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Doing Wholeness, Producing Subjects: Kinesiological Sensemaking and Energetic Kinship

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Abstract

This article is concerned with the ways in which bodies and subjects are enacted and negotiated in the encounter between client and practitioner within specialized kinesiology – a specific complementary and alternative medical practice. In the article we trace the ideas of connections and disconnections, which are conceptualized and practised within kinesiology. We attempt to come to grips with these specific notions of relatedness through the introduction of the concept 'energetic kinship' and to relate them to more general discussions about the nature of subjects, bodies and social identity in late modern society. We argue that through the particular approach to the body as a prime locus of knowledge on which kinesiological treatment practices are based, kinesiology offers clients an alternative understanding of being-in-the-world. The understanding of the body as the locus of knowledge might, on the one hand, potentially alleviate the individual from the weight of a late modern focus on self-responsible, rational and autonomous individuality, while, on the other hand, it simultaneously supports this understanding. Hence, we argue that kinesiology operates with a subject which is both inherently related *and* individual at the same time, and that these particular understandings may be appealing in a world in which health and illness are increasingly seen as a question of individual responsibility. The article was written on the basis of interviews and participant observation among kinesiological teachers and practitioners in Denmark.

Keywords

articulation, bodies, enactment, energetic kinship, energy, kinesiology, relations

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Discussions about how to conceptualize the body have long been at the forefront of medical anthropology and sociology (Martin, 1987, 2000; Scheper-Hughes and Lock, 1987). Furthermore, discussions of the body have often been inserted into broader theoretical discussions about the relationship between mind and body, culture and nature, subject and object (Latour, 2004; Mol, 2002; Scott, 2002; Strathern, 2004 [1991]). This article is concerned with the emergence and enactment of bodies and subjects within specialized kinesiology in Denmark[1] – a specific type of complementary and alternative medical practice.[2] We argue that kinesiology operates with a subject that is both inherently related *and* individual at the same time. To capture this dynamic interplay we propose the notion of 'energetic kinship' as a key to understanding what kinesiology and related treatment practices offer their clients.

However, before we explore these notions and practices, we would like to insert kinesiology into the broader landscape of complementary and alternative medicine research, and to address the methodological approach and empirical basis of this article.[3]

Research in the Use of Kinesiology

Since the 1960s, western countries have experienced a steady growth in the public and academic interest in complementary and alternative medical practices. This interest has implied an increased focus on therapies such as reflexology, acupuncture, osteopathy and kinesiology (Eisenberg et al., 1998; Ekholm and Kjøller, 2007; Fisher and Ward, 1994; Thomas et al., 2001). In Denmark, around half the population has made use of these therapies at some point during their lifetime.[4]

Research literature points to a variety of reasons for the increasing use of complementary and alternative medicine and suggests the complexity of the issue. Some research suggests that is a consequence of clients' negative experiences with biomedical practices, or of a general belief in alternative conceptualizations of health and illness and, we would argue, the body (Boon et al., 1999 in Baarts and Kryger Pedersen, 2009). Other research suggests that complementary and alternative medicine users actually draw more upon conventional health services than those who never make use of these treatment forms (Baarts and Kryger Pedersen, 2009; Ekholm and Kjøller, 2007). Researchers have moreover argued that

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complementary and alternative medicine attends to an existential need for more meaningful explanations of chronic or acute illness than the conventional health system can offer (Jenkins et al., 2005; Lupton, 2003; Taylor, 1999), and might act as a substitute for religious affiliation and express a postmodern longing for disembodiment (Beck, 1992; Heelas and Woodhead, 2005; Turner, 1984; Zuess, 2005). Research on Danish clients' experiences and motivations for using such therapies confirms part of this picture, and Baarts and Kryger Pedersen (2009) argue that these experiences may additionally produce a sense of bodily responsibility, which induces new health practices. This change takes place due to the attention afforded the body, making the absent body present and thereby producing a heightened awareness of bodily sensations and relations (see also Leder, 1990).

Kinesiology often appears as an integrated part of other complementary and alternative practices, for example, when alternative nutritional advisers or homeopathic counsellors are consulted. Here, the practice of kinesiology often functions as a diagnostic tool, employed in order to detect the ailments of the client and prescribe a cure. However, kinesiology is first and foremost an independent treatment form, which draws on concepts from both western and eastern medicine. It was introduced by the American chiropractor George J. Goodheart in the 1960s. Inspired by Chinese medicine, he argued that muscles are related to energy lines in the body, described as meridians, and that it is possible to test the condition of these meridians by the strength of the corresponding muscle (Frost, 2002). These assumptions contributed to the development of the muscle test, which is used by kinesiologists to detect what are perceived as 'imbalances' or blockages, not only in what would conventionally be understood as the physical body, but also in the emotional, biochemical and mental pathways of the patients (Frost, 2002). Building upon these ideas of 'applied kinesiology', another chiroprator, John F. Thie, developed the system *Touch for Health* as a way to 'balance' the body through techniques that can be practised by people with no chiropractic background. This system is represented at the different Danish schools of kinesiology as part of 'specialized kinesiology'. In Denmark specialized kinesiology is the most widely practised form of kinesiology. This particular form has been developed into a diverse range of techniques and approaches, drawing on concepts from the Indian chakra system, traditional Chinese medicine, as well as

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conventional medicine. Furthermore, some practitioners combine kinesiology with the esoteric teachings of Alice Bailey.

