stimulation of Spleen 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First set of trials</td>
</tr>
<tr>
<td></td>
<td>application</td>
</tr>
<tr>
<td></td>
<td>placebo Series I</td>
</tr>
<tr>
<td>%</td>
<td>46</td>
</tr>
<tr>
<td>%</td>
<td>100</td>
</tr>
<tr>
<td>Ø Series I</td>
<td>45</td>
</tr>
<tr>
<td>%</td>
<td>100</td>
</tr>
<tr>
<td>Ø Series I</td>
<td>54</td>
</tr>
<tr>
<td>%</td>
<td>100</td>
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<tr>
<td>Second set of trials</td>
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<tr>
<td></td>
<td>placebo Series II</td>
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<tr>
<td>%</td>
<td>48</td>
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<td>%</td>
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<td>Ø Series II</td>
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<td>%</td>
<td>100</td>
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<td>%</td>
<td>100</td>
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<td>Third set of trials</td>
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<td>%</td>
<td>43</td>
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<tr>
<td>%</td>
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</tr>
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Ø magnet with south pole to skin
Ø magnet with north pole to skin
(*) frequency = number of muscle tests conducted
change = indicator muscle change
no change = no indicator muscle change
The participants’ healthiness was assessed by a medical history questionnaire (see Appendix) and an applied kinesiology screening of their alarmpoints\(^1\) (mu-front points) in regard to blocked energy\(^2\), over energy\(^2\), and under energy\(^2\). Students who had been sick within the previous three months or had had an injury or surgery within the previous year were not regarded as healthy. Students who answered one or several of the remaining questions in the questionnaire in the affirmative (indicating otherwise compromised health) were included in the study if the applied kinesiology screening showed balanced alarmpoints. An informed consent (see Appendix) for the project was signed prior to testing. The procedure of a double blind study was briefly explained to the participants to communicate that there were no expectations of their performance in the test. They were shown the pair of magnets and the pair of plastic buttons.

**Results**

Of the 145 tests conducted in the first set of trials for triceps and lat. dorsi respectively, 46 were under placebo stimulation, 45 under north pole stimulation and 54 under south pole stimulation. In the second set of trials, the 150 tests conducted for triceps and lat. dorsi respectively comprised 48 placebo trials, 59 north pole magnetic trials and 43 south pole magnetic trials. In the third set of trials there were 43 placebo tests, 41 north pole stimulation tests and 36 south pole stimulation tests; 120 tests in all for each of the two muscles.

Doris observed that her mind was expecting that her body would react differently. She stated:

“(T)he interesting thing was that you could feel the difference but, intellectually, sometimes you weren’t expecting it to be that.”

She reported that her body response simply took her by surprise. She said that the muscle tests showed her problem areas of which she hadn’t previously been aware:

“(I)t is not what you might have expected.”

**Getting aware**

Doris reported that the muscle tests were making her more aware of what was not good for her. She is an asthmatic and said she realised through muscle testing:

“...that something else where my nose and chest wasn’t obviously reacting, was still not very good for me.”

**Wholistic approach**

Doris felt that the muscle tests took the whole person into account and not only her injured arm. She said:

“It was like a perception of where I was at... and what the injury had done to the body as a whole.”

She noticed a wholistic approach in muscle testing and stated:

“That was interesting—that all was seen as part of everything.”

**Showing problem areas**

Doris found that this method showed up things in herself which were not so obviously related to her health problem. She reported:

“(W)hat was interesting was that you who don’t know all those things about me found those things in the muscle tests.”

Despite feeling a bit uncomfortable about this, Doris appreciated this aspect of muscle testing because she felt it

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1. Alarmpoints are called mu-front points in traditional Chinese acupuncture and are located on the front of the trunk. They are associated with the internal organs of the body. They are seen as rally points for energy for those organs. If disease exists in an organ, circuit location of the alarmpoint will elicit indicator muscle change.

2. ‘Blocked’, ‘over’ and ‘under energy’ refer to the state of energy flow in the alarmpoints.
had helped her to see a connection between other areas in her life and her broken arm. She affirmed:

“it probably did make me realise, yes, that that issue was tied in with the whole situation and also very important. A real crunch point.”

Exploring boundaries
Doris voiced an apprehension that she felt a bit uncomfortable about the fact that the muscle test might reveal something which she didn’t want to express in spoken language. She said:

“(I)t’s also expecting more than just the obvious from me, the client... it is just a bit sort of close.”

The role of the practitioner
For Doris, muscle testing cannot be separated from the practitioner applying the method. She articulated that she, as a client, relies on the practitioner’s interpretation of the muscle tests. She stated:

“In putting myself in your hands as a practitioner, I’m willing to accept your interpretation.”

Interpretative Summary
Doris had difficulties with a broken arm and approached a kinesiologist for complementary help with this condition. She found it interesting that she could feel the difference between having a ‘weak’ and ‘strong’ indicator muscle, but was not very confident about her own interpretation in regard to this. She preferred to rely on the practitioner’s interpretation. Intellectually, she sometimes did not expect the elicited response.

Doris felt that the method was taking the whole person into account and that treatment was wholistic. In relation to her asthma, she experienced muscle testing as a biofeedback method which could show her, in a different way than an allergic reaction in her nose and chest, that certain things were not good for her. But as she had her asthma quite well removed by the assistant. The person was instructed to slightly stretch and move the body. After a one-minute interval and a test to verify that all muscles which had previously shown a ‘change’ had recovered their normal state, a new pair of magnets/placebo was applied to the marked points (in random order) and the above procedure was repeated.

Five such trials were conducted for each student tested, during which at least one pair of magnets with north poles to skin, one pair with south poles to skin, and one pair of placebos was applied.

Figure 9

<table>
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<th>Research Design</th>
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The evaluation of data from the first set of experiments on 29 students showed that I had found an effective placebo-stimulus combination to observe indicator muscle change under double blind conditions. A further two studies were performed to ascertain if similar results could be obtained using a different group of students and the same examiner, and using students with a different examiner.

The three double blind studies were conducted using the research design described above. The first set contained 29 healthy students of both genders. The second set contained a different group of 30 healthy students, and the third set contained 24 students (see Figure 9).
performance occurred, the rating of the manual test was noted as ‘change’.

The acupuncture point Spleen 5 was marked on the skin of both feet by anatomical reference (see Figure 8) and the lower legs were covered with a blanket. The laboratory assistant applied either a pair of magnets or the placebo to the marked points while the examiner was turned away from the person to be tested.

Figure 8 The acupuncture point Spleen 5, marked on the skin of both feet

A distinction was made as to whether the north or the south poles of the magnets were applied to the skin, as it is known that north pole stimulation can have a different effect on biological systems to south pole stimulation. “By using magnetic north pole water the plants grew long and thin but using irrigation with south pole water the same plants grew short and thick... North pole slows down and south pole speeds up fermentation” (Mehta 1991, p. 13).

Thirty seconds after the magnets/placebo were applied, the sequence of muscle tests was conducted. Immediately after the tests were completed, the magnets/placebo were under control, she saw no need to act on the test results. She found the method challenging as a client to be more involved in her own healing process.

Anita’s Experience of the Phenomenon

Getting aware
Anita reported that muscle testing had made her aware of a connection between her emotions and memories, and the body. She noticed that certain movements in her body were impaired when stressful emotions or memories were addressed. She recalled:

“...when... it was really impossible for me to look in a certain direction while doing the movements, I realised that there was a connection between my emotions and memories, and the body.”

She also noticed that certain things would make her body feel better. She remembered:

“I could feel that it was good for me to drink water at that very moment.”

Anita became aware that there was something outside her mind which knew what the body needed. She said:

“I understood, that there is a possibility of something outside my mind to know what my body needs.”

Feeling the body responding
Feeling the physical result of a weak or a strong indicator muscle initiated a shift in Anita’s perception of reality. She stated:

“That experience for me, actually the physical results, led to possibilities in my life which I really didn’t see at the time.”

Sometimes she felt a bit confused, observing her muscles getting weak and strong, because her mind did not understand how this happened. At other times during the muscle tests, when lots of things needed to be done to get the muscle strong, she felt a bit distressed.
Controlling body response
Anita reported that she had no mental control over her body’s response. She said:
“(T) is not actually something I feel that I have control over...”

Connecting with one’s inner being
Anita reported that muscle tests have brought her more in touch with the part in herself which is not the logical thinking part. She feels it is another part within herself and she doesn’t really know what it is. She stated:
“It brings me in touch with something where I’m getting touched, where I can bring up tears or what kind of feeling I have.”

Showing problem areas
Anita observed that muscle tests showed problem areas which she had not been able to verbalise. She was quite amazed by the fact that the kinesiologist noticed those areas through muscle testing and without knowing anything about her. She stated:
“(T)he experience of S actually not knowing anything about me and just testing my body and the body showing something about myself which I cannot myself put straight into words was quite deep.”

Looking after yourself
Through muscle testing Anita became more aware of the connection between her body and her feelings. She now feels more refined and alert to things which are happening to her. She stated:
“It made me somehow more sensitive... in the sense of feeling more refined. I feel more refined or more subtle.”
This gives her more protection against doing things in her life which will harm her.

to any intervention to familiarise the person with the testing procedure and the examiner with the person’s muscle response. To distract the person’s attention from the muscles under investigation, concentric tests of the middle fibres of deltoid were conducted in seven starting positions of the humerus from 90 degree abduction to full adduction (see Figure 7).

Figure 7 The starting position for concentric tests of the middle fibres of deltoid

The sequence of the muscle tests was as follows: triceps, lat. dorsi, right deltoid, left deltoid, lat. dorsi, triceps. The tests were rated as ‘change’ when the force needed to move the person’s arm was diminished compared with prior testing.

The evaluation of the muscle tests in this study ensued from the comparison of the force needed to move the arm before and after the intervention as perceived by the examiner. The examiner felt the person’s muscle response prior to any intervention and compared this with the response after the intervention. If a change in muscle
The general testing position was with the person being tested lying supine on a massage table with the head supported by a small cushion. The starting position for the triceps brachii test was a full supination of the forearm while keeping shoulder and elbow joint relaxed resting on the table (Figure 5). An eccentric test was conducted against gravity. The examiner evaluated the force needed to move the forearm of the person in the direction to flex the elbow joint.

**Figure 6** The starting position for the latissimus dorsi test

Latissimus dorsi was assessed from a starting position of maximal internal rotation and adduction of the humerus while holding the elbow straight (Figure 6). The pectoralis muscles were kept relaxed to maintain a neutral position for flexion/extension of the humerus in the shoulder joint. A concentric test was conducted for the adduction capacity of latissimus dorsi. The person was requested to hold the arm in adduction while the examiner evaluated the force needed to abduct the arm.

A muscle was tested concurrently on both sides of the body (Figures 5 and 6). The tests were carried out three times prior to the testing.

**Dealing with ambivalence**

Muscle testing was, for Anita, very suspect at first because she didn’t know what it was and it felt a bit awkward. Through the results and the improvement in her health arising out of the biofeedback of indicator muscle change, she started to appreciate the muscle testing procedure. She recalled:

“I found it kind of suspicious, the kind of tool S had, like... this water bottle on my belly. But the results and depth of it gave me actually more trust in this thing with the muscles.”

**Efficiency**

For Anita, muscle tests were a fast way of getting to her problems and solving them. She said that, talking to a therapist without having the biofeedback from muscle testing, she could spend hours beating around the bush. She reported:

“The muscle test is in a way faster. It bypasses my kind of resistance, the lot of words and stories.”

**Interpretative Summary**

Anita’s first encounter with the phenomenon was years ago when she had a lump in her breast. She wanted to try alternative methods to prevent her from developing cancer. Through kinesiology sessions the lump in her breast went away and she realised that there was a connection between her emotions and memories, and the body. This shifted Anita’s perception of reality profoundly. She opened her mind to creative ways of staying healthy.

Muscle testing brought her in touch with another part of herself which was not her logical, thinking part. Her perception of reality became more sophisticated. She gained awareness of things in her life which affected her, and learned how to protect herself. Through muscle testing, she was able to access information which she needed to better care for herself.
Peter’s Experience of the Phenomenon

Questioning muscle test results
Peter was not sure if the muscle tests were a helpful method for him or not. He was judging the result of the muscle tests and questioning the therapist’s competence, as evidenced by his statement:

“I found… my mind coming in, when the muscles were weak or strong, judging the process and saying: ‘Hang on… did you actually push as hard on my arm or leg as before?’

Peter was uncertain about the method because his mind only agreed in one-third of the tests with the therapist’s interpretation of a muscle test. He was really doubtful about the test results and said:

“Sometimes the muscles were strong, indicating that the problem was fixed, even when I still could feel that my spine was not alright.”

Peter saw himself as a sceptic.

Dealing with ambivalence
Peter did not like that there were only ‘weak’ or ‘strong’ readouts in muscle testing. But he felt that there was something to muscle testing nevertheless. He recalled a session where he was really confused about his healing process. He remembered:

“There was one part of myself that knew about the issue, but there was another part of me that really didn’t want to know about it.”

Through muscle testing, the conflict was showing up in a physical form. He found this very helpful and stated:

“It gives you a clear cut answer and the patient can see the result.”

Improving health
After Peter had dealt with his ambivalence he validated the method and confirmed the usefulness of muscle testing. He stated:

meridian was stimulated was tested under double blind conditions.

Methods
The two muscles under investigation in this study were triceps brachii and latissimus dorsi. According to applied kinesiology theory, these muscles are associated with the spleen meridian (Walther 1988, pp 312, 328; Thie 1987, pp 45, 51). The spleen meridian is a bilateral meridian and the acupuncture point Spleen 5 is the specific sedation point on spleen meridian (Essentials of Chinese Acupuncture 1980, pp 7ff & 326; Schmidt 1988, p, 146; Stux 1988, p. 39) which, when stimulated, has a reducing effect on the energy flow in the meridian. The Spleen 5 point on each foot was stimulated using two 3,000 gauss gold-plated rare earth magnets (one for each foot). The south pole of each magnet was marked to ensure that a matching pair was applied to the sedation points. For the placebo trials, a pair of similar sized plastic buttons was used as a substitute.

Figure 5 The starting position for the triceps brachii test

The aim of the study was to ascertain if a linear cause-effect relationship existed between the occurrence of indicator muscle change and the stimulation of the sedation point of the associated meridian.

Important contextual parameters like the emotional and intellectual dependency in a client/therapist setting, preconceptions of the therapist and client, and expectations of the outcome of the procedure were removed by choosing a double blind setting. The double blind setting was important also because it is known from the martial arts that one’s mind plays a major role in directing Chi, thereby affecting the physical structure of one’s body. Consequently, the possible interference between such mental factors and the intervention was controlled.

As explained in Chapter 3 in the section ‘Research Methodology’, triceps brachii was chosen for investigation because of its suitability for eccentric testing. Latissimus dorsi was chosen because it was another muscle associated with the spleen meridian.

The manual muscle testing procedures were standardised in regard to the testing position, the mode of assessment (concentric or eccentric testing), and the evaluation criteria of the test. Triceps brachii and lat. dorsi are associated with the spleen meridian (Walther 1988, pp.312, 328). The hypothesis that indicator muscle change will occur in triceps brachii and lat. dorsi if the sedation point of the spleen

“Muscle testing clarified the block.”

He expressed a belief that it is sometimes useful to have only two options like ‘weak’ or ‘strong’, ‘right’ or ‘wrong’ when he said:

“You can’t stay wishy-washy about it.”

Getting involved

Peter perceives that, through muscle testing, the patient gets more involved in his own healing process. He stated:

“With muscle testing, not only the therapist has to focus on the problem but also the patient, and they work together on it.”

Wholistic approach

Peter experienced muscle testing as a step-by-step method where different parts of his being could be tested. He observed:

“(D)ifferent parts of our being can be tested: the body, emotional, electrical and so on. And we get answers on each part so that we can get a picture and then decide on the right direction.”

The role of the practitioner

For Peter, every therapist has some tools or structure to work with a patient. He sees muscle testing as such a tool, one which can give the patient a guideline and the therapist a protocol to promote the improvement of health in a patient. He stated:

“If the patient agrees on that, then it is possible for the patient to work step-by-step with the therapist through the session and come to an end result.”

He perceives the muscle tests as a negotiation tool between client and therapist. He stated:

“(I)t somewhat brings the patient and the therapist to an agreement of some sort of action.”

For Peter, it is important that the therapist does not have any expectation of what he wants to find. He said:
“If the therapist is empty then it’s a pretty good tool...”

Feeling the body responding

Peter found that muscle tests were a very good tool for the practitioner because the patient can feel the body responding on a physical level. This physicality gives the therapeutic suggestions credibility. Peter said:

“(It)’s a pretty good tool, probably more credible because there is some sort of contact between the patient and the therapist...”

He found that:

“(M)uscle testing is more for educating the patient. So that the patient actually can work with the therapist on another level.”

Interpretative Summary

Peter perceived himself as a sceptic. He did not always agree with the therapist’s evaluation of the test results. He only saw validity in the method when there was agreement between the patient and the therapist about the outcome of the muscle test.

For him, muscle tests are a negotiation tool between therapist and client. If there is agreement between them about the muscle test results, indicator muscle change gives them a means to focus together on a health problem and work out a course of action.

Through muscle tests, Peter experienced that he could bypass his mental confusion and clarify the steps which needed to be taken to effectively improve his condition.

