

EMPIRICAL EVALUATION OF THE DYNAMIND TECHNIQUE AND ITS POTENTIAL USE IN COACHING AND COUNSELLING

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Abstract. The Dynamind Technique (short DMT) is a stress-release and self healing method introduced by Serge Kahili King, PhD in 2000. This paper first describes DMT and related methods. We evaluated DMT in an empirical quantitative study on various mental, physical and emotional symptoms and problems against a Placebo Technique. The paper describes the study in detail, its results and implications. DMT led to a statistically significant decrease of the perceived symptoms and problems. An overview of related methods, such as Emotional Freedom Technique (EFT) rounds out the paper.

Keywords: Dynamind Technique (DMT), Energy Psychology, self-healing techniques, tapping techniques, Emotional Freedom Technique (EFT), stress management, health promotion, application of DMT in counseling and coaching

1 Dynamind Technique (DMT)

Serge Kahili King who has a Doctorate in Psychology, a Master in Business Administration, a Bachelor in Asian studies is, as well, trained in Hawaiian Shamanism. He is the author of well-known books such as Kahuna Healing (King, 1983), Urban Shaman (King, 1990), Instant Healing (King, 2000), Huna (King, 2008) and the Dynamind Method (King, 2004).

His work focuses on the empowerment of humans by showing them how to love and heal themselves and others in order to make the world a better place. He founded and heads Aloha International, a world-wide organization that has the goal to teach and share the 'Aloha Spirit'.

In his studies and travels all over the world he has studied helpful methods: from African Shamanism to EFT (Emotional Freedom Technique; Craig, 2010) from NLP (Neuro-Linguistic Programming; Bandler & Grinder, 1989) to Prana-Breathing and has developed a safe, easy, fast, and effective method of healing based on a special blend of words, touching (tapping), breathing and sometimes imagery, the so-called Dynamind-Technique, in short DMT.

So far, DMT has reported to help in numerous case studies (King, 2004) to alleviate symptoms ranging from physical pain and aches to dysfunctional emotions or beliefs and mental pain. However, no scientific study with the scientific soundness of EFT or TFT (Thought Field Therapy; Callahan, 2002) studies has been conducted. EFT and TFT related techniques that apply tapping or energy psychology (Gallo, 2000) have already proven their effectiveness in numerous randomized controlled trials (Andrade & Feinstein 2003; EFT-Universe 2012).

In the following we describe DMT and illustrate each step with one or more pictures. Then we describe the study in which we compared DMT to the Placebo Technique.

Dynamind step by step. The basic structure of Dynamind consists of 4 steps:

- (1) **The Gesture:** at the beginning and during each application of the technique (except while tapping), which helps to focus (see Figure 1):

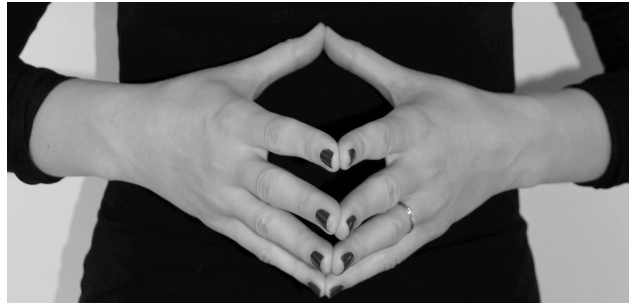


Figure 1 The Gesture (picture taken by Ingrid Stadler-Pree)

- (2) **The Statement:** that consciously focuses on the actual problem and potential changes. Serge King (2004) suggests using a generic statement in the beginning: "I have a problem, and that can change; I want the problem to go away." and vary it if necessary or desired. He suggests a wide range of possible statements, from power affirmations to the so called Dynamind-Toner including the usage of symbols for further empowerment of the statement.
- (3) **The Touch:** King (2004) describes different ways of touching such as tapping, holding, vibrating or brushing and a mental focus on the specific points. For this study we decided to use light tapping on the following four points (each point 7 times) of the body:

a) The thymus-point in the middle of the collarbone (see Figure 2):



