

ACEP

Association for
Comprehensive
Energy Psychology



THE ENERGY FIELD

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PRESIDENT'S MESSAGE



**Carole Stern,
MS, RN-C, DCEP**

Dear ACEP members,

WOW! What a conference. From the first thundering beats of the Senyru Taiko drummers to the closing meditation and everything in between. For those who attended, I hope you enjoyed being there as much as we at ACEP enjoyed putting the conference together for you. We know that there are many professional conferences to choose from and we are grateful that you chose ours. So, again, thank you for making your way to San Diego last week.

With approximately 200 first-time attendees and representation from at least 17 countries, it was an amazing conference to be a part of. Thanks to all of the first time attendees who made a point of introducing yourself to me or any of the other board members. It means so much to all of us. And we hope to get to know you better over the coming years.

I was impressed at the committee meeting attendance. You have probably heard that we have some pretty lofty goals here at ACEP; no less than to help heal the world. But we don't have to be giants to have significant impact. Each of us can have a part in seeing this dream come to fruition. We all have something to contribute. The more involved you are, the more ACEP will become your organization. I am in awe of the many people who have approached us to volunteer gifts of

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Applied Kinesiology as a Tool to Bring a Paradigm Shift in Psychology



Dapha Slonim MD

Appplied Kinesiology, or Energy Muscle Testing (EMT), has very bad reviews by psychologists. It is regarded as unreliable and nonscientific, so much so that when I recently wrote a proposal for a workshop for the Canadian Association for Integrative and Energy Therapies, I was instructed to replace EMT with "Subtle Ideo-Motor Cues." It really does not matter what you call it. What is important is that EMT should finally get its place of honor as the "Highway into the Subconscious."

Any type of psychotherapy is a language. When we practice any type of therapy, we first have to introduce and teach our patients what language we talk. This is true when we talk the language of psycho-dynamic psychotherapy: We talk ego, id, super-ego, resistance, suppression, ego defense mechanisms, etc. When we talk Jungian, we introduce the language of archetypes, collective unconscious, Self, Shadow, Anima, etc. When we speak Cognitive Psychotherapy, we introduce the common cognitive errors, and so on.

In such a way, I introduce the language of subconscious sabotage, which is to some extent parallel to Freud's suppressed materials. I also introduce a new tool in that language, which is introduced in such a way that it becomes a valid tool. This tool is the

"body language," and it is the language of Energy Muscle Testing (EMT).

The tool is parallel but far superior to Freud's "Free Association" or to Jung's use of Daniels Word Association Test to discover "Complexes." It does what "Auditing" does for Scientologists. It enables the psychotherapist to get into subconscious material within seconds, instead of putting people on the sofa for years. It also enables easily overcoming the entire issue of resistance.

I introduce the language of EMT at the first visit, after doing a formal and lengthy intake. I tell the patient that everything that is true and positive will make all his muscles strong, and vice versa, that anything that is not true, anything negative will make the body weak.

I tell my patient that EMT is their ever-present, private polygraph. By checking the strength of a muscle (any muscle), it is possible to harness the wisdom of the body to get reliable answers to almost everything. A computer is operating with a series of 0's and 1's. Likewise, the computer of the body will give a "yes" or "no" answer by either a strong or weak muscle. So, when a muscle is strong, it means "yes"; a weak muscle means "no." I tell them that the body knows more than the conscious mind. It knows more than you know you know. So by using EMT, you can

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interview the body to get important information that otherwise you won't have access to.

I explain that there are several attempts to explain it, but as always, when there are many explanations, it means that nobody knows for sure.

According to Chinese medicine, the energy flows in 14 different meridians. If the flow of the life energy (or Chi) is blocked in a certain meridian, it weakens the organs and muscles connected with this meridian.

Then I actually demonstrate it to the patient, and it always works. I don't think that it works only because of me giving the suggestion. I can state that with certainty because most patients do not believe me until I demonstrate it. Even after they experience it for themselves they remain doubtful and very much amazed.

We first start with calibration. I ask my patients to state their true name, and the muscles are rock solid. I demonstrate it with a few muscles, but I prefer to use the small muscles of the fingers. I have the person form a circle between the ring finger and the thumb and resist me when I attempt to break the circle. If that person is much weaker than me and I can break the circle, I ask them to form a circle between the thumb and the middle finger. If it's still weak, the circle is made between the thumb and the index finger.