Judy’s Experience of the Phenomenon

Bridging the gap between body and mind

Judy reported that the muscle tests had made her aware of the difference between her body response and what her mind thinks is going on. She stated:

Chapter 4

The Occurrence of Indicator Muscle Change in Relation to Acupuncture Channel Stimulation

In this chapter, the double blind studies conducted to ascertain if stimulation of the sedation point of the spleen meridian will elicit indicator muscle change in triceps brachii and lat. dorsi are discussed. They are part of the quantitative investigation of this text.

Introduction

In applied kinesiology, each of the major muscles of the body is associated with a specific organ and acupuncture meridian. The basic applied kinesiology premise states that muscle performance is altered in an indicator muscle (im) when homeostasis in the associated organ or meridian system is disrupted (Thie 1987, p. 32ff, Waithner 1988, p. 207). Muscles are classified by their association with the twelve meridians of traditional Chinese acupuncture. According to Goodheart (in Waithner 1988, p. 259) indicator muscle change can be elicited by stimulating the sedation point of the meridian associated with the muscle.

So far there exists no documented experimental knowledge to explain the relationship between such a disturbance and the clinical phenomenon of indicator muscle change. There are no reports in the literature about experimental studies investigating the cause–effect relationship between acupuncture point stimulation and indicator muscle change. However, the effect of acupuncture on locomotor function is well documented (Stux 1989, Lohya 1989, Zhang-T
investigating the phenomenon of indicator muscle change was of a cognitive nature. The cognitive process of human beings has been alienated in human movement research by presuppositions of the body derived from the Newtonian paradigm. Main fields of investigation were narrowed to themes which fitted the reductionist view, and the wealth of knowledge derived by the wholistic experience of human beings remains widely unnoticed. It was hoped that by using the different perspectives of quantitative and qualitative methods, more complete data and insights related to the essence of the phenomenon would be generated.

“(I)t makes me see very clearly that what I think is going on is not actually what is going on.” She realised, through muscle testing, that her mind was perceiving things differently from her body.

Feeling the body responding
For Judy, feeling the body responding in a muscle test connected her mind to what the body needed. She said:

“(T)hese are things in my body, secrets in my body, that muscle testing can tap and I can connect to my brain.”

Showing problem areas
Judy experienced that the muscle tests could show problem areas which she could not access with her mind. She reported:

“I felt in my body that there were things disturbing me and I tried to sit and meditate to find the answers... I wanted to access that information. By muscle testing, I could do it.”

Muscle testing is, for her, a method to bypass her brain and access knowledge which is kept in her body and which she can’t access with her mind. She said:

“Bypassing my brain and going straight to my body through muscle testing gives me answers to questions, and I find out lots of things... that were not available to me in my conscious mind.”

Connecting with one’s inner being
Judy reported that the muscle tests had connected her with her body and made her aware of the difference between what the mind thinks and what the body thinks. She feels that the body has a wealth of information which is never really accessed if you don’t use the muscle tests. She stated:

“What the body has on information is never really accessed. It (muscle testing) is showing you another reality than what the mind thinks.”
Getting aware
Muscle testing made Judy more aware about the real needs of her body. She said:
“Muscle testing just gets you in tune with your body and gives you a very good relationship to your body, how to look after your body, how to care for your body, where to start and give it what it wants.”

Looking after yourself
Judy reported that, through the muscle tests, she learned to look after herself better. She said:
“The muscle tests really access information and then I can act on that information to do what I need to do to keep me healthy.”
She feels that her intuition has improved and that she now knows better what her body needs. She said:
“I can feel if I do this my body gets depleted and if I do this it will strengthen my body.”
She believes that muscle tests were very educational for her; to see her body reacting and then to learn what did and what didn’t strengthen her muscles.

Dealing with ambivalence
Judy reported that she sometimes experienced ambivalence about the muscle test results and did not implement what the body had suggested.
“(T)he body was asking for this tea I didn’t like the taste of.” But because of the consistency of the muscle tests telling her that she needed the tea, she followed the body’s suggestion even though her mind didn’t like it. She stated:
“I really trust my body and if my body says it needs this then I take it.”
The improvement in her health convinced her that she could trust the muscle tests. She said:
“(B)ecause I’m on this program—taking what my body said it needed—I haven’t got sick, which is quite something for me.”

of one’s own body...” (Merleau-Ponty 1992, p. 233). The very fact of people’s physical being in the world implies a certain experience which is sensory/sensational and utterly distinct from the intellect. This does not mean that the sensory-sensational self-givenness and the mental-intellectual self-givenness have no impact on each other in the act of being in the world and perceiving the world. They are intricately linked, comparable with how the blood is linked to other tissues in the body and vice-versa.

The phenomenon of indicator muscle change is an example of the intricate link between physical reality and consciousness. Penrose (1990) states “(a)ny viewpoint as to how consciousness can arise, within the universe of physical reality, must address, at least implicitly, the question of physical reality itself.” (p. 555). Merleau-Ponty (1992) takes a similar view and states that the theory of the body is already a theory of perception and “external perception and the perception of one’s own body vary in conjunction because they are the two facets of one and the same act” (Merleau-Ponty 1992, p. 205).

The qualitative investigation in this research focused on the perceptual conscientiousness and alertness of the participants to create a meaning. The description of indicator muscle change by kinesiologists reported in the literature can be seen as the qualitative foundation of this research. As therapists, they have reported their perception of the phenomenon and given it a meaning. Reports of the client’s perspective of the phenomenon have yet to be published. Clients’ lived experience of indicator muscle change in a therapeutic setting and the meaning they assigned to it seemed important to illuminate the essence of the phenomenon. Therefore, it was decided to investigate the client’s perception of the phenomenon.

In summary, this chapter discussed the research design and the methodologies used to investigate the phenomenon. It was shown that the major obstacle in the past to
Husserl (1962) advocated that human beings have “intentionality” and that the mind is directed towards objects. Therefore, elaborating the “essence” and “returning things to themselves” constitutes the structure of consciousness. The diversity of phenomenological approaches reflects the diversity of intentionality and mental processing in human beings. Koch (1995) summarised the phenomenological approach as follows:

Thus phenomenological research means presenting a systematic view of mental content and assumes that this is possible if symbols representing the world are manipulated in the mind, as these manipulations permit the external world to be brought into internal consciousness by cognitive processes.

(Koch 1995, p. 828).

All knowledge is generated by activity of perception and reasoning. Epistemological forms of preserving that knowledge and hermeneutical approaches for retrieving it are handed down through the centuries. The actual body of knowledge itself is an expression of the historical, and socio-cultural existence of humanity.

The transcendental approach of Merleau-Ponty (1992) deals with knowledge generated by the phenomenological approach itself. In that context, the existence and self-givenness of the body, bodily movements, and the phenomenon of indicator muscle change is not an epistemological subject. The presupposition of the body, bodily movements, and the phenomenon of indicator muscle change as an object of investigation is preceded by the phenomenal body. The phenomenal body is the prelogical unity of the bodily schema in the world, which projects a certain setting around itself and, through its ‘sensors’ and ‘receptors’ (the terms ‘sensor’ and ‘receptor’ here are not confined to the biomedical definition), perceives itself and the objects around. “(T)he perceptual synthesis no more holds the secret of the object than it does

Improving health

Judy stated that the muscle tests were very effective to enable her to improve her health. She also experienced that they were effective with different practitioners, who had quite different styles in testing and guiding her through the tests. She described her experience as follows:

“He used to treat me very radically but it changed my body. So it was very different to P, even though the techniques are similar.”

She remembered one practitioner’s muscle testing as having been very rough and just the opposite to another practitioner’s. But with both practitioners she had positive results.

The role of the practitioner

Judy stated that, through muscle tests, she got a better connection to the practitioner. She said:

“(M)uscle testing is accessing me. Muscle tests bring the therapist more in contact with me. What I need, and there is an easiness about it.”

Interpretative Summary

Judy is a person who had struggled to be well. She could feel that things were disturbing her but her mind could not give her the answers about how to get well. Through muscle testing, Judy discovered a difference between her mind’s and her body’s perceptions of reality. She observed that, due to anxiety, her mind was blocking out issues and the information she needed to get well. Through muscle tests, she was able to access her innate healing force, which knew what her body needed to get well, and to connect it to her conscious mind. Muscle testing was teaching her a good relationship with her body, how to look after and care for her body. She found the muscle tests very effective in pinpointing problem areas and felt that, through muscle tests, the therapist got more in
contact with her as a patient to be able to access what she needed.

Linda’s Experience of the Phenomenon

The body knows the answers

Linda found that, through muscle testing, the body would give her answers which she needed to know to heal herself. She reported:

“I feel my body knows the answers…”

She feels that muscle tests are in some ways bypassing the conscious part of her, which is sometimes anxious or clouded by emotions to the extent that she doesn’t know what to do, or does not want to look at the things she has to change. She said:

“(T)he muscle test assists me to see areas, to see blockages and then… to work on these areas.”

Controlling body response

Linda was amazed about the occurrence of indicator muscle change and that she didn’t have any control over this response. She said:

“I find it incredible because there is no control over the outcome of a test; even if I wanted to tighten that muscle doing a muscle test, it just loses its power…”

Connecting with one’s inner being

Linda reported that muscle testing has given her access to her own truth. For her, her body and her system know the answers. Muscle testing is a way of accessing those answers:

“…a way of going in to talk to myself…”

Muscle testing is, for her, a way of connecting with her inner knowing. She said:

“…everything that comes up (in a muscle test) I sort of knew, felt that I knew, but hadn’t confronted it or didn’t want it to be an issue.”

The cognitive process is seen as the self-evident sense of cognition which succeeds the existence and self-givenness of the thing recognised. “If we understand by the phrase ‘theory of cognition’ simply a theory concerning the relation between conscious thought, that is, conscious judgement, and a world already unified and held together by prelogically given essences and their connections, and do not presuppose that this world has a certain empirical constitution, then such an undertaking is meaningful” (Scheler 1989, p. 159).

As a descriptive method, phenomenology aims to give a full intuitive representation of the phenomena itself. Intuitive representation is a cognitive process which selects from the given what is meaningful at the very time of experience of the given. It is linked to the act of thinking, which creates a view of the experience. The act of perceiving phenomena and reasoning about them is intricately linked to a person’s own psychophysical make-up, socio-cultural background and degree of apperception. Therefore, different views about the essence of that which is given emerge in phenomenology, generated by certain natural deviance in perception between human beings, their assumptions behind reasoning and their different ways of reasoning itself. Created views are often accepted as an unquestionable truth but are simply concepts about the essence. The different movements of ontology are a reflection of the existence of a variety of epistemological forms in human beings.

Humans have an internal reference line from which they judge their being in the world. The historical existence of different schools or movements of ontology (Spiegelberg 1976) mirror the variability of perception and reasoning in human beings about their shared experience as self-reflective, sentient beings in the world.
certain parameters of a given phenomenon are selected in view of being measurable by mechanical or electronic devices.

This should not lead to the assumption that phenomena like the indicator muscle change do not exist and are not worth being observed and explored. The reductionist concept of reality devalues the cognitive process of human beings to the machine level by supposing it to be programmable and predictable according to Newtonian concepts of experience. These concepts reflect only a small part of human aliveness and neglect the cognitive ability contained in intuition and lateral thinking. The unique experience of a living being with its own meaning of, for example, health and health care in the actual moment is censored by mental concepts of ‘experience’.

Phenomenology as methodology “... readmits us to a world in which everything has a claim to recognition, as long as it presents itself in concrete experience” (Spiegelberg 1976, p. 20). It validates people’s lived experience as existing in the realm of cognitive authority. The involvement in everyday life – an individual’s everyday experience in the world – is a source of knowledge which, if compiled, can help us to understand the human condition from a group’s perspective. Humans are participants in and observers of life with the innate cognitive ability to give accounts of their lived experience.

The cognitive ability of human beings includes the potential also to experience the act of perceiving and its inner objects/sensations while perceiving something in the world. The subjective factors of people’s internal world contribute to their perception of the external world. A theme or thing presents itself to the observer in a specific context and the observer is part of the context itself, which has an effect on the theme or thing presenting itself. “Part of the essential sense of a thing is its causal interconnection with other things and with its environment” (Sokolowski 1974, p. 86).

Accessing intuition
Linda felt that, through muscle tests, she had developed her intuition. She learned to trust her own inner feelings. She stated:

“(T)hrough the muscle testing and through the session, I put more trust in that intuition.”

Efficiency
Linda mentioned that muscle testing was a very efficient method for her to find problem areas and the means to eliminate those problem areas in her life. She stated:

“(M)uscle testing can get straight there... I found through the muscle testing I saved a lot time.”

Showing problem areas
Linda reported that the muscle tests could show problem areas which were not obviously connected with the particular health problem she was encountering. She said muscle tests guided the therapist and her to those areas which the therapist and her weren’t able to pinpoint intellectually. She said:

“(I)t brings up things that the therapist may not think to ask. (I)t may bring out things that don’t seem connected with a health problem, but they are.”

Exploring boundaries
Linda reported that being muscle tested was not always comfortable because of the possibility of issues being raised which she would feel uncomfortable with. She felt her own vulnerability when she exposed herself in a muscle testing session, knowing that she perhaps couldn’t hide something if she wanted to. She stated:

“I am quite confident and comfortable with muscle testing... except the threat... (of) knowing that things would probably come up in a muscle test which I would not feel comfortable with... knowing that maybe I couldn’t hide something if I wanted to.”

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Looking after yourself

Through muscle testing, Linda has learned to be more responsible for herself. She feels she now has more control over her healing process and what the answers are to her problems. Previously, she had tended to go to therapists and just hand over her problem to them. She stated:

“(B)efore I had sessions with you, I would tend to just go to someone and give the problem to them... hand it over to them... (I)t’s shown me that I have control of my own health...”

The role of the practitioner

Linda holds the opinion that the knowledge and skill of the practitioner plays a role in using the muscle tests effectively. She stated:

“I’m a little bit wary of the use of muscle testing in some ways. I don’t think anyone can do muscle testing...”

Interpretative Summary

Linda was a person who tended to hand her health problems over to the practitioner. Sometimes she would feel that the practitioner’s solutions were not good solutions for her. But she was not able to speak up for herself and trust her intuition. Through muscle testing, Linda learned to trust herself and her intuition. This enabled her to take more responsibility for and control over her own healing process. For her, muscle testing was a very efficient way to find the problem areas she could not see intellectually due to mental anxiety or emotions clouding her perception. She had found a means to improve her health by learning from her body’s response. Linda felt that the practitioner who was applying the method was an important part in whether or not the method was quick and efficient.

care have narrowed the main fields of investigation into human health to themes which fit the reductionist paradigm. For researchers who are guided by reductionist assumptions, the wealth of knowledge gained by the subjective experience of humans as health carers in their daily lives goes widely unnoticed.

Phenomenologically, the concept of truth as a cognitive concept of ‘antithesis of value’, like true-false/real-unreal, belongs in the sphere of propositions. The essence or self-givenness of a thing exists beyond these propositions. “The only thing that remains is something with a sense similar to that of the word ‘true’, something elevated above the antithesis of true and false, which belongs only to the sphere of propositions. This is the ‘self-givenness’ of an intended object (eines Gemeinten) in the immediate self-evidence of intuition” (Scheler 1989, p. 140).

Phenomenology examines simply and purely what is given in the lived experience. The interpretation of the lived experience is an experience in itself and phenomenology, by virtue of its principle of cognition, rejects the notion of giving a priori value judgments or criteria of evaluation by which the experience is measured. “Scientific judging indeed forsakes the naively straightforward cognitional directness to objective actualities that come from the naive having of them in straightforward evidence...” (Husserl 1978, p. 129).

In the study of human movement today, there is a major obstacle to the advance of health science research because the assumption that interdependence of biomechanical phenomena with parameters of vibrational origin can be neglected is not questioned. “It is the unexamined exercise of cognitive authority within our present social arrangements which is most to be feared.” (Addelson 1991, p. 31) Arising from the reductionist philosophy, quantitative methods are used predominantly for investigation of biomechanical phenomena, where
conventional and mainstream researchers whose cognitive processes are in accordance with the established paradigms of empirico-analytical approaches and reductionism do not have to take their cognitive concepts into account.

For the qualitative investigation of the phenomenon of indicator muscle change it was necessary to investigate the cognitive background of research into human movement and health as it is predominantly practised in the Western world today.

Historically, this can be traced back to the early 17th century when Descartes advocated the separateness of two substances: the “res cognitans” and the “res extensa”. This promoted a dualistic split between mind and body, the internal and external world, subjectivity and objectivity (Descartes, transl. Haldane 1970, Spinoza 1963). However, Descartes’ philosophy contained both metaphysics and physics, and his main pursuit was of metaphysical doctrines on God, the soul and the body.

During the following centuries the cognitive focus on the “res extensa” gained momentum through the success of Newton and other physicists. The external world was ruled by the mechanical laws of physics and nature could be objectively explained by the shape, size and motion of microscopic corpuscles. By elaborating the mechanical laws of the external world and applying them to alter human lives, the Industrial Revolution took shape. The golden age of reductionism was proclaimed in the notion that truth, ultimately, was Descartes’ “res extensa”.

The repercussions of this notion are still felt today. Facts about biological phenomena of the human body are derived predominantly from research methods based on the assumption that the human body is a machine made of separate parts which can be measured and described precisely. Correspondingly, cognitive authorities in health

**Qualities Emerging from the Interviews**

In summary, the following qualities emerged from the individual interviews as being aspects of the phenomenon:

**Accessing intuition**
The phenomenon of indicator muscle change was seen by some participants as a tool to access their intuition.