Figure 2 Thymus-Point (picture taken by Ingrid Stadler-Pree)

b) The Hoku-Points on the back of both hands (see Figure 3):



Figure 3 Hoku-Points left & right (pictures taken by Ingrid Stadler-Pree)

c) The Hokua-Point: 7th Cervical Vertebra (C7 point, see Figure 4):



Figure 4 Hokua or C7 point (picture taken by Ingrid Stadler-Pree)

- (4) **The Breath:** using one particular form of the so-called Piko-Piko Technique, a Hawaiian breathing technique (King, 2004) where one inhales consciously, focusing on the top of the head and exhaling with the focus out through the feet or toes. Because of my personal positive experience with this breathing technique, I decided to suggest three consecutive breaths in a row in step 4.

We call one sequence, of the four steps, an intervention. To measure the progress and result after one intervention (overall, each participant in the study repeated an intervention five times) we used the so called SUD-Scale (Subjective Units of Distress Scale; New World Encyclopedia, 2012) from 0-10. Each participant had to pick his or her subjective intensity of distress or disturbance, 0 representing no problem and 10 representing a severe problem.

2 DMT Study and its results

The study was conducted in a “**Multiple-Group-Pretest-Posttest-Design**” (Spector,1981 p.45): One group applied the Dynamind Technique for alleviating a problem, and the other one applied the Placebo Technique. The participants had to measure their problem before and after every intervention following the steps of the Dynamind Technique or the steps of the Placebo Technique respectively on the SUD scale from 0 to 10.

The study took place in Honolulu, Hawaii on the campus of the University of Hawaii at Manoa. The participants were chosen randomly among university students on the campus. The ethnic diversity of the Hawaiian population (see Figure 5) is also reflected in the chosen samples (see Table 1). This might even allow a generalization of the results, that is, that ethnic background does not influence the effect of the Dynamind Technique. The sample of 15 participants per group were chosen out of a homogeneous population (students), but were heterogenous with respect to sex, age, ethnic background and belief-system regarding alternative healing methods. The timing of the experiment, two weeks before final exams, helped to find participants easily with physical, mental or emotional stress-symptoms, but without being seriously ill or in need of medical support. This was a precondition of the study as it was supposed to also evaluate whether the Dynamind Technique could be applied in the realm of coaching and counseling clients.

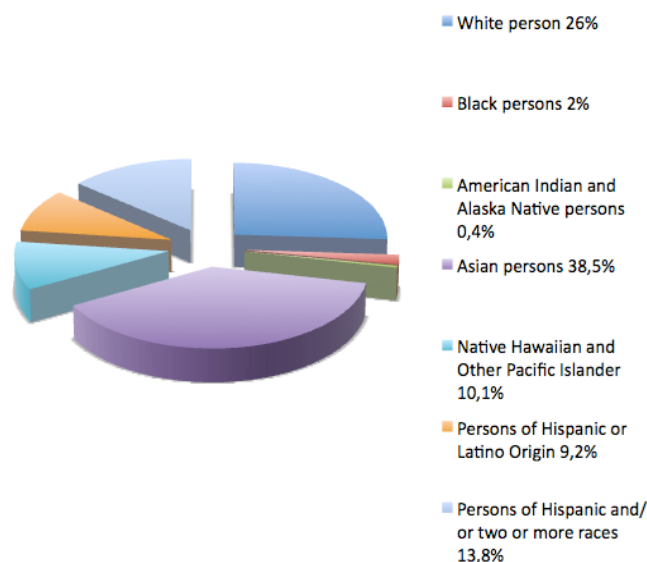


Figure 5 Ethnic background of Hawaii's population (U.S. Census Bureau 2012, Web)

Ethnic Background	Dynamind	Placebo
White persons	7	6
Black persons	0	2
Asian persons	5	0
Native Hawaiian/ Polynesian persons	1	0
Mixed background (2 or more Ethnies)	2	7 (6 out of 7 Asian/White)