Turning to research on kinesiology, very few studies have been conducted on approaches to kinesiology and clients' motives for choosing it. Most international studies are effect-oriented, and furthermore have concentrated on applied kinesiology (Hall et al., 2008). Research on kinesiology in Denmark is similarly very limited, with the notable exception of Helle Johannessen's (1994, 1996, 2007) anthropological studies.[5] Other research focuses on empirical mapping of the treatment and its outcome (Goldschmidt, 2008). The study underlying the present article departs from Johannessen's (1994, 1996, 2007) analysis of kinesiological practices and perceptions of the body as *multi-dimensional*. While focusing on the perspectives and practices of the practitioners, this article contributes to studies delving into the reasons for the use and practice of complementary, alternative medicine and to studies shedding light on particular enactments of bodies and subjects. Furthermore, the article contributes to the international research dealing with existential dimensions of health and illness, and more specifically with issues of shaping social identity through socio-material and therapeutic practices.

Methods

The empirical material that forms the basis of this article was produced through the project entitled: 'The Kinesiological Body: An Anthropological Exploration of the Kinesiological Worldview through Tales of the Body'. The project consisted of three months' intensive fieldwork with four researchers working closely together, both during participant observation in teaching and treatment sessions, and in relation to interviews with the kinesiologists about their professional knowledge and therapeutic practices. The study focused on two of the most prominent kinesiological schools in Denmark known as 'pedagogical' and 'transformation' kinesiology, respectively. These schools differ in the emphasis attributed to spirituality; in this article, however, the focus is on the similarities rather than differences. During fieldwork we followed several formal kinesiological training courses, training like the participants, and observed treatment sessions in two clinics in the Copenhagen area, followed by interviews with the practitioners. Finally, we interviewed six very experienced kinesiologists, four of whom are trendsetting teachers in

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the context of Danish kinesiology, and read through training manuals and textbooks on kinesiology. Inspired by Mol's (2002) praxiography we looked for ways in which the body was enacted through socio-material practices by paying attention to the socio-material relations and disjunctures appearing in the practices recorded in kinesiological textbooks and in the courses taught. Furthermore, we approached our empirical field through asking the research questions sketched out in the following section.

Focusing through Questions

The kinesiological treatment practices seem to dissolve the conventionally perceived gap between mind and body, subject and object. As Helle Johannessen argues, 'the patient's physical body within the kinesiological practice is no longer an object separated from the patient's consciousness and subject' (1994: 135). But it is not within Johannessen's analytical scope to show how this apparent gap is bridged and how different notions of subject and object are enacted in kinesiology. In this article, we expand upon Johannessen's work by arguing that kinesiology does more than overcome conventional dichotomies. Hence we show how a specifically related subject is enacted through particular socio-material practices within kinesiology. We explore this subject-matter by posing the following questions:

1. How are connections between bodies, subjects and objects understood and practised within kinesiology?
2. Which kinds of subjects and bodies subsequently emerge in and through kinesiological practice? And finally:
3. Which kinds of notions of being-in-the-world are thereby made available to the clients?

Before we attempt to answer these questions, let us briefly immerse ourselves in the practice of kinesiology through the presentation of an initial test performed by a kinesiologist in her clinic. The initial test is supposed to ensure the client's presence and bodily willingness to work with the kinesiologist. Furthermore, the test is thought to ensure that the results of the subsequent treatment are not corrupted by, for example, an imbalance in the client's water-balance, based on the assumption that the body requires a certain amount of liquid in order to perform accurately during the muscle test. The kinesiologist uses the client's arm for the test. As light

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pressure is applied, the kinesiologist interprets the movement or non-movement of the arm to deduce the client's bodily responses:

> *Kinesiologist*: Very well, then I just need to pull your hair, and test if there is enough water in all your organs [kinesiologist pulls client's hair, and puts light pressure on client's arm; 'testing'] and there is! You are present here with your consciousness, your sub-consciousness and your body-consciousness? [testing] and you are willing to harvest the full potential of everything we will work with today 100 percent; physically? [testing], mentally? [testing], emotionally? [testing], on known as well as unknown levels? [testing] and you are also 100 percent present? [testing] I have permission to test you? [testing] It would be better if I didn't? [testing] Okay, I have permission, good!

Kinesiology frames a particular encounter between what is conventionally thought of as two subjects – client and practitioner – based on what the kinesiologist perceives as reading the bodily feedback from the client through physical touch. As touched upon previously within kinesiological understanding, the human being consists of different dimensions – the physical, mental, emotional, and what the therapist above calls 'known as well as unknown levels'. Illness is understood as an expression of imbalance in one or more of these interconnected dimensions or levels, which the kinesiologist subsequently attempts to (re)balance through different bodily therapeutic practices. The imbalances in this system, as well as the remedies or practices devised to re-balance the system, are tested for accuracy via the body, through the muscle test. In kinesiology, then, different dimensions inside and outside physical bodies are understood as related and expressed through the body. These understandings give rise to ways of conceptualizing the subject-in-the-world. We will look further into these conceptualizations with the help of particular theoretical and methodological approaches, outlined in the following section.

Theoretical and Methodological Approaches and Inspirations

In order to zoom in on kinesiological ideas about connections and disconnections and how they are enacted in the specific socio-material practices of kinesiology, we have found the concept of 'relatedness', stemming from anthropological kinship studies, useful.[6] The concept of relatedness makes it possible to focus on the specific kinesiological perceptions of

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how and when things 'hang together' and when they do not. Furthermore, we use the notion of kinship, from which relatedness was developed, to point to the notions of sentient beings as part of 'one big family', enabled by the kinesiological understanding of energy. To this broad notion of relatedness we add Marilyn Strathern's notion of 'partial connection', the Latourian notion of 'articulation' and Mol's idea of 'enactment'. All these notions are also fundamentally about how things – subjects and objects – are related, connected and disconnected. Strathern, Latour and Mol, however, provide tools with which we are able to approach and analyse our particular field (Latour, 2004; Mol, 2002; Strathern, 2004 [1991]).