**Bridging the gap between body and mind**
This quality reflects the aspect of indicator muscle change which allowed people to witness the physical event of ‘weak’ and ‘strong’ body responses, thus bridging the gap between body and mind.

**Connecting with one’s inner being**
The act of consciously witnessing the body responding and then making sense of the physical event of indicator muscle change connected people with their inner being.

**Efficiency**
‘Efficiency’ was the quality and value commonly assigned to the experience of indicator muscle change compared with other currently practised healing modalities.

**Exploring boundaries**
Indicator muscle change challenged boundaries, fears and presuppositions of people’s mind. This aspect was assigned the quality of ‘exploring boundaries’.

**Feeling the body responding**
Indicator muscle change was a physical event felt and observed by the client. It triggered a variety of behaviours and reasoning in clients. To this aspect was ascribed the quality of ‘feeling the body responding’.

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Getting aware
Experiencing indicator muscle change made people aware of a part of reality on which they normally did not focus. The quality of ‘getting aware’ was used to describe this aspect of indicator muscle change.

Getting involved
This quality was ascribed to the aspect of indicator muscle change which actively linked the person through his/her body response to the healing process.

Improving health
Experiencing indicator muscle change in the context of being unwell facilitated the improvement of people’s health and was described as the quality of ‘improving health’.

Looking after yourself
Indicator muscle change educated people to be more conscious about their energy field and its interweaving with their body. This taught them ways of looking after themselves.

Questioning muscle test results
The interpretation of a muscle test was a judgement of the client’s behaviour by the practitioner. In some instances this judgement was not accepted by the client.

Showing problem areas
Indicator muscle change showed problem areas or disturbances in a person’s energy field.

Teaching ways of change
This quality was the aspect of indicator muscle change which challenged people’s behavioural patterns and presuppositions no longer appropriate for them to hold on to.

The body knows the answers
‘The body knows the answers’ describes the quality of indicator muscle change which provided participants with consistency as possible in the tests. Triceps brachii was chosen for investigation of the phenomenon because of its fixation consistency in an eccentric test. According to applied kinesiology theory, this muscle is associated with the spleen meridian (Walther 1988, pp 312, 328; Thie 1987, pp 45, 51). Latissimus dorsi is another muscle associated with the spleen meridian and was therefore chosen for the concentric tests.

The distinction between concentric and eccentric testing was taken into account because Leisman et al. (1989) voiced from their research that there might be different neurophysiological levels involved in the occurrence of ‘weak’ and ‘strong’ indicator muscles. The above outlined principles were seen as basic requirements for testing indicator muscles in a quasi-experimental setting.

The Qualitative Investigation
Qualitative methods are based on the notion that participation and observation of the phenomenon in a natural setting will generate data in an inductive way. This complements the quantitative method, as the full contextual picture is observed.

The notion of phenomenology as a branch of knowledge that deals with method and its application in a particular field has been, from its early days, to explore and describe “uncensored phenomena” and “...to explore what is immediately given as it is given in its pure innocence...” (Spiegelberg 1976, p. 20).

The exercise of exploring and describing these uncensored phenomena involves a sense of the researcher’s own awareness and cognitive perspective. It is deeply influenced by tradition and the politics (of cognitive authorities) which set the norms of how scientists are supposed to work (Mitroff 1983, Reason 1994, Rowan 1981, Kuhn 1970). In contrast,
Figure 4

**Types of Indicator Muscle Change**

**Tester-initiated**
- eccentric $\rightarrow$ concentric $\Rightarrow$ ‘strong’ indicator muscle
- eccentric $\rightarrow$ eccentric $\Rightarrow$ ‘weak’ indicator muscle

**Client-initiated**
- concentric $\rightarrow$ concentric $\Rightarrow$ ‘strong’ indicator muscle
- concentric $\rightarrow$ eccentric $\Rightarrow$ ‘weak’ indicator muscle

The evaluation of the muscle as ‘strong’ or ‘weak’ creates two different types of a ‘strong’ indicator muscle:

1. If the tester initiated the test, a ‘strong’ indicator muscle means that the client’s muscle contraction changes from an eccentric to a concentric type.
2. If the client started the test, a ‘strong’ indicator muscle means that the muscle stays in a concentric contraction.

Accordingly there are also two different types of a ‘weak’ indicator muscle:

1. If the tester initiated the test a ‘weak’ indicator muscle means an eccentric contraction in the client’s muscle stays eccentric.
2. If the client started the test a ‘weak’ indicator muscle means a concentric contraction changes to an eccentric contraction. (see Figure 4).

In planning the quantitative research design, all these aspects were taken into account to provide as much information about themselves which they could not retrieve with the intellect.

**Wholistic approach**

Through indicator muscles, different levels of a person’s energy field could be tested and shown as being unbalanced.

**Additional Qualities**

While analysing the interviews for qualities related to my research question (whether muscle testing had enhanced the participants’ experience of reality and, if so, in what way), I discovered that some people considered other aspects of the phenomenon not encompassed by the research question that were important to them. These were the qualities of:

- adaptability
- controlling body response
- dealing with ambivalence
- the role of the practitioner.

These ‘additional qualities’ describe aspects of the phenomenon related to the qualities illuminating the research question. They came about by virtue of the semi-structured nature of the interviews. I encouraged people to give a comprehensive account of their experiences, and did not censor the flow of their thoughts and words with my questions. This allowed the participants to voice other themes which they perceived as important to their experience of indicator muscle change. They are discussed in a separate section of the following chapter.
Chapter 8

A Collective View of the Phenomenon

The transient loss of isometric muscle strength is a physical event facilitated by the kinesiologist and witnessed by the person experiencing indicator muscle change. In the previous chapter, qualities which reflected aspects of the phenomenon were set forth, derived from an analysis of each participant’s narrative about indicator muscle change.

In this chapter, these qualities are collated for further analysis to create an overview of indicator muscle change from a group perspective. Each quality is discussed from the research group’s perspective. It is demonstrated in what ways indicator muscle change enhanced people’s perception of reality.

The qualities not directly related to my research question but identified in the interviews as being important aspects of the phenomenon are discussed separately at the end of this chapter under the heading ‘Additional Qualities’. Their cohesion with the research theme is also examined in this section.

Qualities Related to the Research Question

Each participant’s perception of the phenomenon happened in its specific individual context. An overview of the collective’s experience was obtained by collating the qualities derived from each participant’s narrative according to the appropriate ‘quality’ category. This created the collective view of aspects of the phenomenon, and this is set forth in the following section.

<table>
<thead>
<tr>
<th>Types of Muscle Action</th>
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<tbody>
<tr>
<td>Power → Ability to produce a large amount of tension over a short period of time</td>
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<tr>
<td>Endurance → Ability to maintain a degree of tension over a period of time</td>
</tr>
<tr>
<td>Strength → Ability to produce force in a single contraction against a force counteracting this contraction over a certain period of time</td>
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not primarily interested in detecting and grading permanently impaired muscle function and the isotonic capability of a muscle. They are interested in the occurrence of a transient loss of isometric muscle strength in relation to a stimulus. The muscle under investigation is assessed for a baseline value. Focus is on the neurological integrity of the muscle to generate tension while the examiner applies a force yielding to that tension. This baseline value is then used as a reference for the consecutive tests with stimuli.

Nevertheless, the neurophysiological aspects of isometric manual muscle testing need to be taken into account when using manual muscle tests as an assessment method in a quantitative research design. Two types of isometric muscle contraction are distinguished, depending on whether the examiner or the client starts the muscle action in the client’s muscle. If the examiner starts the action, the muscle at first will be stretched and an eccentric response is elicited at the beginning of the test. If the client starts the action, a concentric response is evoked (see Figure 4).
The qualities are listed in alphabetical order to avoid any prioritisation. Each quality is seen as valid in its own right and gives information as to whether indicator muscle change enhanced people’s perception of reality and, if so, in what way. The qualities are:

- accessing intuition
- bridging the gap between body and mind
- connecting with one’s inner being
- efficiency
- exploring boundaries
- feeling the body responding
- getting aware
- getting involved
- improving health
- looking after yourself
- questioning muscle test results
- showing problem areas
- teaching ways of change
- the body knows the answers
- wholistic approach.

Accessing Intuition

Ruth and Linda reported that indicator muscle change gave them a means of accessing their intuition. Ruth reported that the muscle tests were a bridge to her intuition. She said: “The muscle test is like a confirmation of my intuition.”

Linda developed her intuition and trust in her inner feelings through the muscle tests. She stated: “Through the muscle testing... I put more trust in that intuition.”

Bridging the Gap between Body and Mind

This quality was mentioned by Judy, who reported that muscle testing had made her aware of the difference
between her body response and what her mind was thinking. She stated: "It makes me see very clearly that what I think is going on is not actually what is going on."

**Connecting with One’s Inner Being**

Indicator muscle change allowed people to consciously witness their bodies responding and to make sense of the physical event. Judy found that the body had a wealth of information never really accessed without the use of muscle tests. Muscle tests showed her another reality which her mind did not normally refer to.

Anita described that muscle tests connected her with the part of herself which is not the logical, thinking part. Ruth and Linda also reported that the muscle test was a way of connecting with their own being and looking at a part of themselves which their conscious mind had filtered out.

Ruth, Steve and Linda voice that muscle testing provides a way of communicating with themselves. In Ruth’s words: “It’s like I tell myself because I feel my muscles reacting”, and Linda expressed it in the following way: “(It’s) a way of going in to talk to myself...” The connection with their own beings comes through the physicality of the phenomenon. Steve said that, rather than relying on a practitioner’s opinion, people could feel it for themselves in their own bodies.

In summary, people perceived the physicality of the phenomenon of indicator muscle change as a bridge to connect them to their inner being, because they felt in their own bodies what made them ‘weak’ or ‘strong’.

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**Figure 1**

**Requirements for Manual Muscle Testing as Assessment Method in Quantitative Research**

- Consistency of joint position
- Consistency of force applied to the limb
- Consistency of the direction of force applied to the limb
- Consistency of elicited muscle contraction

From a neurophysiological viewpoint isometric muscle contractions can be distinguished as eccentric and concentric contractions. In an eccentric test pressure is applied to the limb before the tester gives the command to hold the original position thus eliciting first a stretch reflex response at spinal level. This automatic response is followed by a voluntary action. In a concentric test a voluntary action from the motor cortex is prevalent. The limb is actively held by the client from the beginning of the test and the tester resists the intended movement of the limb (see Fig 2).

The tension generated in a muscle during a manual muscle test relates in neurophysiological terms to the pattern of recruitment of motor units within a time interval. The quality of this muscle action has been described in exercise physiology using terms such as ‘power’ and ‘endurance’. ‘Power’ describes the ability of a muscle to produce a large amount of tension over a short period of time. ‘Endurance’ is the ability to produce a degree of tension over a long period of time. The terms are useful for the purpose of designing training programs.
not the aim of this research to quantify the phenomenon regarding muscle strength, nor to assess intra- or inter-examiner reliability in a true experimental design.

Additionally, interfering in the manual testing procedure by using those devices might alter the occurrence of the phenomenon altogether and generate data not compatible with the data gained from clinical observations. Therefore, manual muscle tests were chosen as the assessment method in the quantitative experiments.

Polgar and Thomas (1995) stated that most quantitative investigations of clinical phenomena involve naturalistic comparisons of two or more situations. Because many variables are inherently not amenable to experimental control in such circumstances, they suggested that these designs should be referred to as “quasi-experimental”. These naturalistic or quasi-experimental designs were valid for providing reasonable evidence that an uncontrolled variable is causally related to a specific outcome. With the terms ‘naturalistic’ and ‘quasi-experimental’, the complexity of factors involved in producing a clinical phenomenon were acknowledged.

In order to use manual muscle testing as the assessment method in this quantitative study it was necessary to standardise the muscle testing procedures. This required that the joint position, the direction of the force and the force applied to the limb during the test, and the elicited muscle contraction were consistent (see Figure 1).

From a biomechanical point of view, an isometric or an isotonic contraction can be elicited during a manual muscle test. For this research, the isometric muscle contraction was of interest because the phenomenon of indicator muscle change is perceived as a transient loss of isometric muscle strength.

Efficiency
Sue, Anita, Jack and Linda mentioned that muscle testing was a very efficient procedure for them to get in touch with whatever problems they had to deal with.

Linda said: "(M)uscle testing can get straight there... I found through the muscle testing I have saved a lot of time.” Sue reported: "With muscle testing you were right there on the first day.” Jack said: "I haven’t come across any other method that gets you into it so quickly.” Anita described this quality as follows: "The muscle test is in a way faster. It bypasses my kind of resistance, the lot of words and stories.”

Ruth shared the view: "(M)uscle testing is a fast method of reaching the truth—what your inner self is saying.”

Exploring Boundaries
Linda and Doris referred to this aspect of indicator muscle change, where the body response challenges the boundaries and presuppositions of the mind. They did not always feel comfortable about the possibility that the muscle test might show some issues which they would rather hide from the therapist’s attention.

Linda stated: "I’m quite confident and comfortable with the muscle testing... except the threat... knowing that things would probably come up in a muscle test which I would not feel comfortable with. Knowing that maybe I couldn’t hide something if I wanted to.” Doris commented: "It’s also expecting more than just that obvious from me, the client... it is just a bit sort of close.”

Feeling the Body Responding
The physical aspect of indicator muscle change which can be observed by the person experiencing the phenomenon
was described by Ruth. She noted that a ‘strong’ or ‘weak’ indicator muscle did not imply that her body was weak or strong in a biomechanical sense. For her it showed a body reaction to a particular substance or thing which was tested at that very moment. She said: “It seems to be a reaction to how I actually react to a particular substance or thing that is presented to me.”

Feeling this physical event of a ‘weak’ or ‘strong’ indicator muscle initiated a shift in Anita’s perception of reality. The same was reported by Jack. He called it “a bit of a revelation.” Jack felt strange about that very fact, while Doris reported that she found it quite interesting to feel that at times her arm or leg was getting ‘weak’ when certain things were mentioned.

Judy and Susan reported that the bodily feeling of indicator muscle change opened them up to an awareness that there were a lot of things going on in their bodies of which they are not aware. Indicator muscle change made them aware of those secrets, and Judy reports that she then could connect these facts to her brain.

This aspect was also mentioned by Steve, who felt that the muscle tests reminded him to connect his conscious mind to things within himself. He said: “(Muscle tests) let me connect my conscious mind more with what needed to happen on an emotional level.” For him, the muscle tests didn’t show secrets but just helped him to shift his conscious mind to things he already knew within himself.

Sue found muscle tests an exciting experience: that her body knew what was right and wrong for her. She reported that this opened her up to herself and how she reacts to things.

investigation. The philosophy of phenomenology is discussed in its tradition of Husserl, Heidegger, Gadamer and the transcendental approach of Merleau-Ponty. The different conceptual approaches in creating a meaning in qualitative research is compared with the data evaluation of quantitative research.

The Quantitative Investigation

Manual muscle testing is a widely used clinical method for assessing muscle performance. It is a complex interaction between two human beings and the assessment of this interaction leaves room for ongoing debate. It is an essentially subjective-human method. Efforts have been made to measure the parameters of this interaction with mechanical and electronic devices. Correlates consistent with the examiner’s evaluation of a manual muscle test were found to be the product of force over time (Nicolas et al. 1978) and innervation patterns measured through EMGs (Hogue 1991). Nevertheless these objective approaches do not give a whole picture of the multiple parameters involved in a manual muscle test, and they have not diminished the value of the manual muscle assessment in clinical settings.

The focus of the study which is the subject of this book was to observe the outcome of a manual muscle test in relation to an intervention. Therefore, it was decided not to use a biomechanical or electronic device in the manual muscle testing procedure. In this way, as much as possible of the clinical setting was preserved. The aim was to determine if a cause-effect relationship between an intervention and the occurrence of indicator muscle change persisted when mental parameters such as preconception and expectations were eliminated.

If such a correlation could not be established in the experimental setting, it would be in vain to attempt to quantify the phenomenon of indicator muscle change using a biomechanical or electronic device. Furthermore, it was
enhanced people’s perception of reality and, if so, in what way it helped them to care better for their health.

**Synthesis**

The third and last stage of the research design synthesised the different perspectives of the quantitative and qualitative investigation. The aim was to create an epistemological frame of reference for the bodily phenomenon of indicator muscle change using Einstein’s mass–energy equation (Uvarov and Isaacs 1986) and literature on the human energy field. From this, a general theoretical framework emerged which described and explained the appearance of the phenomenon. This model is presented in the last chapter.

In summary, the research design used a mixed methodology of quantitative and qualitative methods. The quantitative studies comprised double blind and blind experiments to observe the occurrence of indicator muscle change in an experimental setting. Magnetic stimulation of acupuncture points related to the indicator muscles was used for the double blind experiments. For the blind experiments an emotionally-loaded imagery was used as the therapeutic intervention. The qualitative study examined the sensory bodily experience of indicator muscle change from the client’s perspective and whether or not it enhanced the person’s perception of reality. Finally, an epistemological frame of reference was presented by which characteristics of the phenomenon could be described and explained.