Table 1 Ethnic background of the chosen samples

For this experiment the following **Placebo Technique** had been designed where the steps are also applied in 5 interventions with the SUD scale rating before and after each intervention. The Placebo Technique differs from the Dynamind Technique in each of the steps. Firstly, a participant stands straight and thinks of a cloud for about five seconds followed by clenching the hands into fists and squeezing them four times. In the next step the arms are positioned horizontally next to the body, thinking of the cloud again, clenching fists and squeezing them four times. The goal in designing the Placebo Technique was so that a) it does not use Dynamind's specific elements of gestures, statements, as well as tapping or breathing and b) that the Placebo Technique does not obviously appear as a bogus technique.

2.1 Result of chi-squared test

The chi-squared test (Greenwood, 1996) is a straight-forward statistical method. It requires the definition of a null hypothesis. For evaluating the effectiveness of the Dynamind Technique, we define the null hypothesis as follows:

The Dynamind Technique and the Placebo Technique are equally effective.

The chi-squared test should deliver a statement about the so-called p-value, that is, the probability (p) that the results of the two samples differ although both techniques have the same effect. The so-called significance level is typically defined as 5%, or even stricter as 1%. This means that the p-value (expressed in percent) has to be smaller than the significance level. If this is the case, the difference between the two samples is statistically significant, which is equivalent to the statement that the null hypothesis is falsified. In other words, the positive effect of the Dynamind Technique is statistically proven if the calculated p-value is smaller than 5%.

Preparation of data for chi-squared test. We have to define in advance what it means to have a technique that has a positive effect. Remember that the severeness of a problem is rated on the SUD scale from 0 to 10, with 10 being worst. We define that a technique has a positive effect if the severeness of the problem is reduced by 2 or more on the SUD scale between the first and the last (overall five) interventions.

Table 2 lists the improvements for each participant in the Dynamind Technique sample. Lines are red if no improvement can be observed according to the above definition. As one can see, the Dynamind Technique had a positive effect 12 times and no effect 3 times.

	Sex	before	after	change
student 1	M	6	3	3
student 2	F	7	4	3
student 3	M	4	0	4
student 4	M	7	4	3
student 5	F	7	4	3
student 6	M	4	4	0
student 7	M	5	1	4
student 8	F	6	4,5	1,5
student 9	M	7	6	1
student 10	M	6	3	3
student 11	F	6	3	3
student 12	M	7	2	5
student 13	M	6	0,5	5,5
student 14	F	3	0	3
student 15	M	8	5	3

Table 2 Results of the Dynamind Technique sample

Table 3 shows the results for the Placebo Technique sample. The Placebo Technique had a positive effect 5 times and no effect 10 times.

	Sex	before	after	change
student 16	M	7	6	1
student 17	M	5	3	2
student 18	M	10	9	1
student 19	F	4	3	1
student 20	F	4	3	1
student 21	F	3	1	2
student 22	M	6	4,5	1,5
student 23	M	4	3,5	0,5
student 24	F	6,5	4	2,5
student 25	F	4	4	0
student 26	F	3	1	2
student 27	M	3,5	1,5	2
student 28	F	5	3,5	1,5
student 29	F	6	6	0
student 30	F	7	6	1

Table 3 Results of the placebo technique sample

Table 4 forms the basis for the chi-squared test. The table fields that are labeled a, b, c and d (in brackets) are used as parameters in the calculation of χ^2 below.

	has effect	has no effect	Σ
Dynamind Technique	12 (= a)	3 (= b)	15
placebo technique	5 (= c)	10 (= d)	15
	17	13	30 (= N)

Table 4 Parameters for the chi-squared test

The formula for calculating χ^2 is as follows:

$$\chi^2 = \frac{(a.d - b.c)^2 \cdot N}{(a+c).(b+d).(a+b).(c+d)}$$

With the parameters taken from Table 4 the value of χ^2 results as follows:

$$\chi^2 = \frac{(12 \cdot 10 - 3 \cdot 5)^2 \cdot 30}{(12+5).(3+10).(12+3).(5+10)} = \frac{105^2 \cdot 30}{17 \cdot 13 \cdot 15 \cdot 15} = \frac{330750}{49725} = 6.65$$