Hence we are inspired by one of the more recent trends within social science, broadly known as the 'material turn'. This term covers a renewed interest in the relations between the material and social. Its proponents oppose the privileged position accorded to, for example, discursive analysis and human agency within social science. We are specifically inspired by the ways in which Latour, Mol, Gell, Bennett and others reconceptualize the social and material and situate the material and social within the same domain (Bennett, 2010; Gell, 1996; Mol, 2002; Pels, 1998). Since we are inspired by these reconceptualizations of the social and material, we inscribe ourselves into an approach to bodies and subjects which generally argues that there are no pre-established subjects and objects. In other words, there are no *stable* essences to be found 'out there'; instead, subjects and objects are 'vibrant matter' constituted in a process of continuous becoming (Bennett, 2010; Latour, 2004; Mol, 2002; Mol and Law, 2004; Strathern, 2004 [1991]).

Methodologically, as mentioned earlier, we draw on Mol's 'praxiographic enquiry' in order to focus empirically on subjects and objects as entities, which are 'done' in and through practice, as well as on knowledge as something that is located, for example, 'in events, buildings, instruments, procedures, and so on' (Mol, 2002: 32). Mol suggests that:

> the assumption that we *have* a coherent body or *are* a whole hides a lot of work. This is work someone has to *do*. You *do* not have, you *are* not, a body-that-hangs-together, naturally, all by itself. Keeping yourself *whole* is one of the tasks of life. It is not given but must be achieved, both beneath the skin and beyond, in practice. (Mol and Law, 2004: 57, emphasis in original)

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At the same time, we draw on Strathern, who is more interested in the relationship *between* part and whole than Mol, who focuses on how wholes are brought about. With her notion of partial connection she proposes that part and whole are constituted in an interdependent, continuously shifting figure–ground relationship. From a Latourian perspective, however, all these processes could be understood as 'articulation', since Latour's (2004) approach implies that both parts and wholes are the outcome of articulation. Furthermore, Latour's concept of 'articulation', with its specific focus on the way in which bodies emerge *through difference*, seems to provide a useful way of expanding upon Mol's concept of enactment. Both the notions of 'articulation' and 'partial connection' provide analytic tools which resonate with and help us unpack certain kinesiological practices.

In kinesiology, bodies, subjects and objects are attributed specific meanings in different treatment practices. In the following, we therefore explore the specific ways in which bodies, subjects and objects come into being through a dynamic interplay between laborious processes of separation and connection.

In order to pinpoint the specific ways in which these processes are shaped, and analyse the particular understandings and practices of relatedness at play in our field, we develop the notion of 'energetic kinship'. On the one hand 'energetic kinship' refers to the empirical notion of energy, as used by kinesiologists, and on the other hand it is informed by the theoretical and analytically invested tradition of kinship and relatedness studies, with its focus on social practices, extended by our focus on materiality, and processes of becoming. The notion of 'energetic kinship' then allows us to analyse the connections and disconnections continuously negotiated within kinesiology.

Having presented our main questions, inserted the article into the research literature on complementary and alternative medicine and briefly described our theoretical and methodological approach, we now return to the actual kinesiological treatment sessions.

Treatment Sessions: Muscle Testing and Balancing

> Human beings consist of a physical part pervaded by an energetic part. Then there is the emotional part, the mental and spiritual part,

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> and they all pervade all cells. Humans are holographically built – a small part reflects totality. So when you work with muscles, then you work with the whole human being. This [fact] is what we make use of [in the muscle test]. (Interview with kinesiological practitioner and teacher)

As mentioned, the initial test is carried out through the muscle test. A muscle in the client's body is understood to provide feedback from a more comprehensive system of interrelated dimensions, as an indication of whether there is emotional, physical or other stress attached to a specific question posed to the client's body. The muscle test is usually performed by the kinesiologist posing a question while pressing lightly on the client's stretched arm. If the arm does not drop down but 'holds strong', despite the light pressure applied to it, it is interpreted by the kinesiologist as an indication that there is no stress in the client's system attached to that question. If the arm 'drops', however, it is interpreted as an indication of stress in what is defined as the bodily system.[7] This way of testing forms the basis of kinesiological theory and treatment practice.

Treatment sessions as we have observed them, typically begin with a conversation between client and practitioner centred on what the client sees as his or her current problem. Then the initial muscle test follows. This test serves to determine the relevant focus of attention. Therefore, what the client perceives as her main problem will not necessarily be at the centre of attention during treatment. Instead, it is by testing the client through the muscle test that the kinesiologist 'gets access to' the client's body, and the impulses from the body which point to the issues in need of treatment and to the correct form of action to be taken. Thus knowledge about any dimension of the person and potential remedies for afflictions is obtained through the muscle test – that is, through the body. This multidimensionality is also found by Johannessen, who analyses the muscle test as a way of opening a dialogue between practitioner and the client's body–mind, as well as an interview guide in relation to psychological, social and environmental issues within the life of the client (Johannessen, 1996: 121; Scott, 1998a: 24). The treatment of the client's condition is known as 'balancing' and is carried out through the use of, for instance, different body postures, visualizations or by making the client conscious of the relevant problem and how it is related to

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the different levels in and outside the body. As part of the treatment, a set of exercises or practices are often given to the client as 'homework'. Homework could involve, for example, homeopathic drops, massage, yoga exercises, special diets or vitamins, affirmations, visualizations, etc. Which specific set of practices is put into use depends – again – on the outcome of the muscle test and thus on the body.

