

**Attachment and Energy Psychology: Explorations at the Interface of Bodily, Mental, Relational, and Transpersonal Aspects of Human Behaviour and Experience.** [Based on a talk given to the Bowlby Conference 2012 – and published in *Talking Bodies*, edited by Kate White, Karnac, 2014]

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In recent years, the field of energy psychology has opened up hitherto unimaginable realms of psychotherapeutic healing of astonishing depth and speed. The claims of unusual success, by enthusiastic pioneers and 'early adopters' have been fully vindicated as research has accumulated.

So what is energy psychology (or EP, as it is often abbreviated)? It is a family of therapeutic methods that involve [1] tapping or holding acupuncture meridian, or chakra energy centres, whilst [2] the client thinks of a target troublesome thought or memory. In doing this, the emotional distress is dissipated (provided the internal objections to resolving the distress have been addressed). Practitioners and clients find that these approaches are rapid, non-distressing, and can address deeper issues than talk based therapy (when used with knowledge and skill).

Some common versions include: Thought Field Therapy [TFT]; Emotional Freedom Techniques [EFT]; Tapas Acupuncture Technique [TAT], Advanced Integrative Therapy [AIT] – and the author's own approach Psychoanalytic Energy Psychotherapy [PEP]. The lineage developed originally from the work of Chiropractor George Goodheart in the 1960s, in Detroit, and psychiatrist Dr John Diamond, who studied with Goodheart.

In 1998, the Association for Comprehensive Energy Psychology was formed, providing a professional home, code of ethics, certification, and scientific conferences. A growing body of evidence supports these methods.

*The subtle energy system and its use in EP*

Most of the EP modalities involve somehow stimulating the body's subtle energy system, usually the meridians or chakras, whilst a troubling thought, emotion, experience, or memory is held in mind. But what is the body's energy system? Our scientific understanding of it is rudimentary, but we have found ways of working therapeutically with this energetic anatomy. Many strange features have been described, anomalous to conventional science. These cannot be explained satisfactorily by quantum mechanics (Tiller 2007), despite popular allusions to these. The best overall text is *Life Force, The Scientific Basis*, by physicist Claude Swanson (2010)

Here he states:

“Every cell in the body has the basic molecular machinery to be any kind of cell. The actions of the DNA tell it to specialise into the type of cell needed in any location in the body, forming a liver cell, or a hair cell, for example... The holographic field around and within the body provides the blueprint which governs this. It tells the DNA in each cell, based on its location within the pattern, how it should specialise. This is an enormously important discovery which has only unfolded in the last few years... Biophotons form an important part of this picture ...

quantized packets of light generated by the DNA and other large molecules... “[Swanson 2010 p186]

He describes how coherent light from the DNA, travelling to other cells, vibrating in step with each other, create an interference pattern – a hologram – “ a three dimensional pattern of energy which serves as the template of the body” [p 186]. It is the Acupuncture meridians that carry these signals throughout the body and regulate the form and function of the organism.

“Recent research indicates that acupuncture meridians are universal. They play an essential role in the growth and regulation of all life forms. In the growing egg they develop before other organs.” [Swanson 2010 p139]

The meridians appear to function as the step-down bridge between the higher dimensional energy body and the physical body.

“The acupuncture meridian system seems to serve as the ‘backbone’ along which signals pass, enabling cells and organs to communicate. It helps produce and maintain a coherent holographic pattern which guides growth and healing ... the acupuncture system is the bridge between the subtle world of Qi, energy healing, Reiki and Qigong, on the one hand, and the physiological world of the organs and cells.” [p140]

Swanson describes how the meridians can be tracked by radioactive tracers and acoustic imagery. They carry a fluid rich in RNA and DNA and stem cells, and are lines of lowered electrical resistance, transmitting holographic imagery and generating 'torsion fields' outside the body. The holographic energy fields communicate both within the body and outside the body. Thus, each of us is a communicative energy field, embedded in a matrix of energy fields, continually receiving and transmitting information with other energy fields.

Despite their variety of clinical procedures, EP methods all seem to manage to engage the mind and the body's energy system concurrently, thereby creating a therapeutic synergy that allows psychological (and associated physiological) change at a speed and depth hitherto regarded as impossible. Many have discovered *how* to do this, but we do not really know *why* this works.

What happens when these procedures are used it that the distress initially felt is no longer there by the end of the session – e.g. people will say “I can’t think about it anymore” – or “I can think about it but it no longer bothers me in the same way”. Painful emotions and bodily sensations may be activated briefly, but are soon discharged.

