Academy of PHYSICAL MEDICINE

Emotions, Stress, Posture and Patients - Ref 158AJ - Draft Transcript

with Anne Jensen

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TRANSCRIPT

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Steven Bruce
This evening's talk was built to be about emotion, posture and the patient. And of course, that is what it's going to be about. But I've got a fascinating guest with me to talk to us about that. I have Dr. Ron Johnson, and is a chiropractor. She's a New Yorker who did her chiropractic training in New York, but now practices in Australia where it is currently just after 430 in the morning. And she also did her PhD at Oxford University in the UK. Her interests are very, she's a clinical researcher. She's done a lot with sports. But she is also very interested in clinical psychology. And she is responsible for developing a technique which she calls heart speak. And we'll be hearing a little bit more about that. It might sound a little bit new age, and I hope you'll forgive me for saying that. But it is based very soundly on neuroscience. And it's fantastic to have you with us. I'm so sorry. We've got you up at 430 in the morning to do it. But I'm looking forward to hearing what you've got to say how are things out there?

Anne Jensen
Yeah, they're great here. It's nice and nice and warm, beautiful. 28 degrees. So good.

Steven Bruce
Even at four in the morning,

Anne Jensen
Maybe 23?

Steven Bruce
Look, I gave a brief bit of a brief overview into your background there. I mean, I think you qualified in chiropractic quite a long time ago, didn't you? So what's your journey been into where you are now?

Anne Jensen
So I practised in I left New York, when I graduated from New York, I went to Australia directly and went to a small little town and practised here for a few years and then moved to a bigger town and then got interested in Well, how the mind affects the body, how the body affects the mind started a degree in a master's degree in psychology, then got accepted to Oxford. So of course, you go when you are accepted. So I left North Queensland in 2005, and return in 2018.

Steven Bruce
Am I right in thinking that your PhD is in evidence based care? If

Anne Jensen
That's right, evidence based health care?

Steven Bruce
Yes. Yeah. Okay. I mean, one of the strengths I think of getting you on the show is, and we have a lot of presented a lot of speakers like this is that you aren't just somebody who does the academic stuff about

evidence based medicine, evidence based healthcare, but you actually put this into practice in your own clinic. So you can talk to us about how we might use the things that you've discovered over this little journey of yours. I'm interested by those pictures behind you. What are they?

Anne Jensen
Well, it's hard to do this.

Steven Bruce
Yeah, we? Yeah.

Anne Jensen
These are my Oxford diploma, degrees. Three. And then behind that behind directly behind me is are the heart speak card pictures, which we can talk about?

Steven Bruce
Well as I recognise one of them from your website, so my thought yeah, that's interesting as hell of a mix of them. Come on. So talk to us. What is heart speak.

Anne Jensen
Our speak is a stress reduction process, a way that I can teach you how to use feelings with purpose. With heart speak, we can help people with physical pain but also mental emotional pain turns those feelings into self sabotaging harmful feelings into self empowering ones, to use them with purpose.

Steven Bruce
Okay, we get we get a lot of people talking about the power of the mind on one's physical well being on those musculoskeletal pain and so on or the sense of pain. We've got an examples of how your technique might differ from other people's or I know in your in your, in your training programme, you say that hard speak is not only effective, but it's fast and long lasting, which is something we're all striving for with our patients.

Anne Jensen
Right? Yeah, pain is one of the chronic pain is one of the most effective things we can address with heart speak meeting people. What's fascinating is when the pain goes up the spinal cord and into the brain stem from their nerve synapses, the neuron synapse with primarily, first the emotional centres of the brain, the amygdala and hypothalamus, hypo appa campus so it can impact not only your physical state, but your mental, emotional state, but also on the other side of things. If you're depressed, if you're, if your mental capacity isn't as firing on all cylinders, you can actually feel pain more than if you were happy. Yeah.

Steven Bruce
What's the what's the neuroscience behind that? Because what you've described what seems like a plausible theory, but is there some research that proves that there's that connection in both directions?

Anne Jensen
Well, when I put this together, I used primary the work from Joe Ledoux. He's a fear researcher from New York University. And I can describe how hard speak works using his words, but he wasn't describing heartbeat. But this is what he said. He said that when an event becomes important enough, in our lives, it gets the event the memory of event gets stored into long term memory. And there are two kinds of long term memory facts. This is what happened, I was seven, I fell off my bicycle that broke my arm went to hospital backs. And then there's implicit memory, which are the feelings behind the backs. Now, when we need that memory, again, we bring it from long term memory into working memory. And then when we're done with that, again, we put it back into long term memory. But something really interesting happens on the way back in is that we have an opportunity to change it slightly. We do it naturally. I mean, if you every time you recall something and stored again, just like next time, we call it without recalling the original memory, the one we just, we just store in black. So we can do that over and over again. And the memories are not the actual facts of the memory, but the feelings of the memory can be can be altered, shifted soft. And that's what we do.

Steven Bruce
Are you gonna do, you're gonna talk us through how we might put that into practice without giving away everything about heart speed, perhaps. But

Anne Jensen
Yes, but I do want to tell you some also really interesting things about the two types of memory implicit and explicit memory, which are really important. Because I spent over 10 years in England at Oxford, and I did a lot of clinical work as well, I was invited to do sessions that other chiropractors and clinics, so I got to really know, I think, British and I love you guys, and I really miss you guys. But I also know that you're very logically minded, you're very, I don't use the term left and right brain so much as logical mind or feeling mind. And I think it's really important for you to know that you have two minds, you also have a feeling mind, which, believe it or not drives behaviour more than the logical mind. So if you can, if we can all learn to honour that we can be much happier and much less stressed. Um, but can I just talk about the difference between the two types of

Steven Bruce
Peace through peace?

Anne Jensen
Great. So we the explicit memory is mediated by the hippocampus in the brain, and the hippocampus is fully formed around the age of three. So there, we that's why we don't remember facts much before the age of three. And it is also with explicit memory, stress, when we're stressed. Our explicit memory or the facts we remember, disintegrates, this gets less accurate. And it also with time, it also disintegrates. And implicit memory, on the other hand, is mediated by the amygdala. Now the amygdala, do you know when we are amygdala is formed in our brains?

Steven Bruce
I got a feeling you're gonna tell me.

Anne Jensen
Yeah, it's the fear centre. It's also the seat of emotion, but it does other things as well. The amygdala, we had a megalo itself from day one in the world. So you know, when we were conceived, you know, T cells become one cell and one sales to sales for eight and cetera. By the end of 24 hours, we have cells that become our amygdala. So we can be making implicit memories and emotions from the very first day in the womb. So this is why they're extremely important to pay attention to. implicit memories. Also, the amygdala with the implicit memories, the megillah. With stress, in prisoners increase with time, get worse. This is why people with PTSD often don't get it get better with time. Things escalate over time, and also with stress. It also escalates. So this is the difference between implicit and explicit memories. This is why very difficult to address problems that involve feelings. For example, phobias, and PTSD and even feeling depressed or down, it's very difficult to interrupt to talk them out, because that's using the logical mind. If we can address these feelings using the feeling mind, we are much more successful. And that's what we do with XP.