I get a strong muscle with the true name. Then I ask them to resist me when they state a false name, and I get a weak muscle. If they are much stronger, I have them make a circle between the thumb and little finger, on the nondominant hand.

It takes a few minutes to calibrate a muscle. I am looking to find muscles (making a finger circle) that are very strong with a true name and weak with a false name. It is of note that regardless of how strong people are, 95 percent of the time it works using the circle between the thumb and ring finger.

Once I find this, which by itself is a jaw-dropper for most patients, I check the muscle with positive and negative statements, thoughts, and feelings, and prove to them my assertion that true and positive strengthens them, and false and negative weakens them. I show my patients how feelings of love and

gratitude make their muscle strong, whereas feelings of anger and jealousy weaken them.

This discovery by itself is a life-changing experience for most of my patients. It also lays the foundation for them to better accept and be motivated to proceed with cognitive psychotherapy, as it proves that choosing positive thoughts is actually desirable, because it strengthens the muscles. Once we establish that, I have all I need to use EMT to get to subconscious material.

When I check my patients with EMT to see what their subconscious has to say about

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wanting to feel better, the results often surprise them. It becomes clear to them why their condition has not improved. That's where the real treatment of their problems begins: checking what the subconscious has to say about healing.

One hundred percent of hundreds of patients I treated all had some form of subconscious sabotage to healing. Most of them were unaware of it. Most denied it but accepted it after EMT confirmed it. (Weak muscle with "I want to be happy" and strong muscle with "I want to be unhappy." By the way, I prefer the term Subconscious Sabotage rather than Psychological Reversal, as I found that my patients could better understand and relate to this term.)

I always start checking EMT with the statement: "I deserve to be happy." A weak muscle confirms for the patient that they have subconscious sabotage to get over their depression, and we proceed from there to map exactly where the sabotage is: is it related to a trauma, suppressed negative emotions, etc.

EMT became very controversial and was actually "proven" as nonscientific after a double-blind study ("A Study to Assess the

Validity of Applied Kinesiology as a Diagnostic Tool and as a Non-clonal Proximity Effect"), which was conducted by Schwartz, Utts, et al., and presented as selected paper at Para-psychological Association Annual Meeting, Seattle, WA, 17 July, 2009.

I do have some issues with this study. In my practice I make sure to first calibrate with a known answer (your true or fake name). I don't think they did in the study. I also make sure to remove subconscious sabotage. I found out if there is subconscious sabotage the answers are often unreliable. Again this was not done in this study.

Because my patients always accuse me that I am not using the same force, and because I do have a scientific mind, I ordered a hydraulic dynamometer and started experimenting with it. It did not work. It did not even work with calibration. The muscle was not stronger with my true name. It did not make any sense.

Dr. Hawkins wrote that EMT will not work with atheists, psychopaths, or people whose level of consciousness calibrates lower than 200. I indeed can confirm that EMT did not work with a few atheists and psychotic patients, but this is not enough for statistical conclusions.

It is my speculation that EMT requires human energy and human contact. We are dealing with Energy Psychology and the human biofield. So it does make sense, on an intuitive level, that it does not work with machines.

Notwithstanding the above comments, I don't find that this study is in any way relevant to the issue of using EMT as a psychotherapeutic tool. The real issue is not whether or not the body knows if things in the outside world are harmful or not. The real question is, "Does the body know things that are in that same person's subconscious?"

I submit to you that the knowledge is, indeed, stored somewhere, as evidenced by getting access to it through hypnosis. The person's body somehow "knows" whether or not there is a suppressed negative emotion or forgotten trauma and what caused it.

EMT is an awesome tool, as it eases resistance. It is also better than hypnosis, as it is a much shorter procedure, and the person

cannot ignore, or “forget,” or resuppress the “unacceptable” material.

Here is a typical example: Eli, a 40-year-old man, came to me because his wife was about to divorce him. They had been married happily for three years and felt they had a strong relationship, yet Eli would often have rage attacks against his wife when she did not immediately respond to him.

