

pixabay – equanimity-balance-enlightenment-1407928/.jpg

# The Role of Verbal Communication in Kinesiology Practice

by Sue Dawson

***Sue Dawson reflects on how verbal communication has become an increasingly important component of her work as a kinesiologist.***

All kinesiologists have in common the use of Indicator Muscle Change (IMC) to guide the way we work with clients. IMC is one way our clients communicate with us. Communication is a key to the efficacy of a Kinesiology session. Just as each client presents as a unique individual, so each kinesiology practitioner has their unique application of their training and experience. We will each bring our individuality into our way of working. The “field” that is thus created is the combination of practitioner and client and it is in this “field” that we communicate in various ways with the client. One aspect of communication I want to explore in this article is how I verbalise aloud and involve the client as much as possible in the balance. For me, after more than twenty-five years of developing my practice, this is the most satisfying way to work. I can use kinesiology corrections and insights gained through IMC, plus somatic psychotherapy and counselling to create a collaborative relationship which supports, empowers and educates my clients. In my experience, further training in these areas has been an excellent adjunct for my kinesiology career, giving me extra tools to make my practice more complete.

Client feedback and research demonstrate that Kinesiology communication can identify the imbalance in the client’s body-mind which has resulted from client’s dis-stress, dis-ease or pain. Objectively, Rolfes (1996) demonstrated validity of the phenomenon of IMC and Dawson (1999) demonstrated the significant reduction in pain and stress from Kinesiology treatments. In both studies, clients and practitioners recorded

their subjective experience of how things had changed. For example: “*She [the client] is now able to use her feelings to move through situations using them as a trigger for awareness*”. Also, “... *enabled layers of subconscious not readily accessed to be peeled away, allowing the conscious mind to react in a pro-active way to information received.*”

A basic principle of Kinesiology is that correcting imbalances supports the client to heal. While training in kinesiology I was introduced to working with IMC both silently and testing aloud involving the client. I appreciate that according to the work at hand, and the practitioners preferred work style, both are beneficial. In fact, for some very anxious and traumatised clients initial silent corrections may be more supportive, until the client builds the resilience to tolerate the opportunity that insight and mindful awareness may bring. Or on the contrary, some (and I have experienced this) may find the very act of laying on a massage table and the simple beginning use of IMC, overwhelming and want to stop the process.

I remember with gratitude (and some amusement) that in one of my Kinesiology trainings, we were asked to stand on one leg to show how balanced we could be. As the least balanced person in the room, I became the guinea pig for the correction being taught. To this day, I can now gracefully stand on one leg, however the kinesiology trainer did not say a thing to me. All our communication was coming through IMC. The IMC and correction “communicated” to my mind-body what was needed and now I can stand on one leg!

Conversely, on occasion I have found it difficult to correct Deep Level Switching (DLS) with digitals. Yet, now I find that

when working with the client, exploring the significance of a word or words tested from an information chart, such as the Amygdala Emotions or the Behavioural Barometer, as well as Frontal Occipital (F/O) holding, resolves DLS easily and meaningfully. From this, and from my own experience teaching kinesiology and many hundreds of client sessions, I can understand why kinesiology might seem like magic to onlookers.

Prior to becoming a Kinesiologist, my professional communication in nursing and midwifery involved a lot of talking and active listening to my patients. I was endeavouring to understand their needs, to explain my role and make clear the hospital practices and processes. My patients and I often had to overcome language barriers, unfamiliar hospital jargon and medical terminology. As well, the situation was often exacerbated by cultural differences. In fact, particularly as a midwife, I came to know that without clear understanding in many situations, there was not sufficient empowerment and unsatisfactory outcomes occurred that otherwise, I believe, might have been avoided.

As a result of my changing awareness, I trained in many forms of kinesiology and related modalities; in effect, I spent years learning different forms of communication more focused on creating client awareness and understanding. This enabled me to increase my knowledge and skills, often with amazing client outcomes, and hence to find greater satisfaction in my work.

While practising and teaching as a Kinesiologist, I witnessed clients and students gain many wonderful (and sometimes painful) insights, leading to a greater understanding about themselves and their life. This has enabled them to see how the "story" of their life has led to their "now", the feelings, emotions, beliefs and behaviour that result in "stuckness", pain, difficulty with communication and expressing and resolving grief.