Steven Bruce
Okay, we are you talking here that the implicit memories is this sort of thing that drives fear avoidance behaviour, pain avoidance behaviour, for example. And I also I do wonder, I suspect there isn't an easy answer for this, you know, why does some people suffer from PTSD having been exposed to the same circumstances as other people who don't, and that must apply, I imagine to people with pain avoidance problems.

Anne Jensen
Well, we can start from in, in the womb or even early in life, when we're exposed to stress, or our mothers are exposed to stress, it could set up those fight or flight pathways very early. And the earlier these pathways are set up, the more resilient they are. However, it doesn't it doesn't mean we can't change them. It's just trickier.

Steven Bruce
So I suppose one of the questions that will inevitably arise here is if you are seeing a patient who describes a certain pattern of pain and whatever else, how do you work out whether it is straightforward pain or chronic pain, which doesn't have an implicit memory base? Or whether it is the implicit memory you have to address or do you just assume that it always is?

Anne Jensen
It's a great question now. It is it has a fun story to it because it because it uses muscle testing. Now, before you know the sceptics in the room, say Wait, wait, wait, muscle testing. I was one of the sceptics. But when I very first, when I was very first introduced to muscle testing back in New York chiropractic college, I attended the applied kinesiology core class that was a club rather, and they showed us tried to show us that a

muscle test and I absolutely could not do it. So I walked out and I didn't revisit muscle testing again, for 1516 years.

Steven Bruce
Just to be clear, when you say muscle testing, you're talking about applied kinesiology, you're not talking about, you know, testing muscle strength. Yes. Expansion away. Yeah.

Anne Jensen
Yes. So the applied kinesiology style of muscle testing, and I believe that there's three we can talk about, this is a whole other talk I can give because when I got to Oxford, I wanted to do of research that my PhD on the effectiveness was hard speak on people who were depressed. So during my first talk, like the first year at your during your detail, is all about designing your methods, talking to people talking to the experts in the field, seeing what they've done, seeing what others have done designing your methods. So there's a lot of reading, a lot of investigation, a lot of seeing what is already out there. During when I was designing my methods of this randomised trial with heartbeat and depression, I demonstrate during my first talk in Oxford, I demonstrated heartbeat, which uses muscle testing. And a statistician in the back of the room, by the way, you you have to understand that my detail was in the department of Primary Care Health Sciences, my colleagues, my advisors were hardcore medical researchers, some very famous researchers, very knowledgeable, very influential researchers, my colleagues, that cohort that I with my D field, the field students around me were surgeons and dermatologists and psychiatrists and nurses and medical people. And here I am trying wanting to do study something fringy with depression, so it was, to their credit, they had an open mind. So I'm giving my talk. And I'm demonstrating heart speak, which uses muscle testing, the statistician in the back of the room stood up and said, Hey, hang on, can you just please stop talking? Because if you don't stop talking, I'm going to leave. Well, my supervisor who was a GP and great She said, you know, this is not been validated. She's doing exactly what she needs to do in exactly the right place. And we carried on from there. And then I think it was in my, it must have been my third year because I had data I was presenting my data, the first data I got from my, my, my first study, oh, and as a result of that first talk, they said, okay, you have to show us that muscle testing works before we let you do a big randomised trial on heart speak. So that of course took a life of its own. And I wound up putting the heart speak trial aside, and did a series of diagnostic test accuracy studies on whether or not muscle testing works, the way I use it, in heart speak in other kinesiology techniques. And the lot of input from a lot of very influential researchers, clinical researchers, we don't we developed a very rigorous protocol to study and we we designed diagnostic test accuracy studies now. The read the step statistics I got in my, for my piloting. And my, the beginning part of my first study, were so impressive that that statistician in the back of the room actually wanted to then become my secondary supervisor, because he, he wanted to be involved.

Steven Bruce
So let's try these trials, then. I mean, one of the many criticisms about most research into what we do is that the trials are underpowered, they don't end up being statistically significant. How did you go about yours? I mean, presumably, there were multiple testers it wasn't just you doing the muscle testing. So you know, we

were there was an inter examiner sort of reliability in this as well as a power from the cohort that you actually examined. Yes.

Anne Jensen
In when I was looking at the research what research has been done before realise that one of the weaknesses of the study many of the studies is they handpick their their practitioners, they handpick their muscle testers. And I think that was gave me perhaps all sort of biassed outcome, how, and I wanted to make my research as unflappable as possible. And what I did is, you may or may not be aware, but people out there in the world clinical world use muscle testing, to detect pretty much anything, anything from I use it for detecting stress and differentiating between emotions, but people can detect allergies and talks, you know, if something's a toxin, or if there's organ dysfunction, or pretty much anything under the sun. And we had to decide very carefully, we had to determine what we were going to use muscle testing to detect. And the debate went on for probably over a year. And we decided to detect a lie. That wasn't a decision we made lightly. We made my supervisors my stupid President, I detect disgust this over many, many months. And the reason we decided to use muscle testing to detect a lie, meaning this is the paradigm we use, is if a patient spoke a true statement, their arm would stay strong. And if a patient patient spoke a false statement, the muscle strength would give and it would seem weak. Now I one of the reasons I chose that is because that's a paradigm I one of the paradigms I use in practice, it also is used by probably a million people around the world. And it also has a gold standard when you when you assess a new test and muscle testing would be a new test. We have to compare its results to a gold standard. And if we were if we chose the truth, which we note which we can know to be true, we can create a true situation so the patient speaks the truth. And we know it's a truth that's a gold standard. So that was a big strength of the this these series of studies.

Steven Bruce
There was a study published in one other journal.