A teacher explains:

> The consciousness, which inhabits the body, is the memory of the cells. So the body remembers. Whatever we have learnt is all in our body, and it creates certain patterns in it. So it is the actual consciousness of the body which we get access to through the muscle test and hence feedback from the body itself. This feedback, then, comes up and the client becomes conscious of it, when she puts it into words.

As kinesiologists intend to access all dimensions of the human being *through* the body, and ascribe consciousness *to* the body, the duality between body and mind, often assumed within western post-Enlightenment ontology as a fundamental ontological fact, changes. Body is mind and mind is body. The body is positioned as a natural authentic location of knowledge, social relations and essential self. According to this understanding, *the body knows* and provides authentic answers, sometimes contrary to the mind in the Cartesian sense. The Cartesian body, according to Leder, for instance, has been taught to override bodily signals as irrelevant through socialization into a society privileging rationality and reason – mind over matter (Leder, 1990). Hence, whereas biomedical therapy is, according to Scott, generally seen as successful if it 'returns the cured body to a state of phenomenological absence', in kinesiology, as well as in other complementary, alternative treatment practices, the body is conceived of as necessarily 'expressive' (Scott, 1998a: 23; see also Leder, 1990). A kinesiologist explains:

> It is the body itself which possesses the truth, it is the body itself which knows what needs to be done.... I could write a novel after a treatment session but I cannot write anything about what I will be doing before [the treatment session]. Kinesiology is a method which gives you feedback from the body about what needs to be done [in relation to the client and the ailment]. (Interview with kinesiologist)

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So the knowledge of and feedback from the body is understood to be communicated through a particular muscle, and the body is enacted as an entity with natural self-healing potentials and an inherent knowledge of an authentic and original balanced state.

Learning to Sense Differences

As part of our fieldwork we were trained in the art of muscle testing. At one of our first sessions, one of us was placed in front of the teacher who started the initial muscle test:

> *Researcher*: In the beginning I don't feel any difference in the reaction of my arm – the pressure which Marian [the teacher] applies to my arm is very subtle. However, I gradually sense that there are certain movements in my arm, it feels a little like being attached to something like a 'lie detector'. It is out of my control . . . (Excerpt from fieldnotes from a course in kinesiology)

Later on we were placed in pairs in front of one another and asked to perform the muscle test on another course participant. This time a similar feeling of gradually being able to sense more nuances in the response of the other person's muscle presented itself:

> *Researcher*: I am applying a light pressure to Hannah's arm. At first I am unsure of what I am actually picking up. . . . Am I just doing guesswork? But after several repetitions I gradually experience that I am actually capable of sensing when the muscle gives in and when it holds strong. (Excerpt from fieldnotes)

The muscle test in this empirical example works as a marker of articulation in a Latourian sense, because the bodies in the treatment session are bodies in the process of becoming sensitive to one another. Latour states: 'to have a body is to learn to be affected, meaning "effectuated", moved, put into action by other entities, humans or non-humans' (2004: 205).[8] Like Latour we use articulation to describe this process of becoming more sensitive to (or affected by) layers of differences. However, as with the French 'noses' described by Latour (2004), training is needed in order to be able to register layers of progressively smaller differences.[9] The muscle test can be seen as a sensitizing technique, which introduces ever subtler differences, thus permitting the client to 'acquire a new

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body'. In this context the notion of articulation provides a possible understanding of the *fine tuning* that goes on during the muscle test, a process which Mol's broader notion of enactment does not seem to capture.

Within this meticulous practice, the state of the body is articulated and communicated through what are taken as different expressions of a muscle. Taking this further, how, then, does this specific enactment of bodies influence the way in which the relations of practitioner and client are perceived and practised?

Practising Relations, Producing Wholes

When the body is enacted as inherently related in kinesiological treatment sessions, this sometimes leads to confusion about body boundaries. This confusion became clear through a kinesiologist's tale of a day's treatment sessions, and how she sometimes found it difficult to know whether the problem she detected through muscle testing was located in the client's body or actually in her own:

> in two subsequent treatment sessions, one with Mary and another with Ruth [both clients], I have experienced that the gallbladder meridian emerged as imbalanced. When something like this happens twice in a day, even though I have prepared myself in the morning, I feel that it could actually be *my* gallbladder that is involved [not the client's]. In these situations I simply ask and test: 'Is what I am picking up you [the client] or me?' And [in this case] it turned out, that she [the client] emerged. Great, then she is the owner of the problem [not me]. She could have suddenly taken over my [problem] so in order for me to work in an appropriate way, I have to be attentive to whether it might be my problem and not hers . . . (Interview with kinesiologist, following observation of a kinesiological treatment session)

In this example practitioner and client are seemingly entangled. The distinction between what are otherwise known as their individual physical bodies is unmade. It subsequently requires specific practices from the kinesiologist to disentangle herself and the client, and thereby find out where – that is, in the client's or in the praticioner's body – the ailment is located. The impulses of the actual organs of the kinesiologist and client have seemingly merged – conventional 'figures' have become 'ground', to use Strathern's vocabulary. The kinesiologist has her hands on the client but cannot

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distinguish between the impulses. The client's body parts, the practitioner's body parts and the context surrounding them have merged into one system, making a separation of the whole into parts more laborious than the actual production of the specific kind of system or whole, which is thought to be there to begin with. The muscle test in this example serves to introduce the differences needed in order to establish and distinguish between the bodies of client and kinesiologist, respectively. Without differences, no articulations, and hence no individual bodies (cf. Latour, 2004). The kinesiological body in this example is reminiscent of what Sheets-Johnson calls 'the somatically felt body' (in Blackman, 2008: 52), a body which is 'never singular and never bounded so that we clearly know where we end and another begins' (Sheets-Johnston, 1992: 3, quoted in Blackman, 2008: 10).