I use the communication from IMC and the client's story, explaining, communicating and referring to the client for feedback on what is their perception around this information, and what is the reality of what is happening in the session for them. Often this feedback has come in the form of tears or greater realisation.

Communication from IMC, and between Kinesiologist and client, can create healing with mindfulness. Martinez, (2014) states, "Research in psychoneuroimmunology and contemplative psychology shows that the simple action of focusing attention on an affected area can reduce pain and inflammation there, accelerate wound healing, stabilise heart rhythm, and increase brain wave coherence" (p. 19). Working with new information and changed emotional and mental perception, clients gain greater awareness and many are able to create and maintain new choices and changed behaviours.

However, after many years of working with clients, communicating and using IMC, I could see that there were people who were not able to gain the benefits that many others had, and I was unsure what to do for them, from a Kinesiology perspective. These clients needed help, they had clear symptoms of trauma or other distress and many had stories of abuse playing out in their daily lives. Knowing how effective Kinesiology can be, I wondered why the work we had done was not enough for them to heal. These clients sometimes experienced states

of upset or agitation from what their IMC had identified, during or after a session and sometimes did not return. According to Van der Koik "what makes life unbearable is not emotions but physical sensations." (Andrews, 2011).

So I felt I needed to add to my skills and, as I had always had an interest in Somatic Psychotherapy with its focus on the body-mind, I undertook training in that discipline, as well as Family Constellation work. This gave me additional insights and skills which, combined with my Kinesiology skills, allow me to educate and empower clients with greater understanding and mindful awareness, to achieve improved body-mind balance.

My somatic psychotherapy training further supported my understanding that our experience of ourselves in the world is created in an "intersubjective" space. Wikipedia defines "intersubjectivity" as a term used to represent the psychological relation between people (<https://en.wikipedia.org/wiki/Intersubjectivity>).

We do not exist in isolation. Our intersubjective experiences and the sense we have made of these experiences inform us in our world. Research supports the belief that the impact of relationships and those experiences have helped create the dis-ease with which clients present (Scaer, 2014, p. xvi).

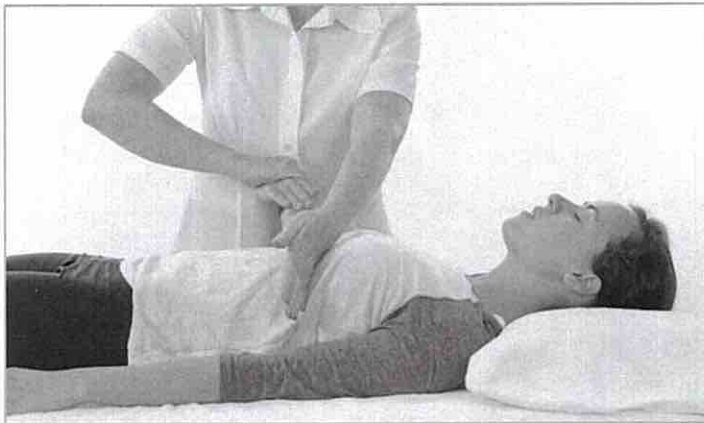
This is a very important point – trauma is usually experienced in that intersubjective space. It is not just the internal body-mind that needs to be in balance but as trauma is experienced in an intersubjective space it is in a psychological relationship that healing can occur. This strongly resonated with me and caused significant reflection on my practice with my traumatised clients who could become easily agitated, highly sensitive or even aggressive and who sometimes did not come back. The question that arose was about how to create even more safety and always be aware of my communication with the client.

So, how does this change my understanding of communication? When the kinesiologist and client work together they communicate through the "complex field that is created when two or more individuals with their unique subjectivities come together" (Bulrski, Haglund, 2001, p. 4). I came to form my opinion that communication by the kinesiologist, both verbally and with IMC, is paramount to enabling the more deeply traumatised clients to gain insights and heal.

My practice now focuses on working with people who present with trauma, relationship issues, attachment trauma, grief, as well as prenatal or birthing stress. These clients are easily triggered. Often at a deep level, to them other people are not safe to be around until they have secured the boundaries they need to ensure their safety.

In my early kinesiology experiences as a client, I noted that when I was lying on a massage table with minimal verbal communication I felt excluded, I had to leave it to the experts. Although that may be effective, it reflects a specific relationship with the Kinesiologist as health practitioner "treating" the client in the same relationship as a more body-centric therapist might. Knowing that 'in relationship' is where and when body-mind trauma occurs, explains to me that if a deeply safe, integrated relationship can be maintained with the practitioner then healing of that trauma can occur. It takes time, sometimes a lot of time, but these clients do tend to come back.