Anne Jensen
Yes, well one up doing actually six diagnostic test accuracy studies. The first study In the first study, I had 48 practitioners testing 48 naive patients. And the second study replicated the first study because the results were so impressive. They didn't believe they they weren't true. So my buttock department asked me to replicate it. So the first paper I published was the first two studies. And we wanted it to publish it in an open access journal, meaning that anyone can go on and download it. So we chose the BMC journal altered Complementary and Alternative Medicine, which was one of the best alternative journals at the moment. At that time, I think it still is. And when I submitted it, it took 18 months for the paper to become accepted. And that's a little long, usually it's certainly within a year, often closer to six months to get to get a get a paper accepted. We went through two editors when editor quit, did not want to edit my paper. And also six reviewers. Usually there's two or three. We had a few reviewers quit as well. Whoa,

Steven Bruce
What do you think that was? This is just a prejudice? Yeah,

Anne Jensen
They didn't? Yes, exactly. Over the seven years, I studied muscle testing at Oxford I had gotten quite a lot of, I would call it hate mail. from people that told me I shouldn't be studying this. They were mostly people that use muscle testing in practice. They accuse me of not knowing what I was doing that I was going to damage the profession. I got yelled at, I got sworn and I got harassed, and I got heckled when I spoke. So it's been an interesting ride. But nevertheless, the results stand for themselves. And now that the paper was accepted for publication in 2016, I came out in 2016, ended 2016. And since then, I think there were four other papers published. We have one more yet to publish. But it is it is the precision paper. As you mentioned before, there's intra examiner reliability and inter examiner reliability that is assessing precision rather than accuracy of first set for a test to become valid to be considered valid, and needs to be both accurate and precise, accurate meaning can it? Can this test, detect what it's meant to detect? precise meaning Can I do it consistently? Yeah,

Steven Bruce
We've got lots of questions coming in here. And maybe I should say one of these straightaway because Mary, I saw Marian and send the question in originally but several people have asked him what exactly is applied kinesiology? How does that work? Or are you going to come on to that in a little while.

Anne Jensen
I, I am going to I can talk about muscle testing. Now through my research, and through my data collection and seeing what people were doing out there I've come to realise that there are actually three types of ways people test muscles. One of them is the one that we all use as chiropractors, osteopaths, physios, we test muscle to determine muscle strength, rated on a zero to five scale. I call that orthopaedic neurological testing. And we can take we usually test any muscle on the body orthopaedic neurological testing. Then there's applied kinesiology style of muscle testing, which was one I want to say created but there was probably people testing muscles before George goodheart but George goodheart formalised it into a technique he called applied kinesiology. Now kinesiology is a word that means the study of motion, which is unfortunate because we're really not interested in how the muscle moves but more how it responds. So, George good hearts muscle testing that they do and applied kinesiology which I call applied kinesiology style of muscle testing. Also test any muscle in the body. It also it does not test for muscle strength, but it tests for things other than strength such as organ dysfunction, nervous system deficiencies neurovascular, neuro lymphatic things like that problems. If an outside would look at the orthopaedic sell, and the applied kinesiology style, it would look exactly the same. However, applied kinesiology style is binary, meaning it only has two outcomes. It's either strong or weak. Then there's actually a third type of muscle testing, which I've come to call muscle response testing, which uses an indicator muscle one muscle, which tests over and over and over again, as the target condition changes. So now I'm testing for stress. Now I'm testing to see if this supplements working useful for this patient. Now I'm testing to see if the livers function you can in this is the type of muscle testing that our speaker uses. So this is the my, my studies. So this is I use muscle response testing

Steven Bruce
Just a second ago, you indicated we are you telling a lie and use the strength of the shoulder as a marker there? It's to me and probably to many others, it's, there's a reasonable pathway when a patient knows the answer to the question, how their muscle might react differently if they say yes or no. to somebody who saw the truth or lie is harder to grasp power patient could possibly know whether it's the liver or the pancreas or the gallbladder or whatever that's wrong, and how they would then how that would affect the strength of the muscle. Right? Exactly.

Anne Jensen
In my research, I wanted to blind the patients. But we at that time could not work out a way to keep the patients blind. So we use naive patients, we recruited only patients that had no experience with muscle testing, therefore, they did not know if their muscles should stay strong or go weak. We did track on it. And we we asked them at the end. This is during the first study, which is the biggest study, we asked them if they detected a pattern with what their state their statements between your state the statements, and then with the muscle did the arm did, and about 10 to 15%. guessed, which isn't a lot. So yeah. And and one of the biggest questions that practitioners asked me while I was going around data collecting was how does muscle testing work. And in fact, when I was in my Viber, and by the way, the my viver for my five I had as a as a examiner, the director for the Centre for evidence based medicine, his name is Dr. Carl Hannigan.

Steven Bruce
Right? Yes,

Anne Jensen
Yeah. And he, he, I knew he was tough. I knew it'd be tough, but I also know he'd be fair and open minded. So I wasn't too worried. At the end of my three hour plus viba, he were wrapping things up and he leaned over and he goes, Well, how does muscle testing work anyway? And my advisors, schools me and ate anything off topic. Always answer that wasn't my research question. I did. So I took Carl's question, how does muscle testing work? I said, Well, that wasn't my research question. And he was happy with that. And we moved on. And the truth is, he was the only one in seven. This was eight years now at Oxford to ask me that question. Really? Yeah. That he was the only one in Oxford only one of all the researchers and scientists and medical professionals asked me that. They they want to know if something works in intervention or test works, how well it works and doesn't cause harm. Yeah, they should be asking questions more often now. But they're not.

Steven Bruce
Well, I'm also a lot of people asking about how applied kinesiology works. And yeah, and I think that will be something which will puzzled us for a long time To be honest, because, again, I can't I can't quite grasp how you can ask someone, you know, I don't know what the question would be, does this supplement benefit you and get an answer from that which is meaningful? Yeah.

Anne Jensen
So what, what I do in heart speak is in, I've come to appreciate muscle testing. And I test I to try and detect stress with my muscle test. Now, a lie is a stress. So in essence, my research at Oxford was detecting stress through a lie. If I, I've really steered away from asking questions. I've really just focused on detecting stress now. For instance, in in Hartsfield, we have a whole I don't have it here, but we have a whole list of we have a whole list of emotions that we can we muscle test for. And the paradigm that I use is the most if the muscle goes weak, on say, fear. That's the, that's where the stress is. So I don't know how muscle testing works. It's not a question for clinical researcher like myself. There are many different theories. And I do not engage in I don't, I don't care. I want to know how well it works that doesn't cause harm.

Steven Bruce
And I'm guessing that I'm guessing that last question is quite easy to answer is that it must be quite difficult for muscle testing to cause harm, or is there a possibility? Absolutely, there is.

Anne Jensen
And this is a argument that my colleagues in my department at Oxford complained to me about was that if someone goes down the route of complementary alternative medicines, whether they get chiropractic, osteopathy, acupuncture, or kinesiology or any of any of the they are

Steven Bruce
Always home by omission rather than caused by directly by the muscle testing. Yes, yeah,

Anne Jensen
Exactly. They are preventing themselves from getting proper medical care.

Steven Bruce
Yeah, I see what you mean that this question came in from Lawrence a little while ago. And it's actually I think it's quite a key one. He says muscle testing is rather a yes or no question system. And to get the right yes, you need to ask the right question. What happens if you don't know the right question to ask?