Where there has been extensive abuse, trauma, or prolonged stress, the ‘emotions in the body’ may be intense – may move *up the body* in sensations of wanting to vomit or scream, or *down the body* in sensations of wanting to defecate. The amount of emotion held in the body can be astonishing to witness.

Where the meridian and chakra system is partially blocked, energy ‘tapping’ will not lead to resolution of distress and might be experienced as unpleasant.

### **Research evidence**

Is there objective research evidence to support reports made by enthusiasts for EP? Clinical Psychologist, David Feinstein, in an updated review of research on EP (Feinstein 2012), notes that early claims of unusual results for energy psychology methods - in terms of speed, durability, and range of application – evoked scepticism. Critics argued the reported results were improbable and purported mechanisms implausible. However, as research has become more rigorous and sophisticated, results have vindicated these original claims. No study has disconfirmed these results

Feinstein found 49 studies that met his criteria for [1] involved acupoint tapping, [2] presented clinical outcome data, [3] were peer reviewed. 17 of these were randomised controlled trials. Here are some examples:

**Church, D., Yount, G., & Brooks, A. (in press).**

83 participants. 3 groups: [1] an hour of EFT; [2] an hour of talk therapy; [3] no treatment

The group who received an hour of EFT showed a 24% drop in cortisol levels, whilst the other two groups showed no drop.

The EFT group also showed greater improvement in subjective feelings of anxiety and depression, as measured by the SA-45

**Fang, J., Jin, Z., Wang, Y., Li, K., Kong, J., Nixon, E. E., . . . Hui, K. K.-S. (2009).**

A 10 year research programme at Harvard Medical School has used brain imaging studies to show that stimulation of specific acupuncture points caused significant decreases in activity in the amygdala, hippocampus, and other parts of the limbic system associated with fear.

**4 recent randomised controlled trials.**

**Connolly, S., & Sakai, C. (in press).**

145 survivors of Rwandan genocide. Single session of TFT vs wait list control.

Pre-post test scores on two standardised measures of PTSD showed decreases at .001 level of significance – sustained at two year follow up.

**Church, D., Piña, O., Reategui, C., & Brooks, A. (2011).**

16 abused male adolescents with PTSD. Single EFT session vs wait list control. All 8 in the treatment group no longer met the criteria for PTSD after the single EFT session – 30 days after treatment.

**Karatzias, T., Power, K., Brown, K., McGoldrick, T., Begum, M., Young, J. . . . & Adams, S. (2011).**

Participants were allowed up to 8 sessions of EFT. The outcomes were positive, with voluntary termination after average 3.8 sessions.

**Church, D., Hawk, C., Brooks, A., Toukolehto, O., Wren, M., Dinter, I., & Stein, P. (2013).**

84 military veterans with PTSD – assigned to 6 sessions of EFT or wait list control

(subsequently given treatment). All participants no longer met the criteria for PTSD following EFT.

There are many other studies of EP that are not randomised controlled trials.

**Studies have shown EP to be effective also in relation to:**

Specific anxieties and phobias

Generalised anxiety

Depression

Pain and physical illness

Performance anxiety

Weight control

Athletic performance

*Traditional psychotherapy has tended to neglect the body.*

It can be argued (Mollon 2005) that Freud, and particularly his later student Wilhelm Reich, were energy psychologists – Freud using the term 'libido' and Reich 'orgone'. Strachey (1962, p. 63) described Freud's theory of a quasi-electrical energy as "the most fundamental of all his hypotheses".

Freud's referred to:

*"a quota of affect or sum of excitation – which possesses all the characteristics of a quantity ....., which is capable of increase, diminution, displacement and discharge, and which is spread over the memory traces of ideas somewhat as an electrical charge is spread over the surface of the body...."*

[Freud 1894 The neuropsychoses of defence: pp 60-61]

This is startlingly close to contemporary findings within the field of energy psychology, where the flow or blockage of the body's bioelectrical energy system, as it expresses the dynamics of the psyche, is a crucial aspect of our emotional experience.

Psychoanalysis abandoned the energy concept, and Reich was disparaged as insane in his reports of orgone [Reich 1942], because these phenomena could not then be integrated into other areas of scientific understanding. Energy psychology represents a rediscovery of the energy concept. The body itself has been neglected in much of the psychotherapeutic and psychological literature – creating a discourse that appeared to address a disembodied mind. By contrast, Freud's own early patients showed disturbances in their bodily functions (hysteria), and he formulated their problems in terms of the body-based libido, with its progression through a series of bodily zones. In his well-known phrase, he stated that the ego is "first and foremost a body ego" (1923 p 25).