However, the situation is not as clear-cut as it might seem. Whereas the kinesiologist finds it hard to distinguish between impulses, she simultaneously addresses both the gallbladder of the client and her own gallbladder and poses the question, 'Is it you, or me?' She thus re-installs the boundary between herself and the client in terms of different body organs. This shifting figure–ground relationship points at two ways of enacting bodies, that is enacting the client's and the practitioner's bodies as one entity, and enacting the client's and the practitioner's bodies as separate entities. Whereas kinesiological practices sometimes seem to be primarily directed at *disentangling* and carving out subjects from an inherent entanglement, at other times practices may be directed at *establishing* relations between what are commonly perceived as separate entities outside the kinesiologist's clinic.

In the empirical example above, two very different body perceptions and practices are reflected. First, a thoroughly related body, sometimes difficult to separate from other bodies, and, second, the body as an entity that becomes related to other bodies through kinesiological practices. These two different ways of enacting bodies seem to coexist in what we, following Mol, might call 'coherence-in-tension'. The bodies enacted in kinesiology, then, are neither fragmented nor whole, instead they are both – in a complex and contextual configuration and in what Strathern calls 'partial connection' (Strathern, 2004 [1991]: 27; cf. Mol, 2002: 16). We argue that this simultaneity is an essential part of kinesiological treatment practices.

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In the following we will look into the way in which objects are enacted through, and become an inherent part of, the relations established during treatment.

Secretions

The practical usage of different physical objects and remedies points to a specific kinesiological way of understanding and practising relations:

> Through spit and urine you can get information about the state of the body. You put the secretions in a plastic bag, so if Kathrine [18-month-old child] does not want to be tested, I will put the plastic bag [containing the samples of her spit and urine] on the mother's stomach and then test the mother as surrogate. (Notes from observation in a clinic, kinesiologist explains proceedings to the researcher)

The kinesiologist explains that through a plastic bag containing the secretions of another person, it is possible to access the full body impulses of that person. The body fluids are not just representational, that is, a symbol or a fetish. Instead, the body fluids share a part of an ontological dimension – and possess the agency – of the particular person involved (cf. Henare et al., 2007; Pels, 1998). In other words, extracts of a person, just like the spit/urine secretions described in the empirical example above, seem to be able to act on behalf of the person to which they belong as an instance of 'abducted agency'. The kinesiologist in the empirical excerpt explains that the body fluids will be able to act on behalf of the child if she doesn't want to be tested. By practising in this case the surrogate relationship, the kinesiologist establishes a specifically related subject, that is a subject related through what would generally be conceived of as an object (a bag containing body secretions). Thus the mere physical contact with the extracts establishes a relation beyond the notion of biological kinship between mother and child – a relation of 'energetic kinship'.

The Kinesiologist's Clinic

In the clinic of this particular kinesiologist, manuals and remedies were on display. On the shelves were little suitcases, one containing flower essences, others containing samples of essential amino acids, together with all her work manuals. On the wall were posters depicting

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the idioms of practice such as the *emotional barometer*.[10] Her main manual was laminated, indexed page by page and put in a special holder on the wall – easy to access when needed. Under the couch stood a large basket with different kinds of musical instruments and sound-makers.

During practice, the objects on display were actively engaged with and thus shaped the therapeutic process itself. We observed that, having determined in which dimension the ailment should be found, the therapist would then point to different objects in the room, asking the clients by using the muscle test: 'Is this important?' or 'Is this what we need?' In this way objects in the clinic formed part of and engaged with clients and practitioners through practice. Hence, within kinesiology, things and persons merged, bodies were extended as bodily techniques merged with other material substances such as books and posters.

In the article 'Vogel's net', Alfred Gell (1996: 36) argues that material objects can be viewed as possessing what he terms a 'secondary agency'. Using animal traps as an example, Gell establishes that the trap both represents the hunter and constitutes a representation of the prey. The trap is, in other words, not merely a tool but 'a component of a particular type of social identity' (Gell, 1998: 21). Without the trap (or any other object, referring to the category 'hunter'), the 'hunter' would not exist. By implication the trap 'makes the hunter'. Looking at kinesiological practice in these terms implies understanding the actual physical setting and adornment of the clinic as an inherent and inextricable part of the treatment practice in itself, rather than as merely a surrounding context. This raises interesting questions about the relationship between subjects and objects, and suggests that by engaging with objects we are in fact also *'doing' subjects*.

Kinesiology in this context appears to constitute an empirical exemplification of 'the material turn', through the ways in which subjects and objects emerge, merge and separate in kinesiological practice. Kinesiological practices, then, apart from being based on preconceived theoretical conceptions of the world, simultaneously present and produce particular understandings of the world and the subject for the client, for example, by including objects and surroundings as an active part of the therapeutic practice.

Thus far we have established that subjects within kinesiology can be understood as distinct individuals as well as merged with other

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subjects, and that subjects not only merge with other subjects but also with material objects and the surroundings as well. These types of entanglements and disentanglements are quite conventional within kinesiology; however, we still need to look into what makes it possible for these ideas and practices to acquire the status of common sense.