Anne Jensen
That's why I stick to stress Lawrence. Yeah, I see the rabbit hole that questions bring. And yes and no, because I do not. You really want my Should I give you my theory on how muscle works? Well, it's not how it's more I really, I use the paradigm in my practice and in my life, that there we work, we function from two minds, there's probably more minds but two primary minds to feeling mind in the thinking the thinking mind and the feeling mind. the thinking mind tries to make sense of the world around you tries to categorise as tries to explain things describe them. And this is the mind that we're we're trained in from when we're children, we develop it we we hone it. The feeling mind, just feels it perceives stimuli and then respond, reacts in ways that has learned from in the past. And one of the reactions is our emotions to their feelings. So you get you know, some someone, you go into a shop and that person, you get a reaction, but you've never seen that person before. It's probably that person probably reminds you from another person. So I

think what muscle testing is doing is letting the feeling mind speak without interference from the logical mind. That's my that's my theory if I were to get one.

Steven Bruce
Okay. I mean, you've said that you your testing is designed to illustrate whether there is any stress in your patients. But isn't it also how do you work out? what is causing that stress in order to address it, or is that not a problem?

Anne Jensen
Yes, absolutely. In fact, one of the things I teach in my muscle testing course is how to address symptoms using muscle testing. First you detect if there's a stress and then you detect what type of stress it is, whether it's a physical stress, chemical stress, mental emotional stress or some other type of stress. And then if pay them the muscle test, told you that it was a physical stress, then you can do some more testing to determine what what the source of that physical stress I have a tendency not to worry about the source talk so much as to rather I worry about how to either remove For less than the stress because like Hans selye said, Who's the father who coined the term stress and the way we use it today? Today? beforehand, Sally, we use stresses in material science. Well, how much stress can this material take before? Yeah, but it's the same thing. How much stress can we take, before we blow a gasket before we collapse, and we only have a certain amount of stress and we can take, I can liken it to a bucket, we put all the stress in there, whether it's physical stress, mental, emotional stress, chemical stress. And when our buckets are relatively empty, we can, we can handle a lot. But when our buckets are, toward the top, easier to start, then start expressing symptoms, presumably,

Steven Bruce
Has a small hole in it somewhere. So the stress can gradually diminish over time.

Anne Jensen
Yeah, there's ways to empty your bucket for sure. And the muscle or use the muscle testing to figure out how to empty your bucket basically.

Steven Bruce
Okay. Hopefully, we can get the details in a minute. But Hannah asked a question a little while ago. She said she's really interested in what you do, and wonders if there are any good quality systematic reviews that you'd recommend on the reliability of muscle testing. And any papers that you'd recommend on the efficacy of muscle testing, and what you use as an outcome measure. Maybe the references you can share with us afterwards, and I can send those out separately.

Anne Jensen
Yeah, so last questions, easiest answer the outcome measure is actual truth. We compare the actual truth to the results of the muscle test. And we calculated accuracy by the percent correct. Meaning How many did the the practitioner get? Right?

Steven Bruce
Okay, what what sort of question would you ask?

Anne Jensen
Okay, good question. So, we had a computer screen that the practice the patient is test patient in the studies had computer screens in front of them. And on the computer screen was shown simple everyday pic pictures of everyday things, an apple, a tree, a dog, fence, a car. And they were told they were given through a instruction in there an earpiece, the computer told them what to say, in relation to the picture. So say they were looking at a picture of an apple. And they were they were told to say either a true statement, which would be say, I see an apple, or a false statements, say I see a dog. And it wasn't tricky, it was either definitely true or definitely false. And when they were given that instruction, they put their arm up. And they would say, looking at the computer screen, they would say, I see an apple and then the practitioner would test. If the muscles stayed strong, they'd enter an S on the keyboard, and the practitioner would enter an S on the keyboard, if it went weak, W and then we entered into no more dialogue than that. Okay.

Steven Bruce
Presumably you got a couple of a couple a couple of true statements to start with. So you've got a baseline of strength.

Anne Jensen
Well, they could do test statements prior to that, and most of them did. So they of course, we need a baseline. And then once they were ready and got the difference between a true and a false a strong and a weak, then we then we started the actual testing. And they did the the first study they did 16 muscle tests broken up into blocks of 10. Now, this was a really crucial part of the studies is we had blocks of 10 muscle tests. And then during the pilot, we just had them rest. But one of the researchers at at Oxford of my department suggested that we compare it to actual just lying, trying to detect a lie through visual auditory kinesthetic ways. So we had 10 muscle test 10 guesses 10 muscle test 10 guesses and they'd had 60 muscle tests and 60 guesses and then we calculated the percent correct and we found in that first study we that we got 69% accurate, which is we compared to guessing accuracy, which was 49% correct. 20% difference. Now, when I saw the 69 when I calculated it when I saw my stat, statistical package sped up 69% I was absolutely heartbroken. I'm like, 69%, that was terrible. What do we do and you know, I was expecting it to be at 85. So, but then my supervisor, my statistician supervisor saw the difference between this 69% and the 49% 49% is chance, which is what you'd expect for guessing. So that was we know we were on the on the mark there. 20% difference in a diagnostic test accuracy study, he said was amazing. So he said, Keep going carry on. So

Steven Bruce
It still means as a significant number of people who muscle testing would not work for either practitioners or patients one or the other.

Anne Jensen
I can interpret that as some patients are more easy to test than others.

Steven Bruce
Right. Okay. Yeah. The other big question here is that it's it's quite a leap of faith to see that because this works in a patient who is looking at a screen with an image which is either correct or not with a buzzy little voice in their ear saying, say it's an apple or say it's a dog, and then translating that to healthcare.

Anne Jensen
Yes, absolutely. So that when you're assessing a new diagnostic test, the first step to do is to determine if it's accurate and precise. Then we go on to clinical utility trials, which are randomised trials to determine if the if a process, a system that uses muscle testing is more useful, has better patient outcomes than a system that does not use muscle testing. For example, if you are a practitioner that prescribes supplements, you you we could design a study where we can use a muscle testing practitioner to dispense supplements and compare it to just a normal nutritionist who doesn't use muscle testing to see which patients got better. Oops. So that would be clinical utility, that those are the studies we need to do next.

Steven Bruce
Okay. Kathy has asked why if you were so sceptical about the merit of applied kinesiology, that you turned to it as the chosen method for testing for stress.

Anne Jensen
That was a long process. I didn't revisit muscle testing, like as I said, For at least 15 years. And I found myself at a seminar and workshop, we can workshop that they use muscle testing in the process. Now, I did not know that when I signed up for the workshop. So it was a wreck highly recommended to me by a few people. So I did attend. And I gave it another shot, and I still struggled with it, until you keep practising it until you get confidence in it. And then it seems to flow better. So at the point when I applied to Oxford, I was actually using muscle testing on a daily basis basis in my practice. And this was 2002 2003, four years later. And I wanted to know, as a practitioner, I wanted to know I was seeing amazing results. People were getting better and staying better. Where as if they before that they would before use muscle testing. They kept coming back and read six months at the same complaints. But they didn't they stopped those patterns when I started using muscle testing. So I was like, Huh, is what I'm actually the results I'm getting actually the process or is it something else? So I started to do research in my practice. And I honestly didn't know what I was doing. I was doing a Corley which was really frustrating for me. So that's how I got to Oxford. I wanted to do good clinical research. And Oxford was this is the fountainhead really.