If silent IMC testing can and does lead to many positive outcomes, the question might be rightfully asked, "Why am I writing about the importance of taking time in a session to verbalise the clients increased awareness and focus on the kinesiologist / client relationship?" Based on my experience of over 25 years and with many hundreds of clients, my answer would be that some clients with previous trauma may easily become overwhelmed, may lose that sense of safety, experience a loss of empowerment by seeing the kinesiologist as "the authority" with arcane knowledge and IMC as "magic". Those clients may believe that kinesiology is not safe for them and find reasons not to return. It is also possible, that explanations from the kinesiologist, where the client has not been involved collaboratively may "miss the mark" and lead to further trauma.



Dreamstime 27348043

To feel safe is one of the most basic needs. I mused about this and considered the link between adult traumatised clients and Attachment Theory (Lotti, 2004, Karen, 1994) which describes how the infant brain is sculpted by their first interaction with caregivers and how this style is reflected in how a person approaches future relationships. If a primary caregiver is not "securely" attached – perhaps they are "anxious" or "avoidant" in their own critical relationships – then that anxious or avoidant attachment style can be passed on to the infant and the family. Attachment Theory talks of the need to heal such patterns through a safe, dependable relationship with caregivers. When trauma, grief, loss, etc occurs, even though the person is no longer an infant, the person's coping mechanisms may reflect their attachment style. If a person is "securely" attached they may be able to seek out and respond to help; if not secure they may act out addictive or destructive behaviours, they often feel that available support will never be enough or they will leave the support quickly if it encroaches on their perceived needs.



**Sue Dawson** (MHS Sc GradDipHA DipSomPsych, Cert Nursing Cert Midwifery) is a Level 6 KSP practising in Eltham, Victoria. She is a Kinesiologist, Somatic Psychotherapist, Counsellor, and Registered Mentor with the AKA.

Contact: 0417 338 973 [suedawson@optusnet.com.au](mailto:suedawson@optusnet.com.au) [www.emotionalwellbeing.com.au](http://www.emotionalwellbeing.com.au)

A safe and secure relationship with a trusted other can significantly support the healing process. Attachment theory calls this "earned" attachment. It usually takes time, requires the pair to tolerate frustration, repair the relationship when needed, and, if in a therapeutic relationship, for the practitioner to be closely attuned to the client. Many kinesiologists have these capabilities innately. I have found that this is one insight that is key to retaining longer-term clients.

Another way to identify and support clients who might feel "too hard to deal with" or who "might not come back," is to understand that these clients present as anxious, grieving, overwhelmed or depressed and can easily "switch off". My practice with these clients is to communicate in ways that ensure, as much as I can, that the client feels safe and feels that we are collaborating to make sense together. I explain IMC and get them to understand the body response as we use it to communicate in kinesiology. I test aloud, involving them and explaining what is going on, we make sense of what is happening together. I understand that this might take longer but the client remains safe, remains the authority and that essential empowerment fosters earned attachment through the intersubjective experience.

As Indicator Muscles (IM), I test muscles on both sides of the body in contraction, extension and "active circuit" (Stokes, & Whiteside, 1997). It is not at all unusual for only one IM to change, and I see this as a more detailed communication. The specific side that demonstrates the IMC is informative, adding more to the insight for the client. As Krebs (2007) states:

Each type of conscious brain function or process appears to have a cerebral "lead" function that is either predominantly Gestalt (Visuo-spatial, Global) or Logic (Linear, Sequential) in nature. These cortical "lead" functions provide a "point of entry" into a widely distributed system comprising many subconscious cortical sub-modules in both hemispheres and many subconscious, subcortical modules throughout the limbic system and brainstem (p. 1).

I believe that, as practitioners and clients, we all feel more empowered when we know more about ourselves and our responses. We can then use this awareness in our everyday life between sessions. Valuing a safe on-going therapeutic relationship allows clients to gain more of the benefits of Kinesiology. Communication can give us the satisfaction we gain from our work and the success of our practice. As kinesiologists, we can build satisfying long term careers and client bases that grow through referrals. Keep communicating ...

***This article is for information only. Always refer your client on to a qualified therapist if their condition is out of your scope of training.***