**Research Methodology**

Research methodology is knowledge which deals with method and its application in a particular field. The first part of this section discusses the requirements for using manual muscle tests as an assessment method in a quantitative design. The second part relates to the qualitative

Doris voiced her surprise about the different responses in her muscles because she sometimes did not expect that her body would react in the way it did.

In Peter’s view, the physicality of the tests gave the therapist’s suggestions more credibility. He felt that the physical event was very effective for educating the patient.

In summary, the aspect of feeling the body responding was addressed by nine of the ten research participants. For Ruth, indicator muscle change was not a biomechanical weakness of her body. Peter saw the physicality of the tests as giving the therapist’s suggestion more credibility. Anita, Doris, Sue, Jack, Steve, Susan and Judy reported that feeling the body responding to stimuli had shifted their perception of reality.

**Getting Aware**

‘Getting aware’ encompasses the aspect of indicator muscle change which connects the person’s consciousness to what is observed.

Anita noticed that certain things would make her body feel better. Doris reported that she became aware of what was not good for her. Judy learned to be more aware of the real needs of her body. Ruth and Sue stated that the muscle tests gave them information that they had not totally thought of yet or that would normally pass by their attention.

Indicator muscle change gave Steve some guides to deeper awareness of what is his truth. He also became more aware of what food was beneficial for him. Anita noticed that there was something outside her mind which knew what her body needed, and muscle testing made her aware of a connection between her emotions and memories, and the body.
In summary, indicator muscle change made some of the participants more aware of a part of their reality which they could not easily perceive through intellectual efforts.

Getting Involved

Through muscle testing, the patient’s body is responding. This was perceived by Peter as a means of getting involved in his own healing process. He stated: “With muscle testing, not only the therapist has to focus on the problem but also the patient, and they work together on it.”

Improving Health

Indicator muscle change is said to be an indication of some disturbance in a persons’ energy field. Peter confirmed this when he stated: “Muscle testing clarified the block.” Muscle testing was very beneficial for Jack. This view is shared by Judy; she improved her health using muscle testing.

Susan gave us some clues about how she validated the muscle test results. She said: “I believed a lot of these things because I could feel that they were true.

Looking After Yourself

‘Looking after yourself’ emerged as a quality in Susan’s, Sue’s, Linda’s and Judy’s interviews.

Sue reported that, through the experience of feeling her body being ‘weak’ or ‘strong’ in the muscle tests, she is now more in tune with herself and knows what her body needs. Judy felt that the muscle tests were very educational for her. By seeing her body reacting, she learned what was ‘strengthening’ and what was ‘weakening’ her. Now she has a better intuition about what her body needs.

measured as a consequence of negative emotional attitudes.

The concept that emotions can affect physical parameters is shared with psychosomatic medicine. Also, it is a common practice in sports psychology to enhance the performance of a motor task through mental practice. Therefore, an intervention involving emotionally-loaded imagery seemed likely to cause indicator muscle change under blind conditions.

Qualitative Studies

The interpretation of the sensory bodily experience of indicator muscle change had been thoroughly documented from the therapist’s perspective in workshop manuals and textbooks. However, descriptions from the client’s perspective had not. This vast area of interpretative significance had not been discussed, even though the phenomenon of indicator muscle change occurs as an interaction between two human beings. To achieve a comprehensive picture of the phenomenon it was imperative to include the client’s perspective.

According to Sokolowski: “It is a commonplace in phenomenology that a material thing is the identity within a continuous flow of profiles... Part of the essential sense of a thing is its causal interconnectedness with other things and with its environment; a thing is what is identical in the bond of casual dependencies” (Sokolowski 1974, p. 86). The clients, being in a state of unwellness, have a different perspective and need from the therapist. Investigating their view would reveal a different angle of the phenomenon.

The aim of the qualitative studies was to illuminate what the sensory bodily experience of indicator muscle change meant to the clients. This was explored through semi-structured interviews. Of particular interest was whether the sensory bodily experience of indicator muscle change
Walther (1988). He reported that Goodheart observed an “antenna-effect” of the acupuncture points which could easily be demonstrated by various types of stimulation to the tonification and sedation points of the meridian:

“The primary sedation point for the lung meridian is lung 5... Accurately placing an acu-aid on this point will cause most individuals to develop weakness in a previously strong deltoid muscle... in most individuals the deltoid will weaken as soon as an acu-aid is placed on the acu point. In individuals with high energy levels, the acu-aid may need to be in place for thirty to sixty seconds for the energy to be reduced in the lung meridian, effecting deltoid weakness.”

(Walther 1988, p. 259)

This provided a workable basis for a double blind study. The statement suggested that stimulation of the acupuncture point via magnets was sufficient to elicit an indicator muscle change. For the placebo trials, the magnets could easily be replaced with similar-shaped plastic buttons. This would bypass the placebo difficulties often encountered in double blind studies using needling.

Vincent (1995, p. 199) stated in regard to the use of needling in double blind studies: “The use of inappropriate placebo controls has bedevilled acupuncture research and led to serious misinterpretation of the results of clinical trials.” In addition, Becker and Selden’s theoretical model of acupuncture meridians as electrical conductors (Becker and Selden 1987) provided theoretical support for the proposition that indicator muscle change would occur while stimulating the sedation point of a meridian with magnets.

The idea for the blind studies derived from Diamond’s work. He purported that indicator muscle change was triggered by emotional attitudes. He compiled lists of specific positive and negative emotions related to specific muscles (Diamond 1990). Therefore, indicator muscle change was

Linda and Susan found that muscle tests made them more responsible for themselves. They learned what they could do to help themselves. Linda said: “I’ll’s shown me that I have control over my own health...”. And Susan voiced her experience in the following words: “I can help myself a lot more. I just seem to know what the right thing to do is to help myself.”

**Questioning Muscle Test Results**

Indicator muscle change is an interpretation of the client’s behaviour by the practitioner. Peter reported that his mind only agreed in one-third of the tests with the therapist’s interpretation of the muscle tests. He said: “I found... my mind coming in when the muscles were ‘weak’ or ‘strong’, judging the process and saying: ‘Hang on... did you actually push as hard on my arm or leg as before?’”

**Showing Problem Areas**

This quality refers to the aspect of indicator muscle change which gives a view of reality that is not easily traced by reasoning or the intellect. Judy, Linda, Anita, Doris and Susan described that aspect of indicator muscle change as being a connection to a disturbance in their energy field which provided helpful information for their healing process.

Judy experienced that the tests showed areas which she couldn’t access with her mind. Anita observed that it showed areas where she was not able to put her discomfort into words. Linda and Doris reported that indicator muscle change revealed areas which were related to their health problems. But before being tested, they themselves, as well as the therapist, was not able to intellectually trace those areas as being related to their health problems.
Susan experienced that indicator muscle testing was the only valid tool to heal her health problems permanently. She said: "Without that tool I don’t know how otherwise I could have pinpointed the problem areas."

Anita and Doris noticed that, through the muscle tests, problem areas would show up which they themselves hadn’t verbally shared with the practitioner. Doris said: "What was interesting was that you who don’t know all these things about me found those things in the muscle tests."

In summary, through indicator muscle change, the above participants could find problem areas in their energy fields which were connected with their health problems.

**Teaching Ways of Change**

Susan noted this quality as an aspect of indicator muscle change. She felt that feeling the body responding in a certain way to certain things was very educational and said: "It expanded my mind to be open to change, to take chances and not to be restricted by how I was brought up..."

**The Body Knows the Answers**

This aspect was referred to by Linda, who reported that the body gave her answers which she needed to hear herself. She said: "I feel my body knows the answers..." She reported that, through indicator muscle change, she could bypass the conscious part of her which is sometimes anxious and clouded by emotions such that she doesn’t know what to do.

Intervention and the phenomenon of indicator muscle change was suited to a quantitative design. The interpretation of the sensory bodily experience of indicator muscle change could be explored by a qualitative design.

**Quantitative Studies**

The aim of the quantitative experiments was to ascertain if parameters empirically found to cause indicator muscle change in a clinical setting could also alter the performance of an indicator muscle in an experimental setting. Additionally, important contextual parameters such as the emotional and intellectual dependency in a client/therapist setting, preconceptions of the therapist and client, and expectations of the outcome of the procedure were removed by choosing a double blind setting and a blind setting. This design would allow a conclusive linear cause-effect relationship, if the therapeutic intervention were to show significant changes in the indicator muscles.

The next step was to formulate the research hypothesis in more detail. I had to select from the clinical reports interventions which were most likely to elicit an indicator muscle change under double blind and blind conditions. In addition, matching placebos needed to be found. The task was to find a placebo-stimulus combination which was strong enough to alter muscle performance under double blind conditions.

As I had found also reports from exercise physiologists in the literature which stated correlations between muscle performance and acupuncture (see Chapter 2: Literature Review), it seemed promising to assess the assertion by applied kinesiologists that there existed a muscle–meridian relationship which could be detected by indicator muscle testing.

The idea of using acupuncture point stimulation as the intervention for the double blind studies derived from
processing of the lived experience. "In fact, the thinking ego can never abolish its inherence in an individual subject, which knows all things in a particular perspective." (Merleau-Ponty 1992, p. 61).

The inductive process of the qualitative approach and the deductive process of the quantitative approach have equal validity in investigating phenomena and complement each other in generating data from different angles of perception. Therefore, it was decided to use a mixed method in this study to allow the phenomenon of indicator muscle change to appear in different “profiles” or “impressions” (Husserl uses the word “Abschattungen”). This would generate more comprehensive insight into the phenomenon, because of the different contexts in which the phenomenon was experienced. The research strategies incorporated an experimental quantitative design and a non-experimental qualitative design.

The Research Design

The research design grew out of my personal and clinical experiences with applied kinesiology and my knowledge of its literature. I looked for ‘profiles’ of the phenomenon in workshop manuals and books written by kinesiologists. To these I added the ‘impressions’ from my own experience.

From this search two ‘aspects’ emerged. The phenomenon of indicator muscle change was a sensory bodily experience and this experience was intellectually processed. The sensory bodily experience was the transient loss of muscle strength, known as ‘indicator muscle change’. The intellectual processing of the phenomenon assumed a cause–effect relationship between various therapeutic interventions and an indicator muscle change.

The two aspects required different research strategies. The concept of a cause–effect relationship between an

Wholistic Approach

Doris observed that the muscle tests took her into account as a whole person and not only in respect of her injured arm. She said: “That was interesting that all was seen as part of everything.”

Peter had a similar view. He stated: "Different parts of our being can be tested. The body, emotional, electrical, and so on. And we get answers on each part so that we can get a picture and then decide on the right direction.”

The above qualities contained aspects of the phenomenon seen from the research group’s perspective as contributing to the enhancement of people’s perception of reality.

Additional Qualities

The following section discusses qualities not directly related to the research question but seen by some participants as important aspects of the phenomenon. The qualities were derived from themes or issues raised in the interviews; similar themes were mentioned by several of the participants.

Participants drew attention to their own cognitive process as an issue related to the perception and validation of the phenomenon. This was reflected in the qualities of ‘Dealing with Ambivalence’ and ‘Controlling Body Response’. The quality ‘The Role Of The Practitioner’ emerged as an important aspect because manual muscle tests are applied and interpreted by a practitioner. One interviewee mentioned the quality of ‘Adaptability’, which applied to her specific needs of health care.
Dealing with Ambivalence

The experience of indicator muscle change challenged certain views held by participants about their reality. People’s experience of events is an interaction of their inner world with the outer world. The outer world is recognised and processed from the inside, and through this perception memories and knowledge is generated. "All knowledge takes its place within the horizons opened up by perception." (Merleau-Ponty 1992, p. 207).

Jack reported that he was brought up with a differing concept of reality. Experiencing indicator muscle change was, for him, at first "a sort of craziness" which his mind did not want to believe. Anita found the notion that certain things or themes would elicit a reaction in her body quite awkward. Peter reported that some part of him just really didn’t want to know what the muscle tests were telling him, and Judy did at some stage not like what the muscle test was suggesting.

All participants dealt with their ambivalence over a period by observing their health improving through the use of muscle testing as a biofeedback method. Anita put this in the following words: "But the result and depth of it gave me actually more trust in this thing with the muscles."

Controlling Body Response

Isometric muscle contraction is voluntary and controlled by the brain. Several participants observed that indicator

The discussion was fuelled by a notional duality in perception which fostered a conflict between the two methods. The so-called quantitative, objective research was the antithesis of the qualitative, naive inquiry. This split endured because orthodox research methodology did not address the role of the researcher in selecting and obtaining the knowledge. Addelson (in Fonow and Cook 1991) stated: "Scientists have cognitive authority and are politicized in terms of hierarchy, dominance, and competition." Research participants were divided into two groups, the ‘researchers’ and the ‘subjects’, which were hierarchically organised according to this cognitive authority. The perceptive processes and cognitive concepts of the researchers were not discussed or included as research variables. Naïve inquiry challenged this view and qualitative field research developed as a method of inquiry which examined the personal meaning of people’s lived experience.

More recently, new paradigm researchers have developed a synthesis of naïve inquiry and orthodox research, a synthesis which is very much opposed to the antithesis it superseded. (Reason 1981 and 1994, Rowan 1981).

In this new paradigm researchers are seen as observer participants in their projects. They decide how they participate in each project by the methodology on which they base their reasoning and choose their methods of investigation. In their role as observers it is their consciousness and knowledge which is subjective. In their role as participants, the researchers’ choices of specific tools for investigation are determined by their subjectivity.

Therefore it is erroneous to claim that quantitative methods are objective and qualitative methods are subjective. Each method begins at a different point of the human cognitive process which is inherently subjective and contains inductive and deductive aspects. The use of machine-like devices in research does not make the method objective because it does not divorce the researcher from his/her own cognitive
Chapter 3

Research Methodology, Design and Procedures

Applied kinesiology is a field rich in empirical data derived from clinical experience. However, the literature showed that many basic questions about the occurrence of indicator muscle change were not scientifically assessed. The keystone of the applied kinesiology method, indicator muscle change, was also not fully scientifically documented. Therefore, I decided to focus my research on this phenomenon. I was aware that I could only cover a small, well-defined area of a very complex issue.

The first section of this chapter outlines the quantitative and qualitative approaches in research and how they were used to investigate the phenomenon of indicator muscle change. The second section gives an overview of the main features of the research design. The third section discusses the research methodologies in more detail and compares the conceptual approach of creating a meaning in qualitative research to the judging act of quantitative research.

The Research Strategies

Humans have developed qualitative and quantitative methods to study the interrelationships of health-related variables in naturally occurring phenomena. Qualitative and quantitative approaches in research are two separate and distinct epistemological inquiry methods and are often discussed as though the latter, being objective, is of greater value.

Susan stated “Even if I wanted to hold the arm and would think: ‘I am going to hold the arm’, the arm would just give away.” Linda was amazed that she didn’t have any control over her body responding and said: “(T)here is no control over the outcome of a test. Even if I wanted to tighten that muscle doing a muscle test, it just loses its power…” This amazement was shared by Jack, who observed the same thing for himself. Anita also reported that she had no mental control over her body response.

Controlling body response:
This quality refers to the neurophysiological aspect of indicator muscle change. It is an isometric muscle contraction that is voluntary, controlled by the central nervous system.

The Role of the Practitioner

Muscle testing is an interaction between the practitioner and the client. The role of the practitioner was mentioned by Peter, Judy, Doris, Ruth, Susan, Jack, Steve and Linda.

Sue, Jack, Doris and Susan shared the view that it was important that they had trust in the person doing the muscle test. Sue stated: “I think it’s important to trust the person who is doing the test.” Jack mentioned: “I was referred to P by someone, a practitioner, I really trust… I have faith in her as a person.” Susan voiced: “I had a lot of trust in the person that did the muscle testing with me… I had a great faith in the people that I went to…” Doris described her trust in the practitioner in the following words: “In putting myself in your hands as the practitioner, I am willing to accept your interpretation.”
A good client/practitioner relationship is the prerequisite for the successful use of indicator muscle change. This involves a certain degree of trust between the two people. Ruth exemplified this when she said: “If you have a practitioner whom you don’t trust, I don’t believe muscle tests will be effective then. But if I believe in my practitioner, then muscle tests will probably be very effective for me.”

For Jack, Steve and Linda, the knowledge and skills of the practitioner play an important role in using the muscle tests effectively. For Steve, muscle testing could not be separated from the practitioner applying it. Linda stated that the expertise of the practitioner in combination with the method make the method efficient. This view is shared by Jack, who said: “You can actually, if the person is a good practitioner, get in there, work the problem out, get away and get organised.” Steve thought that: “(T)he muscle tests will show whatever the practitioner and the patient are capable of being aware of.”

Judy observed that the muscle tests brought the practitioner more in contact with her as a client and she felt that there was an easiness about this connection. Peter found muscle testing was a tool for the practitioner; it provided the practitioner with a protocol to give the patient a guideline. He saw the muscle test as a negotiation tool between client and therapist. He stated: “(I)t somewhat brings the patient and the therapist to an agreement of some sort of action.”

The role of the practitioner:
This aspect takes into account that muscle testing is an interaction between a practitioner and a client. It recognises that the phenomenon of indicator muscle change cannot be removed from the context of the practitioner applying the method.

evidence in support of the research topic presented in Chapter 5.

Conclusion
This literature review shows that many themes regarding the phenomenon of indicator muscle change, and its value in healthcare, have not been scientifically appraised. The clinical experience of therapists and clients alike has promoted its value. From practical demonstrations, textbooks, workshop manuals, and reports there is evidence that there exists a cause-effect relationship between some stimuli and indicator muscles.