Steven Bruce
Robin was asked whether if we don't have a model for how this works, you know that we can't we can't sort of postulate a physical, biological chemical mechanism for it working. How can we justify treatment based on muscle testing on applied kinesiology particularly if the complaint is raised against us?

Anne Jensen
Good question.

Steven Bruce
I embellished it a bit. It wasn't all Robin's work. Sorry, Robbie.

Anne Jensen
So there has been complaints raised in England. And they've actually taken my studies my papers to the I want to say trial, what is it a meeting? And in the end, they found that they found in favour. This one particular practitioner that I am thinking of but

Steven Bruce
Was this a chiropractic hearing or osteopathic or physiotherapy or chiropractic? Right? So presumably we're talking it went to the Professional Conduct committee to the general counsel. Yeah. Okay.

Anne Jensen
But but, you know, practitioners contact me quite frequently to help ask them ask for help in this regard. Mine and I real and they also asked me for help in getting there, especially kinesiologist, getting their systems recognised in on a wider scale. So I know that it's been taken to the British Parliament, also, the Irish parliament has taken my studies, it's people in Parliament have reviewed my studies. Okay, so we have a lot of work left to do. And I can't do it all. So happy to help but I can't do it.

Steven Bruce
Yeah, it's always worth bearing in mind, isn't it that there's an awful lot of stuff that goes on in conventional medicine for which we don't have simple, straightforward answers. But we feel so vulnerable in the complimentary therapies, because of course, there are some very high powered people in conventional medicine who will do their utmost to beat us with any handy stick. Ian has sent in an observation about Ted Cod, Dr. Ted Koren, who uses what's called an occipital drop as an indicator. Do you are you familiar with that? He calls it the KST. I'm not sure what that means.

Anne Jensen
Corn specific technique? Yes. Right. There's all sorts of ways where people can use as indicators. I've heard of the occipital drop. I've heard of leg length, arm length, foot flare. People use pendulums people use. Really.

Steven Bruce
It's this isn't what we got. You want to talk about? It's not your topic. But what is the KST? What does it mean? quite specific, specific technique. But I mean, what happened?

Anne Jensen
Yeah, I don't actually know because I'm not taking the course. But it's a it's a technique that uses that as an indicator to guide the cat course of care. But it would be really easy to assess the accuracy and precision of this using the same methods that I used. Okay.

Steven Bruce
I suppose the key question here from su is, you know, how do you use it in clinic? What goes on? How do we how do how could we use some of these techniques to help our own patients?

Anne Jensen
So it it's a, it's a course it's a, you'd have to take a course. And there's many different courses out there that teach muscle testing. I do teach an introduction to muscle testing. I did I actually, I recorded it. And it's online and available. Online. Also, I don't have my schedule in front of me, but I know I'm teaching a self muscle testing course, which is what type of muscle testing where you test yourself, on for patients. So when I do sessions online, when I do heart speak sessions online, I can't muscle test that person because they're somewhere else. So yeah, yeah.

Steven Bruce
So and I should point out to people, I mean, we will put all this information together for everyone, but your website is hard. speak.com. And I know that your training events and also other material, including what's headlined or headed as emails is a long trail of blog posts in there about your work, isn't that?

Anne Jensen
Yes, I've I have you haven't in a few months, but I send out regular emails about to the practitioners, high speed practitioners, with ideas on where to help you know, what to clear and what to look for, and how to use heart speak in certain situations. So that there's I think those emails are on there. Yeah.

Steven Bruce
I think there's still seems to be quite a bit of confusion in the people who are watching at the moment about how you're using heart speak, because you said it focuses on stress only. And how, just how does that guide your treatment? Once you've determined there is always under stress.

Anne Jensen
So can we put muscle testing aside for now? Yeah, yes. Yeah. Okay, so Saying that muscle testing works in the way I use it with heartbeat. If we i can i can we can show people, why don't we just show people how to experience? Yeah. So the best way to do that, because we're all sort of physical medicine practitioners in summer yard. So if you would like to give it a try just Everyone sit up nice and tall, turn your head as far to the right as possible. And as far to the left as possible, now I'm feeling that I can't turn to the left as far as I can, to the right. Now everyone will feel some kind of usually feel some kind of strain more on one side than the other. And so let's see if we can shift that using your feelings using each in everyone's feelings. So that intention I have is that whatever emotion comes up, and whatever we're going to do will help the group

rather than specific individuals. So I'm going to ask everyone to wherever they felt the strain of the note shift and writing out over here, then that will happen. So I'm going to ask you to just put your hand just touch on the part of your neck or upper back where you feel there's there's tension, or that's restricting motion is really what we want. All right, now I'm going to use muscle testing to determine which feeling that we're going to use it's related to an emotion, which are the normal emotions, so fear, anger, sadness, so we're going to use some sadness, so you can take your hands away. And then we're going to put the neck aside for a moment. Now I'm going to ask everyone to feel sadness. Now. What most people that are new to this type of work do is they think of something that makes them sad, which is fine. But know that you don't need to do that, you can just eventually you'll be able to just evoke sadness, without a memory or without a cognitive aspect. All right. So we also take postures, which are really I will, I would love to speak about at some point. The posture we're going to take, which will enhance your fixed experience of the feeling is your hands are going to go over your eyes and tuck your head forward. Like the normal posture when you're feeling sad. So just everyone try this, just stick your head forward. And just start breathing in and out. Breathe in and out. And feel your sadness. Keep doing that. Keep breathing. Keep feeling sad. You can feel sad about anything, everything personal loss and grief. Loss of our current freedoms, whatever you feel sad about. feel the pain, feel the heaviness. Keep breathing big breaths in and out. Alright, well take a big breath in. Now sit up with your eyes closed, shoulders back, head back, lightly open up your chest and look for a sense of peace in your heart space. Look for peace. So it'll be in there too. And sometimes it's difficult to find. But when you find it, it's like, there it is. There's peace and then drop into peace. Choose peace for this moment. Sit in peace. And then open your eyes. Turn your head right and left again. Why did you notice

Steven Bruce
Be interested in versus the feedback from the people who are watching? Mine still crunches and grumbles as much as it did before but

Anne Jensen
Does it read? Does it go any farther?

Steven Bruce
I'm not sure about that. I do not think it does. So you wanted I'm sorry about that.