According to the chi-squared method the χ^2 value of 6.65 implies a probability $p = 0,00995$, that is, $< 0,001$ or in percentages: $0,995\% < 1\%$

Thus, the result of the chi-squared test is that the Dynamind Technique has a positive effect with a significance level higher than 99% compared to the Placebo Technique. Another way of illustrating this clear result is as follows: if we would conduct the study numerous times, the result on average would be that in 99 out of 100 such studies, the Dynamind Technique would deliver better results than the Placebo Technique.

2.2 Results of analysis of variance (ANOVA)

The chi-squared test has the problem that the limit of what represents a positive effect has to be set arbitrarily. We used a reduction by 2 or more as that limit. This seems plausible, but the limit could equally be defined as 3 or 1 or another number. This categorization leads to a loss of data before the chi-squared test can be applied. Table 4 illustrates this loss of data: only the parameters a, b, c, and d are later used for calculating χ^2 , not the original values of the samples listed in Table 2 and in Table 3.

In order to come up with a sound, scientific result, we apply ANOVA (see Scheffé, 1959, and Montgomery, 2001) as an advanced statistical method to confirm the positive effect of the Dynamind Technique by avoiding the potential disadvantage of the chi-squared test sketched above. ANOVA's input data are the raw data in the before and after columns of Table 2 and Table 3. SPSS was used for the ANOVA.

The mean value is the severity of the problem and is quantified by the so-called dependent variable. Furthermore, we define two groups: 1) the intervention technique (Dynamind Technique/Placebo Technique) and 2) the sex of participants (female/male). This is why this kind of statistical analysis is called 2x2x2 design. Table 5 summarizes the descriptive statistics for the groups described above.

time	sex	condition	mean	variance	N
before	female	Placebo	4,7222	1,48137	9
		Dynamind	5,8000	1,64317	5
		Σ	5,1071	1,57112	14
	male	Placebo	5,9167	2,37522	6
		Dynamind	6,1000	1,37032	10
		Σ	6,0313	1,73656	16
Σ		Placebo	5,2000	1,90675	15
		Dynamind	6,0000	1,41421	15
		Σ	5,6000	1,69888	30

after	female	Placebo	3,5000	1,80278	9
		Dynamind	3,1000	1,81659	5
		Σ	3,3571	1,74784	14
	male	Placebo	4,5833	2,63470	6
		Dynamind	2,6500	2,05548	10
		Σ	3,3750	2,40486	16
Σ		Placebo	3,9333	2,15362	15
		Dynamind	2,8000	1,92539	15
		Σ	3,3667	2,08828	30

Table 5 Descriptive statistics

Figure 6 illustrates how the effects of the two techniques differ by plotting the sorted mean values for each sample. Table 6 and Table 7 show the results of ANOVA.