For the design of a quantitative research project the literature showed that using acupuncture stimulation would be a promising intervention because researchers around the world have already documented a relationship between acupuncture channel stimulation and gross motor function. Another promising intervention appeared to be the use of imagery because sports psychologists have documented its effect on sports performance. The literature review also shows that the client’s perspective is not documented to date.

Therefore, it was decided to add a qualitative section to the research, which would illuminate the client’s perspective of the phenomenon. This mixed methodology would help to clarify some of the above mentioned, fundamental issues of a very complex and new theme.
found an effect size of .48 for all types of mental practice effects.

Vealey and Walter (1993) suggested using a polysensory experience in imagery training due to the fact that people’s ability to create an experience in their mind varies and “(u)sing as many senses as possible may help athletes to create more vivid images.” (p. 202). They also stated that emotions are an important part of the imagery protocol.

The link between imagery and the vegetative nervous system was documented by Decety, Jeannerod, Germain and Pastene (1991). They found a covariation of heart rate and pulmonary ventilation with the degree of imagined locomotor effort.

Another meta-analysis of the research literature by Driskell, Copper and Moran (1994, p. 481ff) confirmed the positive and significant effect of mental practice on performance. They also confirmed Feltz and Landers’ observation that “the effectiveness of mental practice is moderated by the type of task, the retention interval between practice and performance, and the length or duration of the mental practice intervention.” (p. 481).

The above literature was important for the researcher’s choice of Diamond’s work as another stimuli to elicit indicator muscle change. The literature on imagery and motor performance encouraged the quantitative research topic in Chapter 5, which investigates the occurrence of indicator muscle change in relation to specific emotional attitudes.

In summary, the “ideo-motor principle” refers to the fact that mental practice has an effect on motor performance. This knowledge is widely used in sports psychology to enhance performance of a motor task. The findings give some

Adaptability

This quality was noted by Ruth, who described herself as a person whose needs could change over time and from day to day. She found that the muscle tests fitted her needs. She stated: “I have found at times that a particular homeopathic thing has been prescribed and it worked on that particular thing on a particular day; but maybe two days later, it’s not the same any more.”

Adaptability:
This describes the quality of indicator muscle change whereby it is easily adaptable to an individual and adjusts itself to very specific individual needs and variable conditions.

Conclusion

In conclusion, the above qualities were seen in the context that human beings live in a social and cultural environment which promotes certain views about reality. These cognitive concepts are conveyed in many ways through education, the media, advertising, and social, cultural everyday interaction. The judgment of the thinking ego is bound in that context. If people’s attention is drawn to phenomena beyond their social-cultural beliefs and concepts of reality, the thinking ego usually reacts in two ways. One way is that the thinking ego will observe the phenomenon and evaluate it against certain views held at the time. This might result in an adjustment of views and concepts held about reality. The second way is to deny the existence of the phenomenon which challenged the view, held by the thinking ego.

In Western society, the biomechanical and pharmacokinetic view of existence is overemphasised. This view is challenged by the occurrence of indicator muscle change. Therefore several research participants noticed that their concepts about reality were incomplete and re-evaluated some of
their views. This happened over a period of dealing with ambivalence.

Some people also noted that the occurrence of indicator muscle change did not fit their theory of voluntary muscle control. Therefore a prerequisite of excepting indicator muscle change was the participants’ ability to be open minded and overcome their prejudices.

The majority of the research participants addressed the role of the practitioner as a contextual quality inseparable from the research question. They held the view that indicator muscle change was a result of the interaction between a practitioner and a client which could not be judged alone, or separated from the practitioner applying the method. This quality was therefore discussed in the following chapter along with the other qualities related to the research question.

In summary, the group’s view of the phenomenon was classified into two categories. One category contained the qualities directly related to the research question. The other category encompassed additional qualities not directly related to the research question but which emerged from the interviews as being important aspects of the phenomenon for some participants.

that dominates the mind finds its expression in the muscles...” (in Hale 1982, p. 379). Since then the discipline of sports psychology has expanded and many research papers have investigated how mental and emotional attitudes affect muscle performance.

Jacobson (1931) was one of the first investigators who was successful in measuring neuromuscular states during mental activity with an EMG. He reported that: “Imagination of activity of the right arm (or other part) is characterized by contraction of muscle fibers either in that part or in the ocular region or in both localities” (p. 116). His results inspired numerous studies concerned with the effect of mental practice on motor performance.

Imagery training for performance enhancement is today a well-established area of sports psychology. Researchers have differentiated between internal imagery and external imagery and found internal imagery to produce higher levels of neuromuscular activity than external imagery (Mahoney et al. 1977, Hale 1981, 1982).

The imagery protocol for the internal technique is kinesthetic and uses the first person, directing the participant to experience feelings and sensations associated with executing the task. The protocol for the external technique is visual and uses the third person, advising the participant to see him/herself executing the task (Harris and Robinson 1986).

Several other factors have been identified as influencing the effectiveness of mental practice on motor performance. According to Feltz and Landers (1983), motivation may be partly responsible, as well as the number and length of practice sessions and the time between mental practice and performance. They reviewed the research literature about the effects of mental practice on performance and
chemically active or inert, as well as the individual’s level of ions present in the epidermal area facing the electrode. They found conductance patterns varied considerably between people. Additionally, the values for an individual changed markedly at different times of the day. The authors summarised: “Our systematically repeated measurements on the fingernail points of highest local conductance permitted the observation of individual patterns of the probands. The rigorously applied measuring procedure gave a reasonably good reproducibility within time periods of 20 min. But the values changed considerably in the course of a day in a rather complex manner...” (Comunetti et al. 1995, p. 331).

All authors agreed that acupuncture was a multi-determined phenomenon and saw their research as describing only specific aspects of acupuncture. None of the theories claimed to explain all the known aspects of the phenomenon.

In summary, research showed that there was a variety of neurohumoral, neurophysiological and bioelectrical parameters involved in the effectiveness of acupuncture. The effectiveness of acupuncture was seen as a multi-determined phenomenon. The findings about alterations in skin conductance at acupuncture points and the ultrastructural changes on myofibrils under acupuncture provided some evidence in support of the choices made for using magnetic stimulation of an acupuncture point to elicit indicator muscle change (the research topic in Chapter 4).

Ideo-motor Principle

Diamond’s clinical observations (1985) that specific emotional attitudes can elicit indicator muscle change is consistent with observations that date back to the last century when Carpenter (1894) introduced the term “ideo-motor principle”. Carpenter’s postulate was “that any idea

Chapter 9

Themes and Conclusions from the Interviews

In the previous chapter, the research group’s perspective of aspects of indicator muscle change was discussed within the framework of a number of qualities derived from the analysis of interviews of individual group members. Two categories of qualities were found: one category focused on the research question and the other referred to important contextual qualities.

In this chapter, the qualities of the first category are regrouped to demonstrate their interconnectedness and provide a dynamic picture of the interviewees’ experience. Finally, the contextual quality of the ‘practitioner’s role’ is linked to the qualities of the first category.

The Phenomenon of Indicator Muscle Change: Enhancement of Perceived Reality

To demonstrate the interconnectedness of the qualities, four categories—or activities—were created. They show how people’s experience of indicator muscle change enhanced their perception of reality. These activities were:

- witnessing the phenomenon
- using the phenomenon
- evaluating the phenomenon
- limitations of the phenomenon

Diagrams of the dynamic interconnectedness of the qualities in the four activities are presented in Figures 11–14.
The diagrams show in what ways indicator muscle change enhanced people’s perception of reality.

**Witnessing the Phenomenon**

This activity shows the cognitive dynamics between the qualities of ‘feeling the body responding’, ‘getting aware’, accessing intuition’, ‘connecting with one’s inner being’ and ‘bridging the gap between body and mind’ (see Figure 11).

**Figure 11**

![Diagram](image)

The physical quality of ‘feeling the body responding’ to specific stimuli initiated in some participants a shift in their perception of reality. They were ‘getting aware’ that there was another perspective on their existence to which they were not used to paying attention. This shift in perception, facilitated by indicator muscle change, was interpreted by some participants as ‘connecting them with their inner being’ and ‘accessing their intuition’. For others, it was ‘bridging the gap between body and mind’.

points showed specific electrical differences compared to the surrounding skin. They reported: “Readings taken at centimetre intervals along the meridian and at right angles to it at point positions have shown that compared to its immediate surroundings, the point demonstrates a localized positive shift in potential. The magnitude of this shift averages about 5 mV compared to regions 1 and 2 cm away from the point.” (Becker, Reichmanis, Marino and Spadaro 1979, p. 166ff). Resistance was less and electrical conductivity was correspondingly greater (Becker and De Luca 1985, p. 234ff). They stated: “Our readings also indicated that the meridians were conducting current, and its polarity... showed a flow into the central nervous system. Each point was positive compared to its environs, and each one had a field surrounding it, with its own characteristic shape” (Becker and De Luca 1985, p. 236). They suggested that acupuncture meridians are electrical conductors which carry messages to the brain and the brain responds by sending back the appropriate level of direct current. The acupuncture points function as little booster amplifiers in that path to prevent the dying out of the signal.

Electroacupuncture has made use of this knowledge and there are a variety of instruments on the market which detect acupuncture points by measuring skin resistance. The use of these instruments has lead to the finding that there are more high conductance points on the skin than there are acupuncture points known to traditional Chinese medicine. But most of the acupuncture points are located on high conductance points.

Comunetti, Laage, Schiessl and Kistler (1995) have quantified the skin conduction at some acupuncture points. In their research the current intensity of a direct voltage applied to the acupuncture point was recorded. They found that conductance vanished exponentially and was strongly dependent on whether or not the electrodes used were

Man and Chen (1972) proposed a two-gate theory inspired by the gate control theory of pain first presented by Melzack and Wall in 1965. Mann (1973) favoured the view that acupuncture was linked to spinal reflexes. Tien (1973) proposed a neurogenic interference theory. Looney (1974) suggested some links with the autonomic nervous system. Despite the general agreement that the effectiveness of acupuncture is linked to the nervous system, it is the general view that acupuncture pathways are not identical with those of the peripheral nerves.

It is also documented that endorphines might play a role in the effectiveness of acupuncture (Lewith 1982) and, where needles are used, body reaction may involve histamine, bradykinin, cyclic AMP, serotonin, prostaglandins, and other substances (Platt 1974). Many authors have concluded that acupuncture improves haemodynamic and metabolic mechanisms (Ehrlich and Haber 1992, Qu-Zhuqing et al. 1993).

Bensoussan (1991 and 1994) reviewed the physiological effects of acupuncture and the nature of the meridians. His view is concurrent with the above researchers. Based on the enhancement of physiological parameters through acupuncture, he conceptualised acupuncture as a physiological learning process in which the body is shifted towards healthier physiological behaviour.

Becker added a new dimension to acupuncture research with his research on electromagnetic forces and charge in the human body (Becker et al. 1960, 1961, 1962, 1963, 1966, 1970, 1974). They found that the skin above acupuncture

**Using the Phenomenon**

Using the phenomenon contained the qualities of ‘the body knows the answers’, ‘showing problem areas’, ‘teaching ways of change’ and ‘looking after yourself’ (see Figure 12).

**Figure 12**

![Diagram](image)

Linda acknowledged that her ‘body knows the answers’ which she needed to heal herself. Several interviewees revealed that, through indicator muscle change, they could be ‘shown problem areas’ in their energy fields which were connected with their health problems. Through that awareness, they learned how to ‘look after themselves’.

Susan experienced the phenomenon as expanding her mind and not being restricted to concepts of reality which were no longer appropriate for her. She found that indicator muscle change had enhanced her perception of reality by ‘teaching her ways of change’.

The dynamics of this activity is based on the assumption that the body knows the answers and, by showing problem areas
and teaching ways of change, indicator muscle change is a tool in looking after one’s health.

Evaluating the Phenomenon

Evaluating the phenomenon included the qualities of ‘getting involved’, ‘efficiency’, ‘wholistic approach’ and ‘improving health’ (see Figure 13).

Several participants commented that muscle testing provided a fast and efficient way to illuminate whatever issues they had to deal with to improve their health. They appreciated the benefit of shifting their perception to problem areas which showed them ways of ‘improving their health’. The ‘wholistic approach’ of muscle testing was acknowledged by Doris and Peter. Their experience gave them a perspective about themselves as whole persons in relation to their particular health issues. Also, for Peter, indicator muscle change was a means of ‘getting involved’ in his own healing process.

Figure 13

![Evaluating the Phenomenon Diagram]

Qu-Zhuqing, Lu-Dinghou and Wang-Yirun (1993a) found that acupuncture changed the permeability of the myofibril membrane to Ca++ and Na+. They stated: “(A)cupuncture could increase the penetrability of normal muscle membrane to Ca++ and the penetrability of injured muscle to Na+, which might be the vital mechanism of changing Na+-Ca++ exchange of cell membrane and adjusting myoplasm Ca++ content” (Qu-Zhuqing, Lu-Dinghou and Wang-Yirun 1993b).

The effectiveness of acupuncture remained a riddle to the Western-trained scientific mind for years because no biomechanical or biochemical correlates were found to explain the pathways of the phenomenon. However, Western scientists agreed that the effectiveness of acupuncture was linked to the function of the nervous system (Pomeranz 1977 and 1979, Hou 1989, Fan Xiaoli, Lui Guangbin, Huang luoxiou and Xu Min 1989, Wang 1989, Zhang 1989, Shi and Wu 1990, Yuan 1991, Wang Kemo, Liu Jian and Cao Dongyuan 1991, Chai 1992). This conclusion was drawn from observations that the analgesic effect of acupuncture was nullified in the affected limbs of hemiplegic or paraplegic patients. In addition, stretch reflex activity increased under acupuncture at the site of needling (National Health and Medical Research Council 1974, pp.19, 121ff).

A variety of theories has been proposed to explain acupuncture in terms of neuroanatomy and neuropathology. Some authors purport that an acupuncture point is a point susceptible to needling sensation and that therefore the effectiveness of acupuncture is linked to the action of peripheral nerve endings and other deep receptors such as the muscle spindles and Golgi apparatus.
and enhance sports performance. Ehrlich and Haber (1992) found in a controlled study that acupuncture significantly increased maximum performance capacity as well as the physical performance at the anaerobic threshold. Verness (1993) reported that the extent of articular movements could be improved with acupuncture. Elite French athletes improved their performance significantly with acupuncture treatment (Bopp-Limoge and Bopp 1990). Similar results were reported from British athletes (Kaada 1984).

Zhang-T, Shi and Jin (1990) reported that muscle function was effectively restored in paraplegic and hemiplegic patients and stated: “The total effective rate was 86.99%” (p. 146). Yu-Wengong (1990) published similar results. He reported a curative rate of 83.66% for 70 cases with paraplegia, 74.36% for 39 cases with hemiplegia, and 75% for 16 cases of pathological paralysis. Stux (1989) reported “excellent” and “good” results in 77-85% of patients with chronic cervical spondylitis, periartitis humeroscapularis, lumbago and sciatica through acupuncture treatment. Lohya (1989) reported a curative rate in patients with other locomotor disorders of 87% using acupuncture treatment and wrote: “Best results are obtained in plantar facitis, backache lumbago, cervical spondylitis, good in osteoarthrosis knee, frozen shoulder, while satisfactory in rheumatoid arthritis” (p. 62).

A number of Chinese researchers investigated ultra-structural and biochemical changes in myofibrils of the skeletal muscles following strenuous exercise and observed the effect of acupuncture on recovery of the myofibrils from those changes. In immunoelectron microscopic studies Zhang-J (1988), Li-Xiaonan, Fan-Jing-Yu and Lu-Dinghou (1992) and Lu-Dinghou, Fan-Jing-Yu and Qu-Zhuqing (1992) found that acupuncture helped to reduce Z-band strain. Further, the structural alteration of the myofibrils after

The internal dynamics of this activity are graphically represented as a wheel. Indicator muscle change is evaluated as an efficient means for the client to improve his/her health by getting involved as a whole person in his/her own healing.

Limitations of the Phenomenon

Limitations of the phenomenon contained the qualities of ‘exploring boundaries’ and ‘questioning the muscle test results’ (see Figure 14). This activity shows the internal dynamics of perceiving and interpreting the occurrence of indicator muscle change.

Figure 14

<table>
<thead>
<tr>
<th>LIMITATIONS OF THE PHENOMENON</th>
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<tbody>
<tr>
<td>• questioning muscle test results</td>
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<tr>
<td>• exploring boundaries</td>
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Some participants commented that the expansion of perception through indicator muscle change was not always comfortable. The experience was described by Doris and Linda as ‘exploring boundaries’, fears and presuppositions. For Peter, on some occasions, the phenomenon did not enhance his perception of reality. He ‘questioned the muscle test results’ and did not share his insights with the kinesiologist.

The Role Of The Kinesiologist: An Important Contextual Parameter

Indicator muscle change is a process facilitated by a kinesiologist who is an essential part of the experience.
Therefore, the kinesiologist is seen as an important contextual parameter in discussing and interpreting the phenomenon of indicator muscle change.

The majority of research participants were of the opinion that a good client/practitioner relationship was important for the successful use of indicator muscle change. For Sue, Jack, Doris, Susan and Ruth, this implied that they had a certain degree of trust and belief in the practitioner conducting the muscle tests.