Anne Jensen
That's right. That's right. Look, I spent, you know, 10 years at Oxford. I have been you know, a lot of sceptics over over my career. Nothing Nothing faze me, but um, even I wasn't even doing that clearing properly and I can turn farther now. So thank you.

Steven Bruce
So is that something you would do? So it's an online appointment with a patient and you would do that with them. And as a result of it, you would say what is sadness, which is affecting the emotion in the neck or

Anne Jensen
Okay, I can explain this. But let me explain how, how emotions are related to our bodies. What, remember I said we, we use, we bring up long term memories, we bring up not the explicit memory, but the implicit memory in there. And the reason we don't worry about the facts of a memory, the explicit part of the memory is because of the memory flexibility. Every time we store store and recall, store and recall, a memory, we can change it slightly. So it is well known that memories are inaccurate, both explicit and implicit memories are inaccurate. And that's why we don't worry about the facts, we just worry about the feeling. So when I asked you to feel sad, I asked you to it was actually bringing up an implicit memory, we don't really know why we're sad. And that's okay. We just keep feeling sad. And the interesting thing here is we do not know where long term memory storage is. We know how it's mediated in the brain, but we do not know where long term memory storage is. And there is a leading theory that is stored in the fashion a lot of people a lot of us have have had experience of either ourselves getting a massage or a yoga doing in a yoga class, and we all of a sudden get emotional. That's the release of a memory in our fashion.

Steven Bruce
I wonder how that theory would play out with your research colleagues in Oxford?

Anne Jensen
Yeah, well, there is more and more research in in the fashion world, there's actually a whole symposium now on fascia, what it is and how it works. Some of the

Steven Bruce
Coincidentally, we have a fella talking about fashion on Thursday lunchtime. So we'll be talking about the science of fashion. And I will bring that question up with him, then. We've got a number of other questions here. People still asking about what is heart speak specifically, Lawrence has made the observation that all therapies have a model or a model of how they work. But then something comes along which challenges and doesn't fit the model. Just as as the case with osteopathy, we might say it comes back to the inherent healing process of the person and what's required to help that process. And I have to say, I mean, I'm with what you said there. I mean, some extent if you find something that works, it doesn't really matter that you understand how it works or whether your theory is correct, does it

Anne Jensen
Now, in fact, that's one of the biggest lessons I learned at Oxford. Kind of I don't know about osteopath, chiropractors are always the biggest research agenda is how does chiropractic work? And my department at Oxford does not care. The people that make do the clinical research, make our informed policymakers, they don't care how it works, they just want to know if it works. How will it work? does it cost? And I think if we kind of put the how it works questions side and focus on the question, the research questions that will inform choices? I think we will. I think people will start listening.

Steven Bruce
Mags has asked, she says she's experienced muscle testing in a couple of times, but was never convinced that the weak responses were not just her not being ready for the test at the time. Her question is do you think that that 69% accuracy in some way reflects what she experienced?

Anne Jensen
Well, we use all naive patients so they had no experience with muscle testing, in the first study in the big study, and it and then we also in later studies, we use non knife patients and the muscle testing accuracies were similar.

Steven Bruce
Okay. So I was slightly distracted them because a comment is coming to me with a big red flag on it, which says that in a very poor assessment of the results from our audience during your test a little while ago, it shows that the team watching us on Vimeo mostly didn't get better but the Facebook team did so this Claire's asking whether it could be social media related. She's taking the Mickey Of course. Jackie says Why did you pick sad Why do we use something else to get to pick something?

Anne Jensen
That's the what the muscle testing told me where to go. Okay.

Steven Bruce
Perhaps says does touching the part of the body concerned before feeling the emotion have a specific function?

Anne Jensen
It's bringing your mind body's attention to the part the part of the body that we're interested in. What? I'm basically asking your body, hey, is there stress here? And then I muscle test.

Steven Bruce
Okay, I see. Yeah. Okay, so yeah, I must admit that when I found that little part on my neck, I wasn't convinced I'd found the right part where the stress was arising in my neck. But hey, I'm on air. So I had to do it live. I got a question for you. I mean, years and years and years ago, I do a bit of gait analysis. And one of the things that we were shown on a gait analysis course was if you, you do a strength test on a person's outstretched arms. Without any sort of preparation, you'll find that they're however strong. If you then put their their feet into subtalar, neutral while they're standing, you get a much stronger response. And the people demonstrating this to me said, Well, this is a justification for giving people orthotics. I've never believed that, I just think it shows that if you change something here, you can change that response in the body. And he was very clear, it happened almost every single time. Again, I don't think it's a justification for prescribing orthotics. I just thought it was quite fun to show that changing something in the ankles can make the body do something or behave differently somewhere else. What do you think?

Anne Jensen
Yeah, I think anything, because anything, I think we're all connected in ways we will never know. Truly. So. Yeah, how does it work? I don't know. But I've seen it done. And, you know, if you want to do a research study on it to help you design.

Steven Bruce
Okay, thank you.

Anne Jensen
You know, actually, I should, I should also back before COVID, I had been in contact with foot level and was orthotics to do this type exact research study to see if the muscle test in our orthotics would and it and we'll see if it could detect the need for orthotics and also, to see if the more expensive orthotics which then practitioner would actually get more money for what had an influence.

Steven Bruce
So many, there are so many confounding factors in that on the eye. How much does how much you pay for the intervention affect your outcome? Does the practitioners enthusiasm for selling something profitable affect the outcome? And in any case, with orthotics, how do you actually measure that outcome? Because it could be a long term benefit the right anyway, there's not going down that rabbit hole. Alex says he wonders if that range of motion would change if you just tried to achieve the sense of peace that you were talking about without all the other stuff?

Anne Jensen
Yeah, do it let me know. Yeah.

Steven Bruce
But it has to be Alex it has to be a proper randomised control study with a meaningful cohort. So Hannah says how do we know the change in the neck is in the range of motion is not simply from positional release from holding the head down.

Anne Jensen
Let's let's do some more interesting. Let's do some more work with posture and feelings. Okay. All right. So I how I got into the feeling feeling world in general is I've always been a feeler ever since I was a little kid I was feeling things. feelings to me were more important than what actually people said. So I really paid attention to how my body and how I beheld my body impacted my feelings. So before we start this, I realised that I've been feeling all my life but I realised that some of you probably aren't feeling haven't been asked to feel. So just be patient with yourself about this. So take a nice seat, nice posture. And I'm going to ask you to sit up nice and tall. really open up your posture, shoulders back, palms up, and open, head back, chest out. This is a really open posture and sit here for a moment. And when you're sitting here look for the feeling of love in your heart space, the big love not associated with a particular person or situation. Just love and see how easy that is. Alright, and then relax and then we're going to take a closed posture so that was an

open posture and a closed posture as you're gonna have you know slouch haunch come into a ball, a tight ball, come really Forward, forward forward in this part Look for the feeling of fear. When you're still in that posture, go to a neutral feeling. But fear aside, and then look for love. Oh, keep down there. Yeah. Keep down there and then look for love. Notice and then sit up nice and tall in your open posture again. Shoulders back, head back, open up. And in this posture. Let's look for a feeling of fear here. What have you noticed? Me? Yes? Well,

Steven Bruce
I hesitate to answer because Claire would say my wife would say I'm the most unfeeling person in the world. But I find it quite difficult to find. I find it very difficult to find a sensation of fear.