Energetic Kinship

> The knowledge I have as a kinesiologist is part of my energy and my field of energy, it is a part of my whole. The client comes to me with his/her own knowledge of her life, her symptoms and her past, etc. and this is part of her energy. She is an independent being, I am an independent being. The moment we are in the same room, we constitute what you could call a pool of energy, but this is part of an even greater sea. This way she may draw on the knowledge I have, without having to know the knowledge I possess, and I can access her knowledge through the muscle test, without the faintest idea of the knowledge she possesses ... [Because] we are all part of the same sea of energy ... (Kinesiological practitioner and teacher)

Energy within kinesiology is conceived of as the fundamental and governing cosmological principle in everything and everybody, making life possible. Energy is understood as *the* connecting factor, uniting everybody with everything. Energy, thus conceived, is understood to ensure that the body comes up with the 'right' answer and remedy when asked in the muscle test. Through the enactment of the body as energetically kinned, the body is understood to possess a higher knowledge than the conventional perception of the subject as a mind-dominated and detached entity (Leder, 1990; Strathern, 1996). The practice of energetic kinship is founded in an ontological understanding of human beings as 'kinned' with other beings, objects, environments through the sharing of what the practitioner above calls 'the same sea of energy', to which we have access through 'the muscle test'. However, as shown in the empirical excerpt, where client and practitioner are initially addressed as separate individuals, the practice of energetic kinship also operates with a conventional, western, post-Enlightenment ontology and its separation of body and mind, parts and whole. 'Energetic kinship', then, enables a multitude of potential relations.

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Along the same lines, Jane Bennett points to a unifying ontological position, arguing that everything is made of the same substance, and that we are embedded in constant negotiations with other vibrant matter about where we begin and end: 'everything . . . is made of the same quirky stuff, the same building blocks, if you will. Lucretius calls them primordial; today we might call them atoms, quarks, particle streams, or matter energy' (Bennett, 2010: xi).

This description suggests that kinesiological conceptualizations and treatment practices not only express perspectives on body, healing and the surrounding world, akin to Bennett's and to parts of modern physics, but also to what Cohen argues was common in the West until the late 19th century. In his book, *A Body Worth Defending* (2009), Cohen provides a historical genealogy of the modern human body, describing the two perspectives of the body which he finds have dominated western perceptions throughout history: the body as a relational entity, with a natural capacity to heal itself, and the body as a separate, individual entity defending itself against hostile surroundings. Concerning the first of these, Cohen writes:

> From antiquity until the mid-nineteenth century, almost all cultures recognize that nature exercises a curative power in the organism. . . . According to this worldview, healing manifests the organism's natural elasticity: it incorporates the organism's most expansive relation to the world, embracing the forces that animate the cosmos as a whole. (Cohen, 2009: 4)

In a present-day western context, Cohen demonstrates how this notion of the body is relegated to 'New Age environments' (Cohen, 2009: 4–5), while the figure of the 'defensive, individual body' has become dominant through and within conventional biomedicine and within what he terms the modern western worldview.

We argue, however, that rather than understanding one perspective of the body as historically supplanting the other, and the two being mutually exclusive, both notions are simultaneously at play in the kinesiological practice of energetic kinship. Following Strathern, then, we are dealing with perpetual shifting figure–ground relationships. It is, in other words, not a question of one understanding of the body or the other, rather it might be possible to think of the relationship between the seemingly contradictory perceptions at play in kinesiology as one of 'partial connection'. Individuals and wholes are, if

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applying Strathern's concept, 'Similar yet different, not a functional unit nor an antagonistic opposition – not two different entities, nor one entity divided into two, instead they are partially connected – more than one and less than many' (2004 [1991]: 27). By looking into kinesiological practices it becomes clear that both perspectives may be negotiated and taken on by clients. In this way the specific notions of relatedness at play in kinesiology expand our understanding of the body from a singular entity bounded by physical skin, to an energetically kinned, inclusive and multiple body encompassing, at one and the same time, not only multiplicity but also singularity. The emergent body does not always emerge without friction, however. Striking a balance between an inherently connected and immersed body on the one hand, and an individual, separate body on the other, can be a point of contention as well as one of convergence between kinesiologist and client, a point that will be elaborated upon in the following section.

Negotiating Subjectivity: The Body as Dictator and Oracle

A young girl who has been to see this particular kinesiologist a number of times for different reasons, usually accompanied by her mother, has come because of problems with her English classes. The kinesiologist asks her to lie down on the couch.

> *Kinesiologist*: Could you please put your hand on the first point of the stomach meridian and then just relax and rest quietly and calmly, you can lie down for a moment, I'm sure.
>
> *Girl*: Is this OK?
>
> *Kinesiologist*: (whispers) Now, let's go back in time ...
>
> *Girl*: I don't want to!
>
> *Kinesiologist*: Well, your body said yes. [does a muscle test] Yes! It says yes, so we can proceed ...

This example points to conflicting conceptualizations of what constitutes the subject and what forms the 'real' locus of agency. When the girl answers: 'I don't want to', she attributes her will and independence to a feeling of being a subject. The kinesiologist, on the contrary, produces a differentiation between what the girl considers *herself*, by privileging what she sees as the girl's 'real self', namely

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a particularly related body, positioned as a form of oracle. The clash between girl and kinesiologist reproduces the very dichotomies which kinesiology otherwise seems to escape through the notion of energy, since the understanding of the body, as primary and honest in contrast to the mind, rests upon the Cartesian split between body and mind. This kinesiologist and the privilege she seems to attribute to a particularly enacted body forces the girl to choose between what stands out as the atomistic individual or the inherently related subject. Rather than being energetically kinned and thus allowing for the coexistence and coordination of the two complementary ways of defining the subject described previously, the girl in this example is 'devoured by wholeness'. In Mol's terms 'one reality wins', that is, that of the 'knowing body', as different enactments of the body-subject, in this case, give way to a particular version sanctioned by the kinesiologist. Hence, through the authority given the body, wholes are produced which can, in some cases, be difficult to get out of.