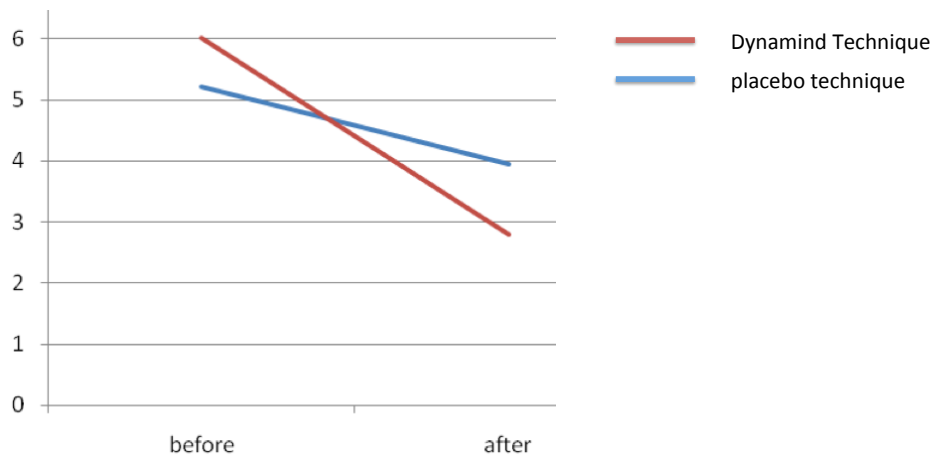


Figure 6 Plotted mean values for each sample

MASS_1

source		squared sum of type III	df	mean squares	F	Sig.	partial Eta-squared
time	assumed sphericity	65,585	1	65,585	81,367	,000	,758
	Greenhouse-Geisser	65,585	1,000	65,585	81,367	,000	,758
	Huynh-Feldt	65,585	1,000	65,585	81,367	,000	,758
	lower limit	65,585	1,000	65,585	81,367	,000	,758
time * sex	assumed sphericity	,642	1	,642	,796	,380	,030
	Greenhouse-Geisser	,642	1,000	,642	,796	,380	,030
	Huynh-Feldt	,642	1,000	,642	,796	,380	,030
	lower limit	,642	1,000	,642	,796	,380	,030
time * condition	assumed sphericity	11,181	1	11,181	13,871	,001	,348
	Greenhouse-Geisser	11,181	1,000	11,181	13,871	,001	,348
	Huynh-Feldt	11,181	1,000	11,181	13,871	,001	,348
	lower limit	11,181	1,000	11,181	13,871	,001	,348

time * sex * condition	assumed sphericity	,353	1	,353	,438	,514	,017
	Greenhouse-Geisser	,353	1,000	,353	,438	,514	,017
	Huynh-Feldt	,353	1,000	,353	,438	,514	,017
	lower limit	,353	1,000	,353	,438	,514	,017
error(time)	assumed sphericity	20,957	26	,806			
	Greenhouse-Geisser	20,957	26,000	,806			
	Huynh-Feldt	20,957	26,000	,806			
	lower limit	20,957	26,000	,806			

Table 6 Tests of inner subject effects

MASS_1

source	squared sum of type III	df	mean squares	F	Sig.	partial Eta- squared
constant term	1144,851	1	1144,851	181,015	,000	,874
sex	3,918	1	3,918	,619	,438	,023
condition	,995	1	,995	,157	,695	,006
sex * condition	5,101	1	5,101	,806	,377	,030
error	164,440	26	6,325			

Table 7 transformed variable: means

Interpretation of the ANOVA results. On the one hand, the results confirm clearly that a participant's sex has no influence on the technique's effect and does not interfere with any other variable. On the other hand, only one effect is significant, namely that the Dynamind group shows the statistically significant and stronger improvements measured on the SUD scale. The above tables show these findings as follows:

- (1) **A participant's sex has no influence on the technique's effect and does not interfere with any other variable:** The values marked in green in Table 6 and Table 7 are all significantly higher than $p = 0.05$, that is, above the threshold which marks the statistical significance. The result that the sex has no influence on the improvements (measured between 0 and 10 on the SUD scale) is extremely helpful, because otherwise we would have to consider the reason why men and women experience different improvements when the Dynamind Technique or the Placebo Technique respectively is applied. It would also be necessary to incorporate a further step to investigate whether the effects of the techniques can only be explained by a participant's sex.
- (2) **Only one effect is significant,** that is, $p = 0.001$, marked red in Table 6: **The Dynamind group shows the statistically significant and stronger improvements**

measured on the SUD scale. The value 0.001 of p means that the probability that this effect was found by accident is only 0.1% when measurement time (before-after) and applied technique are taken into consideration.

The effect size is very high: the partial eta-squared $\eta^2 = 0.348$, marked turquoise in Table 6, means that 35% of the variance of the problem quantification (between 0 and 10 on the SUD scale) is due to the particular applied intervention technique. A value $\eta^2 = 0.348$ corresponds to Cohen's $d = 1.4612$ or a correlation of $r = 0.59$.