Anne Jensen
Yes. In both postures or in low moods, or in the second one more so than the second one.

Steven Bruce
Definitely. Okay, great. And what about love? You have met my Labradors Have you? Know I can I can experience that though. I can I can feel that. Yeah.

Anne Jensen
Was there a difference? in how you experienced love? With your different partner today imposters?

Steven Bruce
Oh, you think so? Yeah. I mean, I did seem, it seems like common sense almost. But sitting upright and open feels much more responsive way to feel love. Like I also like if I get the answer, right, because that's very important to me. Yeah.

Anne Jensen
So in, in heartbeat, we use postures to enhance feelings. Therefore, when we're when we want to experience feelings like love and joy, and peace, we're open and invited in. And when we want to experience the harmful feelings, the fear, the anger that well, not so much anger, but disgust and all that we're in a closed posture. So, most I've done this little experiment with people all around the world have 1000s of people now. And by far, the majority of people say that they can experience love easier in an open posture. And it's hard to harder to experience fear in an open posture, easier to experience fear in the closed posture. Now, what does that mean for practitioners? Well, look at your teenagers, the teenager, adolescence, in your practices, and our kids even, they are always slouched. And they're looking at devices and, and then they're all depressed. And you know, I don't know about in the UK, but in Australia, the suicide rate among teenagers in the past 12 months has been unbelievable. Like, I don't even know the statistics, but so much higher than in the past past two years. So if we can just this is, you know, I'm a chiropractor, I'm used to, you know, telling people to sit up, you know, have good posture for physical reasons, but also, there's mental emotional reasons as well. And because I have an interest in it, I got some research on kids at school with posture. And they found that kids with better posture at school, got better grades, not because they

were smarter that they looked at their IQ, they weren't smarter, but they look smarter that the teachers thought they were smarter, so they got better grades, and they follow these kids. And they found that they had more friends, they were more popular. And when they left school, they got better jobs and made more money.

Steven Bruce
So it's not interesting is that do you think the effect of their posture on other people, or you look better in an interview, if you've got good posture, and rather than being hunched over, you look better to your potential friends, if you're like that, and maybe your teacher making more eye contact with you, treats you in a different way? It's not so internal here is it's the other person's response.

Anne Jensen
Yeah, but we can manipulate it, we can use it to our advantage.

Steven Bruce
Yeah. Okay. Kim wants to know how the things that you've described work in regard to back pain, for example.

Anne Jensen
Well, so the one of the reasons I've got into the mind, part of this mind body complex is that when I first started adjusting people, I noticed that when people were under stress, their physical symptoms were more intense. And when the people when things were going smoothly in people's lives, they didn't seem to be as troubled physically either. So One of the things that really frustrated me is by not on I was adjusting people with back pain is sometimes week after week, certainly month after month with the same same areas of the spine, same exact segments of the spine, I'm adjusting each time. And that was frustrating. Why? Why do I need to adjust this every single time. And if if you go back to chiropractic philosophy, a vertebra will subluxation because of three types of stress, physical stress, chemical stress, mental emotional stress, that's from DD Palmer, if you for your chiropractors out there. And so I say, Well, if we're only addressing physical stress with our patients, we're missing the boat a bit. So I started to look at ways I could help my patients with chemical stress and mental emotional stress. We didn't have a lot of ways at that time to help people with mental emotional stress. So started to explore different ways. And sure enough, even Yes, I work as a chiropractor as well, part time, but I also do a lot of heart speed. And if someone isn't improving with chiropractic adjustments, then I'm going to check them for other stress.

Steven Bruce
There's a fascinating question come up here about about the stress that you you just tried to put us into? I don't know who asked the question. But we've asked whether there are any ethical issues about inducing fear or whenever any sort of stress in a patient?

Anne Jensen
Yeah. So I speak at all kinds of conferences. And whenever I speak at a psychology conference is always a question of re traumatising a trauma patient, is it going to be causing them harm, just for if I if we get them to feel a feeling? Two things first, we've been tracking adverse events on a heartbeat website for four years. And her speaks only six years old. So for the majority of our time, we've been tracking adverse events, there has not been one adverse event reported in those four years. And I'm not saying there might not be an adverse event. I'm saying that one has one hasn't been reported. So I'm not I'm not saying it's completely safe. I'm saying that. So far, we're pretty good. And the other thing is, let's take someone with PTSD, who has had a trauma in their lives. I am not asking I will never ask that person to remember the trauma that's going to be over there. You know, hanging out it. We know it's there. We know the person's been traumatised. But let's just focus on what's happening over here. What's happening now. Oh, you have back pain. Oh, and that back pain is related to fear. Oh, then I walked him through the heart speak process, that fear might or may not be related to the trauma, regardless, the back pain goes away. And the trauma, the trauma, pile of trauma gets less. It's like how do you eat an elephant? One bite at a time. We just take one feeling and deal with one feeling at a time then we're done with that feeling. Okay, what's next? what's safe to feel next. Okay, we're and then we're going to deal with this feeling. So taking the trauma in micro doses and dealing with one small feeling at a time and we let the patients drive. And the only experience the feelings as much as they feel comfortable, especially with trauma people that have been abused or traumatised. Yeah.

Steven Bruce
We've had apparently lots of comments about the emotions people felt when they were in those different postures. Claire tells me she can't pass them all over because there's too many. But it's interesting to know that the process has definitely had an effect on what people were feeling, which is good. And is it? Would it be useful for us to share that bullet pointed list of the heartbeat process that. Justin, could you put that up on the on the screen, please? Do you want to do so just just to bring that up? Would you like to talk us through that?

Anne Jensen
Yeah, yeah. So this, this is what we call the heart speak tools. And over the years, I've been collecting little things that you could do in the moment. When you're struggling. The open postures, what we did if you're going into an interview or something or going into a meeting that you need to actually not be reactive. Keep your posture open. So that's, that's a classic one. And these are mine particularly. But these are the ones I found over the my lifetime ones that I use. By the way, also these are, these are not going. So when we when we are in the emotional response, we're usually triggered into becoming emotional, there's something going to trigger a stimulus is going to trigger the response. And and it's usually very consistent every time we experienced that trigger, we're going to have that emotional response we that's a pattern we usually learn it when we're, we're little. It's the the heart speak tools, does not soften triggers, the heart speak process will. But the hard speak tools are certainly useful if you're struggling in the moment to feel better. So Justin, can you put the list back up and I'll walk people through it?