Another factor contributing to the beneficial outcome of the method was the practitioner’s perceived expertise in his/her field. Jack, Steve and Linda mentioned that the knowledge and skill of the kinesiologist contributed considerably to the efficiency of indicator muscle change.

In summary, all participants found that their experience of indicator muscle change enhanced their perception of reality (see Figures 11–13). The complex activities of witnessing, using and evaluating the phenomenon reflect the ways in which it was seen as beneficial. Fears, presuppositions and unexpressed ambiguity about the occurrence of ‘weak’ and ‘strong’ indicator muscles emerged as a limiting activity (see Figure 14).

Indicator muscle change was viewed as a powerful educational tool for improving health. Participants gained knowledge about their body responses which normally escaped their attention; by observing ‘weak’ and ‘strong’ indicator muscles, they learned what was beneficial and harmful for them. This knowledge allowed them to take more responsibility for their own lives and health.

The kinesiologist’s expertise and the client’s trust in the kinesiologist’s proficiency were important contextual attributes in people’s validation of the phenomenon.

Complemented but did not replace clinical or laboratory diagnosis of a thyroid dysfunction.

In summary, traditionally, manual muscle testing has been used to evaluate the isometric and isotonic performance of muscles. This biomechanical knowledge of muscle testing was recently extended by Goodheart’s observation that a transient loss of isometric muscle strength can occur during a manual muscle test when combined with a stimulus. The literature reported positive and negative stimuli such as acupuncture, food, healing touch, and emotions, which can elicit indicator muscle change. There were only a few experimental studies investigating this cause-effect relationship. They were conducted in relation to nutrients (Rybeck and Swenson 1980, Jacobs 1981, Triano 1982). Experimental studies about the occurrence of the phenomenon in regard to acupuncture channel stimulation, healing touch or emotions could not be found in the literature. Other research quantified the phenomenon with mechanical or electronic devices. Hsieh and Phillips (1990) found that hand-held computerised dynamometers provided only intra-examiner reliability and only when using the concentric muscle test. Grossi (1981) found that simple force transducers did not detect the transient change in isometric muscle strength as perceived during a muscle test. Jacobs (1984) compared indicator muscle testing with traditional diagnostic methods and showed it to be a valuable tool complementing laboratory and clinical diagnosis. Leisman et al. (1989) measured a noticeable change in somatosensory-evoked potentials during testing of weak indicator muscles.

Acupuncture and Muscle Performance

In China people have been treated successfully with acupuncture for millennia. Trainers in human movement and sports science have used acupuncture to treat sports injuries.
he concluded that the transient change in isometric muscle strength, as perceived during indicator muscle testing, could not be detected by a force transducer.

Hsieh and Phillips (1990) investigated the reliability of manual muscle testing with a computerised dynamometer to evaluate indicator muscle change. The intra- and inter-tester reliability of the recorded data and the differences in repeated measurement on different days showed that the use of a computerised dynamometer during manual muscle testing was reliable for each tester when a concentric test was used. However, Hsieh and Phillips (1990) recommended that data from different testers should not be compared unless the inter-tester correlation was known (p. 81).

Leisman et al. (1989) researched neurological parameters associated with a ‘strong’ or ‘weak’ indicator muscle. They recorded somatosensory-evoked potentials from contralateral median nerve stimulation while a naïve tester tested three indicator muscles previously identified as either ‘weak’ or ‘strong’. They noted a marked change in somatosensory-evoked potentials (SEP) during testing of the ‘weak’ indicator muscle, whereas the SEP recorded during the testing of the ‘strong’ indicator muscle always matched the baseline data. Leisman et al. suggested that some neuromuscular mechanisms such as the mono-synaptic stretch reflex for eccentric contraction and the cortical-influenced gamma efferents for concentric contraction might be associated physiological parameters congruent with the outcome of an indicator muscle test.

Jacobs (1984) evaluated the diagnostic use of applied kinesiology testing procedures in detecting thyroid dysfunction compared to traditional diagnostic methods. She found indicator muscle change in conjunction with “therapy localisation” significantly correlated with the laboratory diagnosis. Indicator muscle change

Chapter 10

General Discussion

This chapter integrates the results of the qualitative and quantitative investigations and develops an epistemological frame of reference to discuss the phenomenon of indicator muscle change.

In the first section, Einstein’s mass–energy equation is used as the conceptual basis to address the link between matter and energy. This epistemic helps to create an understanding of the bodily phenomenon of indicator muscle change.

The second section explores new ways of health care and the role indicator muscle change can play in the field of vibrational medicine.

The final section of this chapter, based on the previous sections, discusses implications for further research and some general recommendations relating to politics in health care research.

The Relationship between Matter and Energy

The concepts in Western and Eastern medicine which I reasoned about in the beginning of my research to create a theoretical frame of reference gave a very generalised background to my work. From the findings of the quantitative and qualitative investigation some common characteristics of the phenomenon of indicator muscle change appeared. They can be summarised as follows:

The quantitative enquiries reported in Chapter 4 and 5 showed a significant occurrence of indicator muscle change in relation to a stimulus:
• Stimulation of the sedation point of spleen meridian with 3000 Gauss magnets elicited significantly more indicator muscle change than the application of placebo.
• Mental focus on realistic anxieties about the future elicited significantly more indicator muscle change than the focus on a neutral theme.

The qualities emerging from the clients’ interviews characterise this aspect of the phenomenon from a different angle:

• Indicator muscle change was seen as a tool to access their intuition, connect with their inner being, and bridge the gap between body and mind.

These findings show that indicator muscle change is a bodily phenomenon which can give cues about forces acting in a sphere of human reality which can not easily be noted by the normal senses. The research showed that the phenomenon of indicator muscle change can unveil aspects of the human reality which normally are unnoticed. Therefore I am presenting the following discussion about human’s perception of physical reality. The aim is to offer a more defined, and specialised concept of understanding the sensory bodily experience of indicator muscle change.

Western science has defined matter as a special form of energy that has the attributes of mass and extension in space and time (Uvarov and Isaacs, 1986). The human body, therefore, can be seen as matter displaying characteristics of mass in a lifetime. Einstein’s equation, \( e = mc^2 \), defines energy as the equivalent of a mass times a constant related to the speed of light. Mass is a characteristic of matter.

The existence of the physical body implies that humans have a human energy field which can be described, using Einstein’s equation, as \( m = e/c^2 \). The connecting link detected through indicator muscle change and the mu-front points of traditional Chinese acupuncture (Diamond 1992, p. 93ff). He reasoned that each meridian was affected by specific positive and negative emotional attitudes and stated: “There will be many apparently different emotional states connected with each meridian. We know that all these apparently different emotional states are in fact related because they involve the same meridian on testing.” (Diamond 1992, p. 100).

Diamond’s observations are consistent with findings in psychosomatic medicine. Here, chronic disorders such as anorexia nervosa, asthma, Crohn’s disease and chronic inflammatory bowel disease, hypertension, hyperthyroidism, neurodermatitis and rheumatoid arthritis are treated by enhancement of positive emotional attitudes and the elimination of harmful negative emotional attitudes. Indicator muscle change might be a way of detecting key areas of emotional disturbance in these illnesses.

Experimental research studying indicator muscle change based on Diamond’s observations could not be found in the literature. However, there were numerous studies in the field of sports psychology showing that mental and emotional attitudes affect muscle performance. They are discussed below in the section “Ideo-motor principle”.

Apart from the nutrients studies, there was only a handful of other research papers concerned with the phenomenon of indicator muscle change (Grossi 1981, Jacobs 1984, Leisman et al. 1989, Hsieh and Phillips 1990).

Grossi (1981) attempted to quantify the difference between a ‘weak’ and ‘strong’ indicator muscle. He measured peak isometric force with a force transducer and found no difference in peak isometric force between experimental and control groups. Based on Nicolas et al’s findings (1978),
Jacobs (1981) attempted to find placebo-stimulus combinations which could be used to test the effect of food on indicator muscles. Various non-sweet and sweet sugar solutions and distilled water were administered. He found no significant difference in muscle response to the various solutions. An additional blind study with fresh, heated, and oil showed the same result.

Triano (1982) tested four commercially available nutritional substances found by applied kinesiologists to enhance muscle performance in patients with a clinically ‘weak’ lat. dorsi. In one trial these substances were administered sublingually and, in another trial, they were placed on the abdomen of the subjects. No significant relationships could be found.

These nutritional studies showed the difficulties in finding a placebo-stimulus combination which could be used in an experimental setting. For example, Jacobs’ basic design used distilled water as a placebo, although distilled water with its low osmolarity is known to be biocidic to cells. He could have used tap water but this often contains traces of biocidic chemicals. Other carrier substances used to mask a placebo also might not be neutral. Triano built his research on the assumption that there existed a linear cause-effect relationship between one nutritional substance and an improvement in patients’ lat. dorsi. Clinical experience showed that patients with a ‘weak’ indicator muscle often needed support other than nutrients to strengthen a ‘weak’ muscle.

Another fundamental statement of applied kinesiology was described by Diamond (1990 and 1992). He reported an association between indicator muscle change and specific emotional qualities. He observed that negative emotional attitudes diminish a person’s life energy. They create a disturbance in the human energy field which can be between mass and energy is a constant, defined by the speed of light.

The speed of light, \( c \), is a constant \( \equiv 300,000 \text{ km per second} \) which is the product of a certain frequency and a certain wavelength. If the wavelength changes the frequency changes to maintain the speed of light \( (c = f \cdot \lambda \equiv 300,000 \text{ km per second}) \). Thus is the electromagnetic realm created. It is defined as all energy transferred by wave or particle passing through empty space at the speed of light.

The electromagnetic spectrum which we can measure today is split into a number of regions ordered by their wavelength and frequency. It ranges from the extreme low frequency waves, with long wavelength and slow frequency, to the short gamma waves with a high frequency:

<table>
<thead>
<tr>
<th></th>
<th>( \lambda (\text{m}) )</th>
<th>( f (\text{Hz}) )</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.l.f. waves</td>
<td>&gt; 10(^6)</td>
<td>&lt; 10(^1)</td>
</tr>
<tr>
<td>radio waves</td>
<td>10(^6) - 10(^1)</td>
<td>10(^2) - 10(^7)</td>
</tr>
<tr>
<td>micro waves</td>
<td>10(^1) - 10(^3)</td>
<td>10(^7) - 10(^12)</td>
</tr>
<tr>
<td>infra red</td>
<td>10(^3) - 10(^6)</td>
<td>10(^12) - 10(^15)</td>
</tr>
<tr>
<td>visible light</td>
<td>10(^{-6}) - 10(^{-7})</td>
<td>\text{--} 10(^{-15})</td>
</tr>
<tr>
<td>ultra violet</td>
<td>10(^{-7}) - 10(^{-10})</td>
<td>10(^{15}) - 10(^{18})</td>
</tr>
<tr>
<td>X-rays</td>
<td>10(^{-10}) - 10(^{-12})</td>
<td>10(^{18}) - 10(^{21})</td>
</tr>
<tr>
<td>gamma waves</td>
<td>10(^{-12}) &gt;</td>
<td>10(^{21}) &lt;</td>
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Visible light is a small band (~260 nm) in the electromagnetic spectrum (Deeson and Davey 1995). It is sensed by the human eye and gives the brain a time/space picture of the human energy field. This is then defined by human consciousness as a physical body.

Human beings in general are consciously processing and utilising cognitive pathways located within the band width
of visible light. Additionally, mechanical, chemical and electronic devices have been developed which can pick up other band widths of the electromagnetic spectrum and transform them into the cognitive realm of time, space and visible light. This habit of processing the human energy field—via a tiny slot of the electromagnetic spectrum—as a physical body only, has created quite a tunnel-visioned interpretation of the human energy field (see Figure 15).

Figure 15

AVERAGE PERCEPTIVE PATHWAYS

The perceptive potential of human beings as a population exceeds this narrow band of perceptive pathways. Statistically, the occurrence of a phenomenon in a population has a ‘bell’ shape, with the majority grouped around the mean and the minority (at either side) classified as having lesser and greater potential than the majority. This implies that a certain percentage of human beings has an ability to perceive the human energy field, beyond the average perceptive pathways. These human beings are described as having extra sensory perception. It’s a difficult task to transform those perceptions into symbols of visible

These are discussed under the section ‘Acupuncture and Muscle Performance’ in this chapter.

Another basic statement in the applied kinesiology literature was that massaging or holding specific points on the body could improve ‘weak’ indicator muscles (Walther 1988, Thie 1987, Dewe and Dewe 1994, Andrews 1991). Experimental research on this topic is not published to date.

Furthermore, applied kinesiologists have reported that particular foods can ‘weaken’ or ‘strengthen’ an indicator muscle. This concept is already well-known to nutritionists. Foodstuff ingested by humans can range from harmful, biocidal food to biogenic food, which enhances the physical condition of the human body. There are three research papers published investigating the relationship between certain foods and the occurrence of indicator muscle change (Rybeck and Swenson 1980, Jacobs 1981, Triano 1982).

Rybeck and Swenson (1980) conducted blind studies using orally administered sugar. It was found that the occurrence of indicator muscle change was significantly related to this intervention. The outcome of the manual tests was compared with dynametric-measured grip strength tests in the same muscle. The dynametric tests showed no statistically significant change between the control and experimental groups. Rybeck and Swenson reasoned that there might be inherent differences between the parameters measured by the mechanical device and the parameters evaluated by the tester during a manual muscle test. This supported Nicolas et al’s findings (1978) that measurement of force alone in a manual muscle test only partly correlated with the tester’s evaluation of muscle strength.
In 1964, G. Goodheart and his team added a new dimension to manual muscle testing with an observation described in Walther 1988, p. 2 as follows: “He (Goodheart) observed that sometimes a muscle tested weak, but there was no atrophy or other apparent reason for the weakness.” In a consecutive test the muscle would regain its strength. He noted that this transient loss of isometric muscle strength occurred in relation to stressful events. Therefore it was suggested that manual muscle tests can have a broader application than the common biomechanical interpretation, and could be used as an indicator to monitor dysfunction in other body systems.

The term ‘indicator muscle’ was introduced to describe a muscle which showed a transient loss of isometric muscle strength in a manual test in relation to a stimulus. Manual muscle testing using indicator muscles is a central tool of applied kinesiology (AK). The major text book of applied kinesiology was published by Walther in 1988 and contains the basic applied kinesiology testing and treatment procedures.

One of the foundation statements in this textbook is that there exists an association between specific muscles and meridians (Walther 1988, p. 207). Thie (1987), Dewe and Dewe (1994), La Tourelle and Courtenay (1992), Andrews (1991) and Dickson (1990) refer to similar muscle-meridian associations. All these texts state that a disturbance in the energy flow of a meridian will result in an indicator muscle change in the muscle specifically associated with that meridian.

At the time that this study was undertaken, there were no published experimental research papers on this topic. However, there existed a number of research papers about the effects of acupuncture on locomotion and muscle tissue. light and scientific language. Therefore, their narratives are more often found in the arts than in science (Brennan 1987 and 1993, Wilber et al. 1990).

The analysis of the interviews revealed that the experience of indicator muscle change has expanded people’s perception of reality. Indicator muscle change can therefore be seen as an educational tool to enhance average perception and explore certain aspects of the human energy field which are not perceived by other physical senses.

The double blind study pointed in a similar direction to the qualitative study, as indicator muscle change occurred significantly more frequently when the meridian point was stimulated, showing that the body seems to have the ability to distinguish and note changes in the energy field beyond conscious sensory awareness.

Indicator muscle change fostered a refinement in people’s perception of reality by drawing their attention to unbalanced parts of their energy field. Some participants described this as “going to your own psychic” (interviews: Ruth, Steve). Others depicted their experience as connecting them with their inner truth and wisdom (interviews: Judy, Anita, Ruth, Linda, Steve).

Over thousands of years healers and visionaries have mapped the human energy field and, at this time, there is a world-wide acknowledgement of different, consistent energy domains within the human energy field. These are the channels (meridians) of the acupuncture system, the chakra system and the auric templates. Healers have known for millennia that these energy domains are connected with the human’s bodily tissue. Einstein’s mass–energy equation gives an epistemic explanation for generating an epistemological link between those energy domains and the human’s physical reality. It can be argued that those energy
domains are aspects of the human energy field perceived through other bandwidth of the electromagnetic realm than the bandwidth of visible light (see Figure 16).

Figure 16

PERCEPTIVE POTENTIAL

Furthermore, it can be argued that the transient loss of isometric muscle strength is a physical manifestation of a disturbance in the human energy field. This imbalance leads to a partial loss of neuromuscular integrity which can be detected by the applied kinesiologist through muscle testing. Thus, it can be reasoned that indicator muscle change has the potential to provide a bodily experience of vibrational levels of the human energy field.

The placebo trials showed a baseline occurrence of indicator muscle change which can be interpreted as fluctuations in the human energy field itself of the people being tested. But the inter-examiner difference in this baseline provides evidence that the vibrational quality between tester and each person being tested was also involved.

range of motion with or without the pull of gravity or against manually applied pressure. The values assigned to the test outcome included a percentage scale, or a numerical scale, and/or words like ‘normal’, ‘good’, ‘fair’, ‘poor’. (Kendall and Kendall 1983, Daniels and Worthingham 1986, Cole et al. 1988).