Similar situations, in which conflicting perspectives were negotiated, occurred during fieldwork a number of times. One type of conflict or friction was a consequence of the kinesiologist being in a position in which translations, accommodations and negotiations of the nature of the emergent subject constituted a potential risk of undermining client authority, because of the inevitable hierarchical relations between practitioners as professionals and the clients in need of help. At the same time, successful negotiations, translations and accommodations were a condition for a successful treatment session. Being a successful practitioner, then, as Ostenfeld-Rosenthal argues, requires:

> The ability to maintain a fine balance between on the one hand being charismatic and convincing and on the other hand being [or in our definition rather *becoming*] empathetic and a good coach and letting the client maintain her own authority. (2007: 141)

In spite of these potential differences, negotiations between perspectives seemingly often gave way to new understandings of the body. More than a mere dictator, then, the role of the body was also enacted as a potential source of new insights and alternative stories of self and other – a form of 'oracle'. Sandra's treatment is a case in point. Sandra is a 41-year-old woman who has come to the kinesiologist to seek treatment for an injury in her neck. The treatment session begins in the

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usual way, with a conversation about her condition, which is mainly focused on a major accident she had 12 years before. The kinesiologist wants to bring Sandra back in time, to the time just before her accident, in order to provide her with new and meaningful insights about the way she perceives herself in the world at present, and the possibility of choosing a different route with her repertoire of resources. Although Sandra is initially hesitant and anxious that she might re-experience part of the trauma, she allows the kinesiologist to proceed. Through the use of the muscle test and testing back in time, the kinesiologist finds that 1992 is a relevant year in connection to Sandra's condition. Sandra does not quite understand how this happened:

> *Sandra*: But the arm sort of gave in, when you asked about the year [1992]?
>
> *Kinesiologist*: Yes, this meant that we have to get something from 1992.
>
> *Sandra*: So there was something we had to fetch from that year?
>
> *Kinesiologist*: Yes, so the arm tells us, that we have to fetch an important thing, in order to provide you with an insight or knowledge, which you need to carry with you now.

Sandra accepts the explanation and the kinesiologist continues trying to determine the relation between today, the accident and what happened in 1992. As Sandra accepts that her 'body' knows better than her 'head', her body, in kinesiological understanding, becomes the medium through which Sandra can reach new insights into her life situation. The body becomes an 'oracle' as she takes aboard what are presented as the statements of her body through the muscle test. She does so, although she is surprised by these statements several times during treatment. Another kinesiologist explains the distinction between 'body' and 'head' responses:

> Many times [when first speaking to the kinesiologist] clients paint a prettier picture [of themselves and how they are], because they haven't seen the problems there, they are not aware of the problems. In other words, the mouth responds one thing and the body responds another. It is this friction, which often makes the client respond ... 'Aha! I see!' In other words they gain insights about how things are connected. 'Oh, well *now* I see that things are connected this way,

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> Now I see ... now I understand' ... and then you [the kinesiologist] can continue. (Interview with kinesiological teacher and practitioner)

This difference between answers attributed to 'head-subject' and 'body-subject' may be perceived as positive. Hence, when the body is bestowed with the status of 'oracle' and thus understood to possess a 'higher truth' than the client's conscious understanding, kinesiology provides a supplement to the figure of the late modern individual, who might be temporarily relieved of the weight of individual responsibility and eternal choice inherent in the normative late modern individualistic subjectivities which Sennett (1998), Foucault (1982), Rose (1998, 1999), Beck (1992) and others have variously pointed to. Kinesiology succeeds in providing alleviation, exactly because it works through 'energetic kinship'. While working on the related, self-healing body then, the kinesiologists simultaneously relate to and recognize the salient figure of the 'atomistic' individual body implicated in modern definitions of being a person (Cohen, 2009: 71). It is exactly this multiple recognition, we argue, that makes kinesiological practices succeed. In this way kinesiology eases the individualistic subject's ceaseless problems of self-defence and boundary maintenance (Cohen, 2009), by providing a sense of embracing wholeness, while at the same time taking the individualistic subject and its problems seriously.

Along similar lines, kinesiological practices like 'going back in time' may permit the emergence of new and presently more meaningful narratives about self and world. Scott (1998b), among others, argues that: 'Many patients address their illness or disability through a process of "narrative reconstruction" in which they account for their illness through a reorganization of their own biographies.' This process 'may allow for a *new alignment of the body, the self, and the social/environmental world* to be negotiated' (Scott, 1998b: 194, emphasis added). Along these lines, and akin to the points made by Ostenfeld-Rosenthal (2007) in her studies on healing, we argue that kinesiology is (also) about a specific 'bodily re-editing of body- and self-image' (Ostenfeld-Rosenthal, 2007: 133). However, when this realignment of body, self and environment is understood to pose a challenge to ontological dualism, as well as simultaneously operating within it, then kinesiological practices seem to offer more than a bodily re-editing and provide a different perspective on 'being-in-the-world'.