To sum up, ANOVA confirms clearly the positive effect of the Dynamind Technique. A valid critique is that, similar to many other scientific studies, the sample size is small and the study was not conducted as a double-blind one. Note that the study was conducted in the realm of a master thesis with limited time and budget. This fact should encourage double-blinded studies with larger sample sizes which would further contribute to the acceptance of Dynamind.

3 Related work

As tapping or energy psychology techniques boom all over the world, the summary table (see Table 8) shows only a selection of currently used techniques in the United States, Europe and Australia. This table shows the variety of related work as well as the creators, their backgrounds, influences and scientific evaluation, but does not describe the techniques in detail. It is not a conclusive summary, because new techniques are always being invented or well known techniques are reappearing with a new look. Gallo (2000) refers to his historical summary also as Acu-Tap, HBLU (Healing from the body level up), BSFF (Be set free fast) and Matrix Work.

Acronym/ Name of the technique/ method	DMT: Dynamind-Technique	TFT: Thought Field Therapy	TAT: Tapas Acupressure Technique	EFT: Emotional Freedom Techniques	EDxTM: Energy Diagnostics and Treatment Methods, Energy Psychology	PEP: Process oriented Embodiment focused Psychology (former: Process oriented Energetic Psychology)	PET AEM Provocative Energy Techniques; Simple Energy Techniques; Advanced Energy Methods
Invented by	Serge Kahili King, PhD	Roger Callahan, PhD	Tapas Fleming	Gary Craig , BS, Stanford	Fred P. Gallo, PhD	Michael Bohne, PhD	David Lake, PhD ; Steve Wells
Formal education	Psychologist Hypnotherapist Bachelor in Asian Studies, Master in International Management; Shaman	Psychologist	Licensed Acupuncturist	Bachelor of Science in Engineering Coach Trainer	Psychologist	Medical Doctor Psychotherapist Coach Trainer	Medical Doctor, Psychotherapist, Psychologist
Inspired by ...	William & Laka Kahili (hawaiian shaman) Roger Callahan Gary Craig	George Goodheart	Dr. Devi Nambudripad	George Goodheart; John Diamond; Roger Callahan; John Grinder & Richard Bandler- (NLP-Begründer)	George Goodheart; John Diamond; Roger Callahan; Francine Sharpiro	George Goodheart; John Diamond; Roger Callahan; Fred P. Gallo Gary Craig Francine Sharpiro Gerald Hüther	Gary Craig Roger Callahan
Influenced by ... techniques	Hypnotherapy, Acupuncture, Acupressure EFT Kahi Loa (Hawaiian Touch Therapy) Yoga-Breathing-Techniques Piko-Piko- (hawaiian Breathing Technique)	Acupuncture, Acupressure	Acupuncture TCM Meditation	Acupuncture, Acupressure Applied Kinesiology TFT NLP	Acupuncture, Acupressure Applied Kinesiology TFT EMDR	TFT EDxTM EFT EMDR & Energy Psychology Approaches	EFT TFT & other Energy Psychology Approaches
Country of origin	USA (Hawaii)	USA (California)	USA (California)	USA (California)	USA (Pennsylvania)	Germany	Australia
Year of invention	2000	End of the 1970es	1993	1995	EDxTM: 1997 Energy Psych. in 1998	2008	2010
Official Web-Sites	www.huna.org	www.rogercallahan.com	www.talife.com	www.garythink.com	www.energypsych.com	www.dr-michael-bohne.de	www.eftdownunder.com
Literature	Healing for the Millions ISBN 1-890850-20-9 Die Dynamind-Technik ISBN 3-363-03052-5	Tapping the Healer within ISBN 0-8092-9879-1	TAT for a stressfull event (Free Booklet to download)	The EFT-Manual ISBN 978-1-60415-066-7 The Promise of Energy Psychology ISBN 978-1585424429	Energy Psychology ISBN 0-8493-2246-4 Energy Diagnostics and Treatment Methods ISBN 0-393-70312-6	Klopfen mit PEP ISBN 978-3-89670-730-7	New Energy Therapies ISBN 09579386 1 6
Scientific studies	this study: Case-Studies (King, 2004 a, b)	Study of Charles R. Figley, PhD www.trauma-pages.com/ftft.php Kaiser-Permanente - Study: www.ftfcenter.com/article_s_research.html	Kaiser-Permanente pilot study TFT for maintaining weight-loss www.kpchr.org/research/public/News.aspx?NewsID=9	EFT-Research-Pages: www.eftuniverse.com/index.php?option=com_content&view=article&id=18 www.eftdownunder.com/docs/EFTStudy.htm	No clinical trials known so far (EdxTM); Overview to Energy Psychology Research: www.energypsych.com/readings/research-in-energy-psychology/	No clinical trials known so far, Case Studies (Bohne, 2010)	No clinical trials known so far