Trauma is obviously very much a bodily and well as mental event, with extreme physiological

and brain arousal, and strong physical sensations. Bodily injury or violation may also be involved. Remembering trauma involves a sensori-motor re-experiencing (until processed into autobiographical memory) [Mollon 2002]. Although talking therapy can be helpful, it is often not adequate to resolve traumatic experience. Psychoanalytic talk therapy can facilitate insight, but seems often to leave the underlying dysfunctional patterns unchanged.

One of the first effective psychological treatments for trauma was Eye Movement Desensitisation and Reprocessing [EMDR]. This involves sensori-motor activity (such as eye movements, bilateral tapping on the body, or auditory bilateral stimulation). It also involves a mindful awareness of bodily sensations – as well as attention to crucial cognitions. Thus it addresses body, emotions, and cognitions. Although originally framed within a cognitive-behavioural paradigm [Shapiro 2001], EMDR accelerates the emergence of relevant psychodynamic material and facilitates free-association (Mollon 2005). It is indeed highly congruent with the original Freudian method.

Different forms of bilateral stimulation are effective, including tapping on the body. Bilateral tapping may be more calming, and less evocative of distress than eye movements. Back in the late 1990s and subsequently, many EMDR practitioners began to experiment with tapping on acupressure points – particularly following the internet dissemination of the simple EP method called Emotional Freedom Techniques.

#### *Energy and information in the body*

'Energies' in the body can be experienced. We can think of the stronger forms of 'psychic energy' of emotions, such as aggression or sexual arousal, which can be directed outwards or discharged on a person's own body. There are different qualities and intensities of energy, some more subtle. Compare, for example, the experienced energies of love, of sex, of a beautiful church, of a rock concert, of a Nazi rally – and of the personal energies of people who are calming (more yin) and those who are arousing or agitating (more yang).

The term 'subtle energy' was first proposed by Professor William Tiller of Stamford University [Tiller 1993]. It was rediscovered many times [Swanson 2010], by many different people, under many different names – such as Freud's libido, Reich's 'orgone energy', Chi, Ki, Prana, Life Force, Elan Vitale (and many other names). For Freud, libido was not a metaphor but a tangible energy – a point particularly apparent in his concept of the 'actual neuroses' [Freud 1894a], which he described as neurotic states that were a direct result of inadequate (or excessive) discharge of sexual energy, contrasting with the 'neuropsychoses of defence'. Reich wrote of orgone in very similar ways to Freud's libido – as an energetic quantity that can flow, be blocked or diverted, and can become toxic.

Energy psychologists (beginning with Dr Roger Callahan, who drew on the earlier work of Dr John Diamond) discovered that the body's subtle energy system also contains *information* [Callahan 2001]. Here is how it came about. In the 1960s, Detroit chiropractor, George Goodheart, became intrigued by the functioning of muscles, prompted by a puzzling muscle phenomenon presented by a client. He studied factors that affected muscle tone, using 'manual muscle testing', whereby a degree of pressure is exerted by the practitioner's hand against the client's resistance. This revealed associations between particular muscle groups and particular states of physical sickness. However, he also noticed that when a person

thought of something emotionally negative or distressing, their muscle tone became weak, but strong when they thought of something emotionally positive. Similarly, speaking an untruth made the muscle tone weak and speaking truth registered as strong. The use of muscle testing formed the basis of Goodheart's evolving field, known as Applied Kinesiology [Walther 2000]. Goodheart also explored links between his observations and what was known of the meridian system of acupuncture/acupressure. His associate, psychiatrist Dr John Diamond explored muscle testing in a greatly expanded way, testing people to a wide range of stimuli, including music, visual images, facial expressions, foods, chemicals etc. Amongst his many books is *Your Body Doesn't Lie* [Diamond 1979], outlining his findings from muscle testing. Diamond also explored the meridians, using muscle testing [1985]. He noted links between particular meridians and particular emotions. Moreover, he found that if a meridian were out of balance, it could be restored by having the person make a particular affirmation related to that meridian. In these exciting developments in the 1970s and 80s, for the first time in recorded history links were being made between thoughts, emotions, words, muscles, and the body's subtle energy system. Whilst Freud had described dreams as the 'royal road' to the unconscious, Diamond noted that muscle testing provided a more direct route!

Clinical psychologist, Dr Roger Callahan had been studying with Goodheart and Diamond and others within the Applied Kinesiology group. In 1979 he had a patient, Mary, who had a longstanding phobia of water. She would avoid rain, rivers, the ocean - would drink as little water as possible, and did not like washing. This fear had dominated her life as long as she could remember. Callahan - at that time a cognitive therapist, in the Albert Ellis tradition - tried a variety of approaches, including cognitive, behavioural, and hypnotherapy, with very limited results. Mary could tolerate sitting with her feet dangling in his swimming pool, but would feel very uncomfortable. The anxiety would not settle. Callahan discerned, through muscle testing, that Mary's stomach meridian was registering an imbalance. Acting on a whim (as he described it), he asked her to tap under her eye (the start of the stomach meridian). After a few seconds, Mary exclaimed joyfully "it's gone!" - and ran to the swimming pool to splash about. She subsequently explained that the anxiety she had constantly experienced in her stomach, whenever she thought of water, had instantly gone. Her fear never returned.