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These are some of the reasons why we argue that, rather than relegating kinesiology to a cabinet of the curious and quaint, through exoticization, we should instead bring Cohen's historically positioned notion of the body as healing and as relational, which kinesiology also seems to operate with, into the contemporary modern western context. One way of doing this is by understanding kinesiology as a genuine alternative to the ideas of the body as *either* engaged in ceaseless problems of boundary maintenance *or* as inherently relational.

Concluding Remarks on Continuous Lives

In the practice of 'energetic kinship', an energetically related subject and an individual subject coexist in what Mol (2002: 82) calls 'coherence-in-tension'. This subject challenges perspectives privileging holism as well as perspectives privileging particularity. Rather than one supplanting the other, they coexist as 'more than one, less than many' (Strathern, 2004 [1991]). In this context we argue that the increasing use of kinesiology and other forms of complementary and alternative practices can be fruitfully understood by looking into the kinds of subjects which are enacted, emerge from and are on offer in therapeutic practices.

In the article we have explored these issues by focusing on the therapeutic bodily practices and on the multiple relations at play in kinesiology. We have looked into the specific ways in which these relations are forged in and through the body, between bodies, and between bodies and objects. Furthermore, we have argued that, through the practice of energetic kinship, kinesiology transgresses approaches characterized by dualistic thinking, which, among other things, makes us overlook the potential interrelationship between what is conventionally conceived of as 'the world of things' and 'the world of subjects' (Latour, 2004: 208; see also Bennett, 2010; Gell, 1996; Pels, 1998). These dualistic approaches also tend to define the body as either belonging to the domain of nature, a mere physiological body – an object – or as an expression of a more authentic mode of being, a subjective embodiment, the phenomenological body (see Latour, 2004). Kinesiology, however, seems to embrace and relate all these bodies through the practice of 'energetic kinship'. Furthermore, the specific conceptualization of the subject, as something which emerges from kinesiological practices of energetic kinship rather

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than as a predefined entity, offers the client potentially different ways of understanding herself as a subject-in-the-world. In this way, kinesiology not only allows for the progressive acquiring of new bodies, but also for new worlds (Latour, 2004).

Hence the kinesiological treatment sessions can be conceived of as framing – or, with Latour – 'articulating' multiplicity in a particular way. Through energetic kinship and thus the particular use of bodily techniques, objects and sounds, a specific client/body/subject is 'carved out'. This client is simultaneously merged with the surroundings through the notion of energy, *and* subjectified through and through. During the therapeutic practices, then, kinesiology seems able to embrace and enact a kaleidoscopic subject which is defined relationally, socially as well as situationally, and has many possible stories to tell.

Post-script: Living a Multiple Body

> It comes to you, sneaks up on you – and you gradually start to see the whole thing as a *whole* and yet on the other hand it is no surprise to me, because it has been there all along. . . . It wasn't really difficult to understand things this way . . . of course the picture changes at some point, because the idea of energy and many other things sneak up on you. But I still feel that when I leave the clinic and go down the stairs, then I become Mrs Jones from Heybury Road [laughs], I mean, there is a shift right there . . . I can easily sense and feel it, but I still think I have both legs on the ground . . . otherwise you can't be in this world, can you? (Interview with kinesiologist).

Notes

1. 'Specialized kinesiology' is a popularized version of 'applied kinesiology', which is developed by chiropractors to test for bodily weaknesses. When we refer to 'kinesiology', we are referring to the practices of specialized kinesiology.
2. Complementary and alternative medicine refers to treatments not supported by the national health system.
3. The research project was financed by ViFAB; Knowledge and Research Center for Alternative Medicine and undertaken at Center for Research in Existence and Society at the Department of Sociology, University of Copenhagen.

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4. Complementary and alternative medical therapies have been used by 45.2% of the population. Women represent 50.5% of these figures; only 34.5% are men. Kinesiological treatment has been received by 3.5% of the population (Ekholm and Kjøller, 2007).
5. Johannessen's study focuses on the practices of biopathy, reflexology and kinesiology. Her PhD dissertation *Complex Bodies: Alternative Treatment in an Anthropological Perspective* is published in Danish.
6. Relatedness was first introduced in to anthropological kinship studies by Janet Carstens (2000) in an attempt to analytically overcome the gap between theoretical preconceptions of kinship as either fundamentally biologically, or culturally, constituted. Relatedness, then, was meant to provide an 'untainted' analytical approach, distancing itself from either of the dichotomous positions above, favouring instead a focus on indigenous statements and practices (Carstens, 2000).
7. Alternatively, other muscles are used, but the muscle deltoideus anterior, located in the upper arm, was generally preferred by the practitioners we encountered.
8. Latour (2004) describes the process of becoming a 'nose', that is, a person trained for the French perfume industry, taught to detect more and more different smells. This process takes place through a sensitizing training process.
9. The *emotional barometer* is a kinesiological tool developed by Gordon Stokes and Daniel Whiteside, and consists of a table with word pairs describing what are seen as positive and negative emotional states tied to what kinesiologists define as consciousness (what you know), sub-consciousness (what lies beneath the known) and body-consciousness (what the body remembers). The emotional barometer is used in order to help the client define and recognize her imbalances (defined through the body's response to the muscle test), and subsequently balance her with the remedies or techniques which the body points to through the muscle test (Stokes and Whiteside, 1985).
10. In his analysis, Cohen shows (following Dorian Sagan) that this modern view of the body as a singularity is not even adequate within the domain of biomedicine itself (Cohen, 2009: 72–3). Instead, according to, for example, Martin (2000) and Scott

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(2002), changes through the influence of immunology have provided a more network-oriented approach to the body, within certain domains of biomedicine.

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