This manual assessment of muscles was traditionally used to detect permanently impaired muscle function. It evaluated the isometric and isotonic capabilities of a muscle or muscle group. A variety of hand-held dynamometers were developed to quantify the force which resulted between the limbs of the examiner and the patient. Manual and dynamometric strength tests correlated to a significant or lesser degree depending on the quality of the instrument and the skill of the user. (Wadsworth, Krishnan, Sear, Harrold and Nielsen 1987, Hsieh and Phillips 1990, Andrews 1991, Hayes 1992).

Nicholas et al. (1978) investigated which specific physical parameters governed the tester’s perception in evaluating a manual muscle test. His study indicated that the rating of a manual muscle test was closely related to the average force applied during the test multiplied by the duration of the tester’s effort. “...the testers are mentally integrating the force-versus-time relationship during each test.” (Nicholas et al. 1978, p. 189).

Hogue (1991) showed, in EMG studies evaluating patients’ recovery from musculocutaneous nerve injury, that “(m)anual muscle testing can give valuable information on the state of the nerve’s functional return...” (Hogue 1991, p. 85). From its beginnings early this century until now, manual muscle testing proved to be an essential tool in the assessment of locomotion and neuromuscular function.
information is similar to the observations of the kinesiologists about the effect of emotional attitudes on indicator muscles. Of particular interest in the reviewed articles was the different techniques of imagery which provided background information for the experiments reported in Chapter 5.

Manual Muscle Testing and Applied Kinesiology

Movement is a fundamental part of human life and the integrity of muscle function is vital for keeping an upright position. The anatomical mapping of the human body dates back to the 16th century when Andreas Vesalius published his work De Corporis Humani Fabrica Libri Septem. At the beginning of the present century a synthesis of the painstaking work of anatomists like J. Sobotta and H. Becher, and clinicians working with neuromuscular diseases like R.W. Lovett and W. Wright, established a foundation for the manual assessment of muscle function.

The locomotor function tests, judging the range of active motion in the joints, were complemented by a number of gravity and resistance tests related to specific muscles moving the joints. Based on the anatomical direction of the myofibrils in a single muscle or a muscle group, a starting position of the joints for testing the muscle(s) was determined. This position insured a stability of the body and an appropriate fixation of the limb for consistent repeated testing. Furthermore, the direction of pressure applied by the examiner was defined. “Pressure’ was used to denote the outside force applied by the examiner to determine the strength of the muscle holding in test position.” (Kendall and Kendall1983, p. 8).

The grading system for the muscle tests was based on a number of criteria such as the amount of pressure that could be applied to hold the muscle(s) in an isometric contraction and the ability of the muscle(s) to move a joint through a

This is important to note because the analysis of the interviews revealed a similar picture. The kinesiologist was seen as an important contextual attribute in people’s experience of the phenomenon. It was beyond the scope and intent of this research to fully explore the nature and effects of the kinesiologist in people’s experience of the phenomenon. But this research has revealed that such a relationship exists and cannot be separated from the experience of the phenomenon.

In summary, this section has shown how Einstein’s epistemological frame of reference to understand and discuss the phenomenon of indicator muscle change. In that context, it can be asserted that the physical body is an energy field, transformed by a constant, linked to the electromagnetic realm. It was reasoned that the phenomenon of indicator muscle change provided a bodily sensory experience of vibrational levels in the human energy field which exceed a person’s normal perception. On this ground, indicator muscle change can be considered as a functional parameter to monitor certain parts of the human energy field as well as being a unique educational tool to enhance people’s perception of reality and expand their consciousness.

New Ways of Health Care

The transient loss of isometric muscle strength during a manual assessment of certain muscles is an intriguing phenomenon. It gives people an experience of a bodily reality which cannot easily be perceived by other physical senses. Participants in this study described this experience as useful in relation to their caring for themselves. Some of them reported that, through the use of indicator muscle change, they could trace problem areas in their lives of which they were not able to be aware through other means (see interviews: Susan and Anita). Through the sensory bodily experience of a ‘weak’ or ‘strong’ indicator muscle, they
learned about certain reactions in their energy field and noticed a connection with their state of health.

Humans have observed that humoral factors for example, blood cell counts, enzyme profiles, are related to their state of health, as well as the shapes and densities of physical tissue produced by different devices such as X-rays, computer tomograms, ultrasound, and magnetic resonance imaging. A variety of functional parameters, for example heart rate, cardiac output, neurological reaction times, are seen as markers of health. In a similar way, indicator muscle change could be a functional parameter, and its role in health care understood in the context of vibrational medicine.

Gerber (1988) has defined vibrational medicine as “a systems approach based upon the Einsteinian paradigm of healing” (p. 60). The cognitive concepts of 17th century physics needed to be extended by the knowledge of the 20th century. This implies that what is perceived as corpuscles of matter is indeed a pattern of energy waves forming a dynamic web of substance. Einstein’s well-known statement: “I cannot believe that God plays dice with the universe” pinpoints the limitations of the Newtonian pharmacokinetic approach to healing. Dealing primarily with molecular interactions will not provide a complete picture of reality. The vibrational aspects remain unheeded.

Significant discoveries of modern physics in the last decades underpin this notion. It is now known that for every particle of matter (nucleons) there exist $9746 \times 10^6$ interaction and resonance quanta (photons). This ratio is a constant of Nature and implies that matter covers only one billionth of all phenomena in the cosmos (Ludwig in Brüggemann 1993).

Through Einstein’s equation, some vibrational aspect of human existence can be defined as a human energy field. The human energy field is part of the earth energy field,

Chapter 2

Literature Review

Applied kinesiology, while practised by a large body of therapists over the last 30 years, has to date accumulated mostly clinical data. The phenomenon of indicator muscle change, which is the keystone of applied kinesiology, has not been extracted from the clinical context and observed in an experimental setting.

Only a few research articles on indicator muscle change were available. Therefore, other fields of literature dealing with traditional manual muscle testing, acupuncture, and imagery and related to the specific research topic of this book were also reviewed. They are discussed in the three sections of this chapter.

The first section contains information on the history of manual muscle testing and the discovery of the phenomenon of indicator muscle change. Applied Kinesiology textbooks, workshop manuals and research papers were reviewed in relation to characteristics of the phenomenon. An overview of the current quality and content of information on the phenomenon is given.

The second section discusses the effects of acupuncture on muscle performance and gives an overview of current theories about how acupuncture works. Of particular interest was the bioelectric theory, as it provided background information for the magnetic stimulation of acupuncture points used in the experiments discussed in Chapter 4.

The last section of this chapter reviews current information on the practice of imagery and motor performance. This
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Epistemology</td>
<td>The branch of philosophy that deals with the varieties and grounds of knowledge.</td>
</tr>
<tr>
<td>Human energy field</td>
<td>The vibrational aspect of human existence which can be defined by Einstein’s equation: $e = mc^2$.</td>
</tr>
<tr>
<td>Indicator muscle change</td>
<td>The transient loss of isometric muscle strength during manual muscle testing.</td>
</tr>
<tr>
<td>Indicator muscles</td>
<td>Muscles used to detect and correct imbalances in the human energy field.</td>
</tr>
<tr>
<td>Kinesiologist</td>
<td>The person using indicator muscle change as a biofeedback method.</td>
</tr>
<tr>
<td>Lived experience</td>
<td>The way in which people understand themselves, other people and things through living their life.</td>
</tr>
<tr>
<td>Meridians</td>
<td>Energy gridlines described and used in traditional Chinese acupuncture.</td>
</tr>
<tr>
<td>Methodology</td>
<td>The branch of knowledge that deals with method and its application in a particular field.</td>
</tr>
<tr>
<td>Mu-front points</td>
<td>see ‘Alarmpoints’.</td>
</tr>
<tr>
<td>Ontology</td>
<td>Study of being, study of metaphysics which relates to the nature of essence of being or existence.</td>
</tr>
<tr>
<td>Qualities</td>
<td>A qualitative category which refers to attributes assigned to lived experience.</td>
</tr>
</tbody>
</table>

which is part of the universal energy field. Humans display an energy pattern which identifies them specifically as humans and not a cat, a tree, or any other part of the earth. This energy pattern is an interference pattern (hologram) of different vibrational levels from the earth’s energy field and the universal energy field (Becker and Selden 1987, Capra 1990, Chopra 1990, Sheldrake 1983, Talbot 1992, Wilber 1988). Some dynamics of these forces can be described by the characteristics (in the electromagnetic realm) of charge and current. Conduction and induction are an expression of the vibrational qualities of resonance and interference.

In vibrational medicine, the different vibrational levels of the human energy field are known as ‘energy domains’. They consist of fields with common vibrational characteristics. Traditionally, they have also been described with words like ‘light body’, ‘spiritual body’, ‘mental body’, ‘emotional body’, ‘physical body’.

Every material thing (matter) is in constant energetic interaction with all other things on the planet and with forces which are normally not perceivable by human consciousness. This interaction creates a certain resonance in a person’s energy field. This resonance can be experienced by the conscious mind as harmonious and pleasurable (dynamic equilibrium) or as disharmonious and diseased (Prigogine and Stengers 1984). Indicator muscle change is a means of making those forces visible. It provides a new way of caring by facilitating awareness of vibrational forces and their effect on the physical body.

At the end of the 20th century, science has externalised many of the matter–energy interactions. The functioning of fax machines, telephones, radios, and computers for example, are proof of the interfering effects of electromagnetic forces on matter invisible to the human eye and difficult to detect by other senses. But, unfortunately, the prevailing view about human beings remains as a concept
from 17th century physics. Science looks upon human beings predominately as biomechanical and biochemical entities which display a certain structure and function. Consideration of electromagnetic forces creating and interfering with this entity is neglected.

Until recently, Western scientists, due to their self-definition based on Newtonian physics, mainly focused their attention on that part of reality which displayed itself in form of ‘matter’. Biotechnology and biochemistry have been heavily promoted for the care of human beings. Millions of dollars are spent to buy and maintain expensive diagnostic devices. According to Goodheart: “The system has increased to such a point of dependence, exploitation, and impotence that a great deal of frustration is being experienced by people” (in Thie 1987, p. 6).

The simple, mostly non-invasive and cost-effective methods used by healers and traditional medicine for millennia to care for people were discarded because of the visible success of repairing physical structures by biotechnological and biochemical means. But at the end of the 20th century, many of the current human maladies are not ‘fixable’ with drugs or surgical procedures.

Therefore, it is time to recall the ancient wisdom and knowledge. Human perception of a physical body is like a snapshot of a river of energy constantly in flux and dynamic exchange with the universe. Pain and disease are signs of disharmony and disturbance in this flow. In my experience, these disturbances are often not immediately apparent on a physical level due to the inertia of matter. I also agree with Brennan (1994) that signs of disease are often detectable on an energetic level years before they manifest on a physical level.

The healer with his/her own vibrational healing gifts and tools, such as kinesiological muscle testing, creates an experience of indicator muscle change would enhance a person’s perception of reality and, if so, in what way. Based on the results of the investigation an epistemological concept would be presented for the discussion of the phenomenon.

**Explanation of Key Terms**

The main key terms central to understanding the study are supplied herewith in alphabetical order:

- **Alarmpoints** are called ‘mu-front points’ in traditional Chinese acupuncture and are located on the front of the trunk. They are associated with the internal organs of the body. They are seen as rally points for energy for those organs.

- **Applied kinesiology** The method using indicator muscle change to detect and correct imbalances in the human energy field.

- **Aspects** A qualitative category referring to parts of the phenomenon which are illuminated through qualities.

- **Being in the world** How people are inexplicably immersed in their everyday realities and, through that immersion, understand themselves, other people and other things.

- **Energy domain** Part of the human energy field with common vibrational characteristics.

- **Epistemics** The branch of science that deals with knowing and understanding.
had demonstrated already a connection between muscle performance and acupuncture treatment (see Chapter 2).

Another promising topic was the link between emotional states and indicator muscle change. The use of internal imagery to enhance muscle performance is well established in sports psychology. Additional evidence between bodily functions and emotional states comes from successful treatments in psychosomatic medicine.

Therefore I decided to use acupuncture channel stimulation and internal imagery as stimuli to explore their effect on indicator muscles. The aim was to ascertain if these stimuli, found through clinical experience of the kinesiologists, could be quantified in creating indicator muscle change in an experimental setting.

The second question was investigated using qualitative methods. The aim was to describe the phenomenon from the clients’ perspective. This part of the research would give an account of the client’s view of the phenomenon and their appraisal of the experience in caring for themselves. The intent was to determine whether kinesiological muscle testing enhances a person’s perception of reality and, if so, in what way.

The aim of the third part of the book was to compare the data found in the quantitative and qualitative sections of the research, and generate an epistemological frame of reference for the discussion of the phenomenon.

To summarise, the purpose of the study was to investigate the phenomenon of indicator muscle change from different perspectives and in different settings. Quantitative methods were used to examine the question: What parameters are involved in creating the phenomenon of indicator muscle change and influencing the outcome of a manual muscle test? Qualitative methods were applied to determine if the interface with the client to change the client’s disturbed energy field. Vibrational healing helps the client to adjust his/her energy field back to a harmonious flow. In that context, indicator muscle change can be seen as a biofeedback tool to assess imbalance in the human energy field. It can be a tool for releasing the power within a human being to self-regulate, self-heal and re-balance. It is an easily available, inexpensive method of caring for and communicating with patients.

In summary, caring for human health is a social-cultural behaviour generated by the spirit of human beings to maintain their well-being. The epistemological focus of Western society to date describes living organisms predominately in pharmacokinetic terms derived from 17th century Newtonian physics. This view is incomplete because it neglects the energetic part of human existence. The pharmacokinetic approach to health care needs to be extended and the energetic part of human existence needs to be taken into account. Functional parameters such as the phenomenon of indicator muscle change are tools readily available for assessment of (some aspects of) this energetic part. In combination with the simple and cost-effective methods of traditional healing, they provide powerful means of caring for people’s health.

Conclusions and Implications for Further Research

This study suggests that the phenomenon of indicator muscle change is a functional parameter connected with disturbance in the human energy field. Indicator muscle change can be easily detected by a trained therapist and the associated assessment process used as a biofeedback tool to monitor aspects of this field. From the clients’ perspective, indicator muscle change was seen as an
educational means to learn to take better care of themselves.

To date, expensive equipment and high-technology investigations are costing the public millions of dollars. Even though technological advance has been advantageous, it is the contention of this researcher that it is time to remember humanity’s very simple and cost-effective methods of diagnosis and health care, traditionally applied by healers and known empirically as effective for millennia.

A significant number of Australians are seeking advice from traditional health care practitioners such as chiropractors, herbalists, acupuncturists, and massage therapists (Medicare Benefits Review Committee 1986). The Bulletin published that “… 30% of Australians see a natural therapist and 60% take a natural therapy which includes vitamins” (Ragg 1993, p. 48). Despite these figures, the current research focus and funding supports, predominantly, the investigation of high-technology methods. In my view, health care research needs to be balanced by fostering investigations concerned with traditional healing procedures, such as herbalism, acupuncture, body work, mental practice, applied kinesiology, and all the vibrational healing methods, for example, homeopathic, Bach and bushflower therapies, colour therapy, sound therapy, aromatherapy.

Indicator muscle change is a relatively newly discovered phenomenon and has been used by health carers for the last 30 years. The scope of this study allowed only a small area of a multi-determined phenomenon to be explored. But it is the hope of this researcher that this study will inspire other researchers to work in this field.

Many questions remain unanswered. However, the results of the quantitative experiments undertaken in this study revealed that kinesiological muscle testing monitors a subtle loss in neuromuscular integrity due to stressful stimuli. The

Aims of the Study

Revising the literature in regard to the occurrence of indicator muscle change there were two questions outstanding to be answered:

1. Was there a linear cause - effect relationship between certain stimuli and the occurrence of indicator muscle change?

2. What do clients think about the use of indicator muscles in their health care?

The purpose of the study was to answer the above questions. The different scope of the two questions would provide an investigation of the phenomenon from two different angles. Quantitative and qualitative research methods could be used further explore the phenomenon.

The aim of the quantitative part was to contribute to the topic of a cause-effect relationship between certain stimuli and the occurrence of indicator muscle change. The clinical reports of applied kinesiologists gave evidence that structural imbalance in body tissue, disturbance of the acupuncture channel system (Goodheart in Walther 1988, Thie 1987, Dewe and Dewe 1994), emotional and mental disturbance (Diamond 1990, 1992, Dewe and Dewe 1994), environmental stressors such as biocidal food and pollution (Dewe and Dewe 1994) can cause indicator muscle change.

Controlled studies had been undertaken only in relation to nutrients (Rybeck and Swenson 1980, Jacobs 1981, Triano 1982). A study to evaluate the relationship between acupuncture point stimulation and indicator muscle change seemed promising to me, as research from other disciplines such as sports physiology and traditional Chinese medicine
From these studies it appeared that indicator muscle change might be associated with the phenomenon of Chi. Teachings in the martial arts propose that Chi accompanies all movement in the body. Chi can be enhanced by the integration of body and mind and improve the ability of a muscle to resist a bending force. “From ki, the real substance of the universe, came movement and calm, joining and breaking apart, tensing and slackening, and many mutual actions which gave the present universe its form” (Tohei 1992, p. 20).

From the Eastern perspective, the strength of bodily movements is linked to Chi. Therefore it was reasoned that the transient loss of muscle strength in an isometric manual muscle test might indeed be an indicator of stress in the human energy field. The disturbance of Chi could present as a functional, transient loss of isometric muscle strength.