Steven Bruce
Oh, sorry. So just give him a second, it'll come up, come up in a moment.

Anne Jensen
All right. So open posture. We spoke about belly breathing in yogic and meditative communities, meditation communities, we know that belly breathing will drop us out of sympathetic response into a more of a parasympathetic response. So it calms our sympathetic nervous system down, that's well established. And it's something that you can just do even though you're not, you don't even you know, people don't even have to know you're doing this. They're barely breathing to feel better. And simply putting a true smile on your face will actually lift your mood. However, there is a caveat to this. A false there is research to also show that a false smile will depress your mood, it will, it will worsen things. So a true smile, you actually have to smile with your whole face, your eyes, just light your face up. It's actually takes practice it's not it's probably the hardest one to actually do effectively. Alright, we can go back to the list. I'm feeling curious is is a feeling if, for example, I give this one to people that have had, like, they get really stressed out if their boyfriends don't text them back straight away. You know, what, instead of running that pattern of like, ah, just feel curious. I wonder and it's just a feeling. I wonder. I'm firmly padding your torso and limbs is the next one. And what that will do is it's it'll just bring you back into the present moment. So if you're feeling out of sorts, if you're feeling a bit panicky, just start patting yourself. That brings you back to the present because when we're anxious we're usually worried about the future if we're depressed we usually worried about the past. So you can bring yourself back to present. Okay, and then the yawning of changes your state the next to imagine yourself 10 feet tall then your invisibility cloak I give to kids who are bullied. This these are amazing, energetic ways to help kids in your in your community that are feeling are bullied. The other two, ask yourself, Am I safe right now? That's a good one. Just keep repeating that. You don't even have to get an answer. Just the question. Am I safe right now? Safe right now. Am I safe right now. And the last one I would love to do with people. We have time.

Steven Bruce
Yeah, we have we've worked. We've got nine minutes left.

Anne Jensen
So great. You can use the expand tool in for physical pain or mental emotional pain. So if you're watching this, choose either a physical pain you're having a moment or a painful memory. And this is again changing your state in the present. Sit with the pain. The mental emotional and physical pain sit with the pain and rate it on a zero to 10 scale. 10 is the biggest ever pain ever zero there's not close your eyes and start expanding your consciousness to include the whole room urine expand to include the whole building out to the street to the whole neighbourhood. keep expanding Then to the whole town or village, the whole city, the whole region, the whole country, the whole continent, keep going to the whole planet, pass the moon. keep expanding your consciousness past every planet in the solar system. And then to the whole galaxy. And then to the whole universe, expand to the farthest star in the universe past all the stars known and unknown. And just enjoy it out there for a moment. And then turn your attention to the either the physical pain or the mental, the painful memory. Sit with that for a moment and read it again, zero to 10. How does it feel?

Steven Bruce
Mine went down. Definitely, I can tell you this is a really uncomfortable chairs to sit on, especially when you have twisted towards a screen like this. So I definitely had a pain in my back to focus on. Yeah, so that worked for me.

Anne Jensen
Excellent. Yeah. So and again, this is just it's not going to soften the trigger that triggered the pain or the painful memory. But it will make you feel better for for some time.

Steven Bruce
Just going back to the the concept you've talked about overall, Ian sent in a question a little while ago asking whether feeling mind letting go of emotions, whether that is part of something called the Sedona Method, which I don't know anything about.

Anne Jensen
I don't I someone else has asked me that about recently. And I've noticed in the last five or six years, particularly that there are quite a few emotional release processes that have popped up. In the work different parts of the world. I don't know what the Sedona Method is. But yeah.

Steven Bruce
Okay. When these asked when you're doing your muscle testing, what pressure Do you exert? because presumably, everybody's different when it comes to the amount of pressure they can put up with?

Anne Jensen
Yeah, it's, I use as late as possible.

Steven Bruce
It's just so quick, to some extent, it doesn't matter, it's the response you get from the patients to whatever pressure It is, isn't it rather than any specific pressure?

Anne Jensen
when I, when I teach I, I stress the importance of being able to distinguish between a strong muscle and a weak muscle. And as long as you can distinguish when a muscle stays strong or goes weak, that's enough pressure, and it's not very much at all.

Steven Bruce
It's a good thing. in, in, in us trying to incorporate what you've said that, you know, we're straying into the realms of psychology here. And that's not what we're trained to do what you are, of course, but you know, is outside our expertise

Anne Jensen
is if it's a grey area. And you know, that I'm in two minds about that. Because I always think that if you're not addressing the source of patient's problems, you're really doing them a disservice. In fact, back pain is a great example. You know, with back pain, there's always emotional components to it stress components, do it always whether it's causing them or caused by them. Yeah. Now, if you're not addressing, that the research shows that you're actually not only doing them a disservice, you're actually causing harm. That's what the research shows.

Steven Bruce
Yeah, I suppose one could argue and hopefully it won't happen. But one could argue that if that is an essential part of the treatment, then we need someone who is expert in that psychological component component to contribute rather than trying to do it on an amateurish basis as we might be also.

Anne Jensen
Yes, you know, and that just makes me feel like I have so much work left to do I have to do. I have to do that research study that I put aside during my detail that on depression and hard speak, there's just so much so much we have to do.

Steven Bruce
Final question, perhaps Kathy says, do you deal with the adverse feelings that you've identified through physical therapy? And she says, For example, manipulation, or are you using talking therapy to address

Anne Jensen
We don't talk we just feel so in heart speed, we just feel but we also teach how to use feelings in In a physical sense as well, I teach a course called Heart Heart, speak light for bodywork, and heart speak for yoga, where I can we we, for example, with heart speak for yoga during specific postures, you introduce a feeling whether it's fear or sadness, which will actually help people open up, especially in the hips, you know, women, we all have these tight hips. You can use feelings to actually open that up during the posture. And trigger these two are often little nodules of feeling.

Steven Bruce
Yeah, well, I mean, we've we've done a long series of programmes about treating trigger points with Simeon Neal Asher, which if you're interested in you know, you can find all of the recordings page of the website. And yes, he's, he's very often as stressed the components of emotion and trigger points and, and the benefits of touch generally, which is, which is always interesting. And it's been, it's been a rapid run through what you've done is that just very, very quickly, is the research into the outcomes for heart speak itself, specifically, rather than muscle testing.

Anne Jensen
Not yet. Do you have studies designed and I'm just now in a position to actually get them through review board and ethics board and start doing them? Again, start researching in this climate is very difficult to recruit.

Steven Bruce
Yeah. Yeah. And as we all know, research is very difficult in our field generally, because we're not backed by huge amounts of money from pharmaceutical