When we checked: “My mother deserves for me to get better,” there was a weak muscle response. Eli did not understand why. It did not make sense to him. He loved his mother. Eli did not remember any childhood trauma, but muscle testing showed that he was abandoned by his mother between the age of two and three.

Eli still did not remember anything traumatic from that age. But his mother told him that at age two and a half, when she gave birth to his sister, she had complications and had to stay in the hospital for two weeks.

Eli realized that his marital problems had nothing to do with his wife. They all came from the past. So every time he called his wife, and she was delayed in answering, Eli subconsciously felt abandoned by his mother, and it triggered the response temper tantrum of a two year old, totally out of proportion. On a subconscious level he was not yelling at his wife. He was yelling at his mom.

Let’s assume just for a minute that the therapist’s intention is what is affecting the muscle strength or weakness. Even then, it would be therapeutic, as it enables the therapist to introduce “outsights.” In other words, if I suspect, for example, that the person has suppressed anger towards his mother, a weak muscle when checking “My mother deserves for me to feel happy” will enable to bring it to the surface, discuss it in a nonjudgmental, matter-of-fact way.

Then we can proceed to remove the sabotage with my Sabotage Correction Technique (SCT): Personalized Forgiveness Affirmation, which is a combination of owning the problem (Confession principle), releasing the suppressed negative energy (Insight principle), and accepting and forgiving the negative emotions (Empathy

principle). All this is done with a combination of sensory stimulation. Thus, we are combining all principles of good supportive psychotherapy with Energy Psychology.

In my practice I try to do more and more detailed mapping of various types of sabotage, so I can use EMT in a systematic way, to cover a whole spectrum of possibilities. This is still a work in progress.

EMT done in a systematic way can quickly and easily find the origin and the type of the subconscious conflicts, negative imprints, suppressed emotions, and/or early life (even preverbal) traumas. Once located, the therapist could apply a whole arsenal of therapeutic interventions, according to their orientation and preference.

Using EMT does not rule out the use of other psychotherapeutic modalities. It is just another tool in the tool box. Once I detect and remove subconscious sabotage to healing, I can ask the body, via EMT, which intervention is going to be best. A lot of the times I get surprising answers.

I did not have a clue about what would help this patient, at least not on a conscious level.

For example, I had a patient with depression, mild dementia, and severe chronic diarrhea. EMT showed that all he needed was supplements. We narrowed it down to B-complex. It turned out he was missing B-3 Vitamin (niacin). What he had was pellagra. I did not think of that, as in our day and age we do not see pellagra anymore. There is enough niacin in bread, but this patient happened to eat only corn bread that has no niacin.

This example was for me another indication that it was not my own opinions that influence EMT. I did not have a clue about what would help this patient, at least not on a conscious level.

I am glad to report that using these techniques (EMT with my SCT) I get results

within weeks, rather than within months or even years.

In my 40 years of practice I became absolutely convinced that no true healing is possible if there is subconscious sabotage to healing. I must assume this is true for both physical and emotional illness. I strongly believe that if you have a medical illness, and you have subconscious sabotage against being healthy, not a single medical intervention will bring a complete cure. Or, if you are cured, you may develop a different medical problem.

This is why the first thing I do in my practice is use EMT to detect (with EMT) and remove (with SCT) subconscious sabotage to healing.

Actually, this is how it all started. John was a patient who would not get better. When his depression improved he became anxious. When his anxiety improved he became obsessed. And I got frustrated. I finally asked him if he was sure he wanted to get better. He told me, “Of course I want to get better; otherwise I wouldn’t come to you!” Then it occurred to me to say, “Let’s see what your body has to say.” To John’s great surprise his muscle was very weak to “I want to get better.” I was able to pull his fingers apart easily. We found out with more muscle testing that subconsciously he felt that he did not deserve to get better. He felt guilty that his sister was injured in a bicycle accident when they were racing. He was only 10 years old.

Then I started experimenting with ways to clear this self sabotage. Only when the self sabotage was removed, and the muscle became strong, was John on the road to finally improve on medications.

So, with all due respect to the double-blind study, my assertion is that EMT (Applied Kinesiology) is still an extremely valuable tool in psychotherapy. I regard using it as a powerful tool that can introduce an effective paradigm shift in the field of psychology, as well as in any type of psychotherapy, counseling, and coaching.

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