Taking all the above aspects into account I approached indicator muscle change in my research as an essentially dynamic process which manifests as a repeatable, consistent behavioural pattern of muscle performance. Indicator muscles can be used to detect stressful stimuli which elicit a loss of isometric muscle strength, whereas certain biogenic foods, healing touch techniques, acupuncture, and emotional work can enhance isometric muscle performance.

In the last 30 years, the use of indicator muscle testing has been found useful by a wide range of health care professionals such as chiropractors, physiotherapists, massage therapists, natural therapists, homoeopaths, medical doctors, dentists, sports trainers, school teachers and psychologists. Therefore, the investigation of the phenomenon of indicator muscle change and its effect on patients will be of interest to many people and potentially of great benefit to the community.

level of social generality of the views voiced by the participants in this study can not be determined. However, the interviewees acknowledged the positive effect of indicator muscle testing in enhancing their perception of reality. Therefore, it can be concluded that the theme was worth investigating because of its positive potential in health care.

Further research inquiries related to the phenomenon could address the following clinical areas:

- Will the distinction between concentric and eccentric testing enhance the use of indicator muscle change in a clinical setting?
- What importance does the baseline occurrence of the phenomenon have for a clinical setting?
- What parameters might be influencing the baseline occurrence?
- Is there a consistent pattern of the phenomenon in certain diseases?
- Can therapists improve client satisfaction and cost-effectiveness in health care by using the phenomenon as an assessment method and biofeedback tool?

Other areas of interest are neurophysiological and humoral parameters which might be congruent with the appearance of the phenomenon. Neurological parameters like stretch reflex activity, patterns of motor unit recruitment, nerve conduction times, and bioelectric activities during the electromechanical delay preceding concentric contraction could be monitored during testing of ‘weak’ and ‘strong’ indicator muscles. There might be some significant alterations in skin resistance.

Humoral parameters related to aerobic and anaerobic muscle metabolism or the higher control centres of muscle activity like the hypothalamus might be too inert to reflect
the transient loss of isometric muscle strength during a manual test but need to be considered nevertheless.

Closing Reflections

The study showed that indicator muscle change is a facet of human perceptive potential which can enhance experienced reality. As a functional parameter of neuromuscular integrity, it can reflect parts of the human energy field which are not easily detectable by mechanical or electronic devices. It can be a cost-effective biofeedback tool in the hands of a trained therapist, complementing other diagnostic methods. Western society promotes, predominantly, high-technology and expensive devices for observation. However, humans carry within themselves a perceptive potential which is often disdained.

In closing, I would like to share Richard Gerber’s hopes, which he expressed in his book *Vibrational Medicine* (1988, p. 322):

“If more health care professionals can begin to acknowledge and activate their innate healing potentials, the nature of our cultural healing institutions will begin to radically shift. As the New Age approaches and more scientists and theologians begin to readdress the painful schism between the material and spiritual dimensions of human existence, our civilization will begin to move forward toward a greater understanding of health and illness from a truly multidimensional perspective.”

the integrative process of the central nervous system is still poorly understood. Nevertheless the feedback loop model is helpful in approaching the phenomenon of indicator muscle change.

It can be reasoned that the transient loss of isometric muscle strength is a result of a disturbance in the feedback loop system. The system does not allow for enough adaptability to facilitate the specific task. This might be due to the fact that the full scope of the setpoint is diminished or that the integrative ability of the central nervous system is compromised. The feedback loop model provides a general theoretical frame for the physiological aspects of indicator muscle change.

In my search for a theoretical model of my investigation I also studied the Eastern medical theories. In their view the physical body is an energy field, maintained and nurtured by a unique cosmic substance. This substance is described by Eastern medical thinkers as ‘Chi’ (also spelled ‘Ch’i’) in China, ‘prana’ in India, and ‘ki’ in Japan. Chi is responsible for the physical integrity of a human being. The nature of Chi is described in the following poem:

“Because the eye gazes but can catch no glimpse of it,
It is called elusive.
Because the ear listens but cannot hear it,
It is called rarefied.
Because the hand feels for it but cannot find it,
It is called infinitesimal.
Its raising brings no light;
its sinking no darkness.
It is called Chi.”  (Pike 1991, p. 3)

Chi is referred to as an intrinsic energy or life force in the natural world.
themselves. He demonstrated on hydras that their regeneration process could be reversed by disturbing their body polarity. An electrical "current strong enough to override the creature's normal polarity could cause a head to form where a tail should have reappeared". (Becker 1985, p. 83). In consecutive years researchers showed that all vital processes in the organism are accompanied and influenced by electromagnetic phenomena (Becker 1972, 1974, 1985). Such phenomena account for many relationships and integrational forces in the living organism (Ludwig p.200ff, in Brügemann 1993).

For the investigation of the phenomenon of indicator muscle change it was therefore important to preserve as many of the fundamental dynamics in which the phenomenon occurred. The research methodology discussed further in Chapter 3, allows an investigation of the phenomenon of indicator muscle change in which as many of the fundamental dynamics of the occurrence of the phenomenon will be preserved.

In reasoning about the occurrence of indicator muscle change I found the concept of feedback loops in the physiology of homeostasis also of some theoretical value. Feedback loops consist of a controlled variable, a set point, a sensor, an integrating center, and an effector. This feedback loop system can be applied to muscle action in the following way.

Muscle action is dependent on the coherent function of the neuromuscular system. This implies that the feedback loops controlling this function are healthy. In a coherent muscle action muscle tonus would be the controlled variable. The sensory nerve fibres would be the sensors. The extrafusal muscle cells and the muscle spindles would be the effectors. The setpoint and the integrating center would be located in the central nervous system. What determines the scope of the setpoints for muscle action, as well as the subtleties of

REFERENCES


...much sense in illuminating underlying biological processes (see Literature Review in Chapter 2).

Part of the dilemma was the lack of theoretical concepts in Western medical sciences, which could give some explanation for the occurrence of the phenomenon. The pharmacokinetic approach of traditional medical science which is based on Newtonian physics does not provide a workable theory for phenomena such as indicator muscle change. Fridjof Capra (1982) was the first wide-read critic of the Newtonian view of biomedical science. In his books “The Tao of Physics” and “The Turning Point” he stated that the Newtonian laws on which most of the current scientific reasoning is based, do not describe a complete picture of reality. In his view Western medical science had concentrated too much and too long on the machinelike properties and pharmacokinetic characteristics of living matter, thus neglecting organisatorial and integrative forces in living organisms.

He proposed a “systems biology” which takes into account that living organisms are complex webs of interrelations between sub-units. In this way they represent a whole system with specific characteristics arising from the interactions and interdependence of its parts. He states “What is preserved in a wilderness area is not the individual trees or organisms but the complex web of relationships between them”... “Although we can discern individual parts in any system, the nature of the whole is always different from the mere sum of its parts.” (Capra 1990, p 287) In his systems-based, wholistic approach to life he promoted a vision beyond the mechanistic world view of Newton and more consistent with findings of modern physics.

With regard to the nature of organisatorial forces in living organisms, it was as early as 1920 that Elmer J. Lund of the University of Texas found that electromagnetic forces played an important part in how living organisms arrange
various reflex points on the body (Goodheart in Walther 1988, p. 2ff).

These observations provided clinical evidence for the following propositions:
1. Poorly functioning muscles and structural imbalance can be corrected by means other than exercise programs.
2. Functional change in muscle performance during a manual isometric muscle test can reveal imbalance in the human energy field.

These propositions suggest a new approach in health care management. For health care professionals involved in the improvement of structural dysfunction and disabilities such as physiotherapists, chiropractors and orthopaedic surgeons, it is suggested these propositions would broaden their therapeutic concepts beyond the common biomechanical models. The second notion provides all other health care professions with a cost-effective biofeedback tool for use in conjunction with the standard clinical and laboratory methods. This might help to achieve a greater understanding of the patient's health problems and generate new ways of helping the patient.

My interest in the phenomenon of indicator muscle change arose from my involvement as an orthopaedic surgeon and osteopath in the manual healing arts. In my role as a health carer as well as being a client, I experienced the phenomenon as an effective tool to bring unconscious stress patterns into conscious, physical reality.

To my surprise scientific documentation of the process was sparse. Most of the knowledge about indicator muscle change was distributed in anecdotal form based on clinical observations of the therapists. The available literature on the theme of indicator muscle change did not make


Chapter 1

General Introduction

The Background to the Study

The manual assessment of muscle performance is one of the tools by which the clinician evaluates the capacity of the human body to produce movement and physical activity. The principles of manual muscle tests were first described by Kendall and Kendall in 1949. Since then several authors have further developed the science and art of manual muscle testing. Janda (1983), Daniels and Worthingham (1986) and Cole et al. (1988) refined the joint positions for testing different muscles and introduced numeric grading scales for the evaluation of muscle action.

In the early nineteen sixties, George Goodheart, a chiropractor from the US, added a new dimension to manual muscle testing. He observed that sometimes a muscle would test weak with no apparent reason for the weakness. Then the muscle would regain its normal strength in a consecutive test. This transient loss of muscle strength was interpreted as a functional condition. Therefore, Goodheart and his team suggested that manual muscle tests could have a broader application than the common biomechanical interpretation. They supposed that muscle tests could be used to detect dysfunction of other body systems. The term ‘indicator muscle’ (IM) was introduced to describe such a muscle. The use of indicator muscles is known as ‘applied kinesiology’, or ‘specialised kinesiology’.

In addition, Goodheart observed that dysfunctional muscles which could not be improved by the numerous exercise programs implemented by chiropractors and physiotherapists would sometimes improve by massaging
In Chapter ten an epistemological frame of reference is presented to discuss the phenomenon of indicator muscle change. Indicator muscle change is explained in the context of Einsteinian physics. Einstein’s equation \( m = e \cdot c^2 \) implies that humans are energetic entities because of the existence of their body mass. In this thesis the energetic side of human existence defined by this equation is referred to as a human energy field. In this context it was reasoned that indicator muscle change can be seen as a functional parameter useful to monitor disturbance in the human energy field, and provide a bodily experience of different levels of the human energy field.

In making therapeutic choices the rational knowledge about the effectiveness of different available therapies is tossed up with a creative spoon of intuition to make a decision that is best for the individual patient. Indicator muscle testing gives this process a new dimension and this book might give you some answers in what way.

Anna E Rolfes, Newrybar 12 May 1997


opposite direction than examiner A. This might be due to random error but it implies that this data is non-conclusive and further studies need to be conducted to determine random and non-random occurrence of the phenomenon during mental imagery. Furthermore the investigation showed that there is a baseline occurrence of the phenomenon under experimental conditions. This baseline occurrence was significantly altered through the interventions of meridian sedation and emotional challenge. However, it is important to note that this baseline occurrence of indicator muscle change might take place in a clinical setting also, and produce error.

Chapter six contains the transcripts of the interviews with ten people who had experienced indicator muscle change as clients in a therapeutical setting.

Chapter seven to nine gives an evaluation of the interviews. It revealed that witnessing the phenomenon was seen by the participants as an educational tool about their reality. In feeling the body responding to different stimuli they became aware of an aspect of themselves which normally went unnoticed. Through this awareness they could access their intuition and connect with their inner being, thus bridging the gap between body and mind. The participants concluded that the method enabled them to quickly shift their perception to problem areas connected with their health and showed them ways of improvement. By experiencing the phenomenon they could learn to take better care of themselves and make healthier choices in their lives. They saw the procedure as a wholistic approach which involved them more in their own healing process. However, presuppositions, fears, and mental concepts were seen as limiting the experience. The kinesiologist was seen as an essential attribute to the experience. The practitioner’s expertise and the client’s trust in this expertise combined with the tool indicator muscle change facilitated the clients’ change in perception and broadened their experience of reality.
For the reader's convenience ...

... I would like to give an overview about the chapters in the book. Chapter one and two give a background and general literature review of the theme.

Chapter three to nine contain the actual research, which explored the nature of the phenomenon of indicator muscle change with a mixed methodology.

Chapter four discusses the double blind study. The hypothesis that muscle performance was altered in triceps brachii and latissimus dorsi when the energy system in the associated spleen meridian was weakened via magnets was tested. Three groups of healthy students were tested by two different examiners. Data was evaluated using multilevel modelling. The evaluation of the data revealed that muscle performance was significantly altered during magnetic stimulation of the sedation point of spleen meridian compared to placebo. A significant increase in indicator muscle change occurred in triceps brachii (p 0.001) and lat. dorsi (p 0.010) during northpole stimulation. Southpole stimulation elicited only in triceps significant results (p 0.020). An effective stimulus-placebo combination was found to alter muscle performance under double blind conditions.

Chapter five reports the blind studies which were conducted to ascertain if negative emotional attitudes will elicit indicator muscle change in triceps brachii and lat. dorsi. The hypothesis that a mental activity related to an anxiety theme will alter muscle performance in the above muscles under blind condition was tested on three groups of healthy students by two different examiners. Data was evaluated using multilevel modelling. There was a significant increase in indicator muscle change during mental activity focussing on an anxiety theme for lat. dorsi (p 0.009). For triceps the results were also significant (p 0.033). However, there was a tendency for examiner B to have an interaction term in the


Preface

As an orthopaedic surgeon and osteopath I cared for people with chronic and degenerative diseases for many years. Despite the therapeutic successes of replacing joints and the availability of powerful drugs, there was nevertheless a large group of people who needed a different type of care. They responded well to tactile therapies, herbs, homeopaths, acupuncture and electrotherapy.

Medical science provided some theoretical framework for the understanding of the effect of herbs on human wellbeing. But the positive results in some of my patients through the application of homeopaths and acupuncture were enigmatic. I wondered about the reasons for this, which in turn led me to the part of human reality which is not addressed in the medical curriculum: the ten thousand feet of space between a nucleus (given the diameter of the nucleus is enlarged to one foot) and the orbit of an electron in the atoms of the cells in our bodies.

I didn’t have the words yet, but I was sure that some fundamental aspect of human reality was happening in that space, and no-one would or could talk about it. By that time I was introduced to indicator muscle testing. From first encountering the method, to working with it for some years my interest grew to further explore this phenomenon as it seemed to provide some doorway into the non-physical aspects of human reality.

I therefore designed a PHD-research project to explore the nature of the phenomenon of indicator muscle change. The results of this study are presented in this book.
Foreword

In choosing kinesiological research as the subject of her book Anna embarked on a project of considerable complexity. The difficulties inherent in undertaking such work may not be obvious to those who are unfamiliar with the underlying principle involved. Anna has attempted to assess one paradigm with the tools of another. Modern medicine employs the classical Newtonian scientific method in its reductionist approach. Kinesiology is a paradigm embedded in Vitalism. The latter is congruent with the so-called “New Physics”. Orthodoxy and Vitalism both have their place, as indeed do Newtonian and New Physics. With true understanding of both philosophies, as is demonstrated by the growing number of medical doctors who employ or support aspects of vitalism and the movement of naturopathic colleges to incorporate in-depths health science studies, much may be done to enhance the quality of health care.

However, even within the school of Vitalism, Kinesiology is considered a new player and viewed with some reservation in certain quarters. Anna’s work in carrying out a classical study based on the “scientific method” which has itself come under severe criticism within medical circles, with a “fringe” natural healing modality, must in this light be considered both highly ambitious and very courageous. The fact that the results of the study demonstrated sufficient statistical reason for further scientific investigation of Kinesiology, is very welcome indeed. This book helps to demystify some of the most basic concepts of Kinesiology. This may be the very stimulus to motivate more people to explore and practise Kinesiology as the whole body-mind experience that it is.

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Acknowledgments

I wish to express my thanks to my patients and students from whom I have learned so much over the years.

A special thanks goes to Parajat Wismer, Joan and Bruce Dewe, Toni Gratton, Charles Krebs, Ritt Utt, and John Thie who introduced me to indicator muscle testing and its fascinating applications.

It is to the support of my research at the Faculty of Health Sciences, Southern Cross University by Roger Bronks, Beverley Taylor, and Sandra Speedy that this book owes its existence.

I would like to extend my sincere thanks to Veda Turner, Carol Hartman, and the participants of the study who generously donated their time to make it all happen. I am indebted to Lyndon Brooks and John Page for their statistical advice and Keith Maitland who helped to fund a computer.

And last but not least, this book could not have happened without the love and support of my dear friends Harriet Clutterbuck and Megan Mathews who helped me come to grips with the English language.

To everyone else who assisted, thank you.
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About The Author

Anna was born in Germany in 1951. She was educated at the Universities of Mainz and Heidelberg/Germany graduating in medicine in 1975. She practised medicine until 1991 with a specialist degree in orthopaedic surgery and osteopathy.

Further studies into tactile therapies, acupuncture and homeopathy awakened her interest in vibrational medicine. The metaphysics of the traditional healing modalities in the West and East gave her an understanding of vibrational phenomena and the interconnectedness of human beings with all life on earth. Her exploration of New Physics enhanced this understanding.

Anna holds a MD in Social Medicine from the University of Heidelberg/Germany and a PHD in Health Science from the Southern Cross University in Lismore/Australia. Her Interest in musculoskeletal medicine led her to the Specialised Kinesiology Modalities.

Since 1976 she has taught subjects of medical science. In recent years she has also been teaching vibrational healing. In her workshops and lectures for health care professionals she guides participants to different levels of consciousness to offer practical experience of vibrational principles in the healing process.

Anna is currently living on the East Coast of Australia and works as a Kinesiology and Natural Health Care Consultant in private practice.

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