Table 8 Overview of Tapping Techniques

It might be of interest to take a closer look at two related techniques, EFT and TFT. In his review of current evidence that examined in a number of studies, that met accepted scientific standards, Feinstein (2012) showed that the use of acupoint stimulation, in particular through the protocols of EFT or TFT, in treating psychological disorders (including PTSD, anxiety, chronic pain, etc.) consistently, demonstrated strong effects after relatively few treatment sessions. EFT and TFT are both energy psychology- or tapping- techniques which have a client tap certain acupoints while activating a mental or emotional problem. Both techniques use the SUD rating before and after each tapping sequence. The additional “9- Gamut procedure”, is a separately used intervention that should stimulate left-right brain integration and information processing (Feinstein 2012). TFT and EFT differ in the number and choices of acupoints used and in the application of the 9-Gamut procedure. Feinstein (2012) concluded that “speculation on the mechanisms involved suggests that tapping on acupoints while a presenting emotional problem is mentally activated rapidly produces desired changes in the neurochemistry involved in that problem”.

The scientific discussion on theories about the causes and effects of the tapping-techniques emphasizes neurobiological, embodiment-focused and neurohumoral theories; theories of reciprocal inhibition; theories of self-efficacy- or self-esteem experiences. It also includes the satisfaction of basic needs such as authority, autonomy, influence, connection and even the controversial „classical“ energy explanation theory might be confirmed by theories of bioelectrical fields and piezoelectric effects (Bohne, 2010). Other effective factors might be stress-reduction (Achterberg, 1985; King, 2004), imagery (Warnke, 2011) and touch itself, through the influences on hormones such as Cortisol and Oxytocin (Ekmekcioglu & Ericson, 2011).

4 Conclusions

This is the first scientific, randomized, single blind study on the Dynamind-Technique which is a tapping, or more generally speaking, a self-healing technique. As far as the outcome of this study and its strong effect and size (statistically significant changes from pre- to post-treatment) shows, Dynamind can be considered a promising tool in coaching and counseling. It is also suitable in a coaching setting for the personal use and benefit of the client in between sessions. It has proven superior to the Placebo Technique in treating

several mental, emotional or physical stress-symptoms of different intensities. Its use can be recommended, in the sense of 'help to help yourself' in a coaching and counseling context or for self-application in between sessions for:

- calming, focussing, centering
- being aware of oneself, one's problems and self-healing-capabilities
- experiencing self-effectiveness
- achieving a receptive and workable state or condition
- being able to breathe consciously and use the actual breathing technique
- work on dysfunctional beliefs, convictions and emotions
- relieve physical symptoms and pain

Positive side-effects of Dynamind in a coaching or counseling setting could be an increase in rapport, an understanding and connection between the client and coach through the simultaneous practise of the technique- triggered through mirror neurons (Bohne, 2010). The appliance of Dynamind, at the same time as the client, could also work as a mental hygiene action for the coach. These side-effects are, so far, due to observation and hypothesis and have to be scientifically proved.

Future randomized, controlled (double-blind) inquiries or trials should focus on the different parts of this technique, on its long-term effects, on its use for specific symptoms or target groups and to compare its effect to those of related techniques such as EFT or TFT or the use of other active therapeutic ingredients.

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