Astonished by this effect – one which he had never heard of before – Callahan tried asking his other patients to tap in a similar way. Results were discouraging. Fortunately, Callahan persisted, realising that he had stumbled across an important phenomenon. He found, by trial and exploration, a muscle testing procedure that provided sequences of meridians that needed to be tapped. Most of his patients needed to tap a sequence, specific to them and their troubled state. By gradually refining his method, eliminating any unnecessary steps, Callahan developed a highly efficient procedure that relieved emotional distress in most cases. In published work [e.g. Callahan 2001], he presented a series of 'algorithms', the commonly occurring sequences of meridian tapping required for different emotional states. However, the muscle testing procedure for what he called 'causal diagnosis' (which requires considerable practice to learn and become proficient in) remained the key to more focused and individual work.

Callahan called his method Thought Field Therapy, because his explorations revealed that

the troubling *thought* (or memory) was expressed as *information* in the energy *field* of the body. A remarkable feature of Callahan's discoveries was that the thought can literally be seen, felt and palpated through the muscle signalling system. The variations in muscle tone can be felt by the practitioner and client, and can be seen easily by observers. One demonstration favoured by this writer, in a lecture or workshop context, is to ask a volunteer to think of some troubling issue that he or she would like to feel better about. Callahan's muscle testing procedure [taught in his workshops] is then used to find the underlying meridian (and chakra) sequence, and to clear the emotional charge through tapping on this sequence of energy points. The distress collapses – even though the practitioner-demonstrator has no idea of the content of the troubling issue. In normal clinical practice, of course, there would be discussion of the content of the problem, but the demonstration reveals how the emotional perturbations (Callahan's preferred term) are expressed as specific informational codes in the body's energy field – and these codes can be seen and felt. The energetic information, *of the embodied thought*, is revealed and read via the muscle signalling system.

The emotional information, in the meridian and chakra system, is revealed to be digitally encoded, as a sequence of on/off meridians. It appears to be the *emotion* that is encoded as this digital information, rather than the cognitive aspects of the thought field. Different meridians seem to express different emotions (as originally discovered by John Diamond), and so the meridian (and chakra) sequence may express the layering of emotions linked to an issue. The skilled practitioner may find that the emerging sequence of meridians (revealed through the muscle signalling) gives useful clues to the emotions that are about to become conscious at any particular moment. After successful 'treatment' of a thought field, the thought or memory remains, but its distressing emotional charge is gone.

Whilst muscle testing, developed from Goodheart's field of Applied Kinesiology [Walther 2000], and refined by Diamond [1985], provided the basis for all of energy psychology, it is not an essential feature of the work in its modern forms. Many modalities, such as the popular Emotional Freedom Techniques [EFT], which is a simplification of Thought Field Therapy, does not use muscle testing at all. One interesting feature, commonly recognised by those who do use muscle testing, is that it can be done 'by proxy' or 'remotely'. The practitioner can 'self-test' in order to read the client's field. This enables telephone work, by suitably skilled practitioners. There are many intriguing 'transpersonal' aspects of interpersonal reality revealed by muscle testing – and such observations are commonplace in the energy psychology community.

In order to carry out this procedure in the clinic setting, therapist and client can sit in a position where repeated muscle testing is comfortable – side by side, or at an angle, rather than face to face. The physical touch consists of light pressure with the finger tips on the wrist. One workshop participant observed that the writer appeared to be “listening with your finger tips” - and this phrase does seem to capture the subtle sensing that is required. This clinical touch does not appear to attract erotic meanings. It becomes part of the frame of therapy from the beginning.

### ***Obstacles to healing***

Two kinds of problems have been found to block the process of healing completely (until

corrected). First, there can be systemic energy disturbances, such as 'polarity reversal' (also known as 'neurological disorganisation'), and 'homolateral energy flow'. These conditions have no psychological content, but simply reflect dysfunctional or sub-optimal features of the energy system at that moment. Fortunately, these can usually be corrected simply and rapidly by certain energy procedures. The second kind of problem, called Psychological Reversal, was discovered by Dr Callahan. He found that some people who would not respond to his tapping procedures showed a revealing muscle test response. When asked to say 'I want to be over this problem', their muscle would test weak, and when asked to say 'I want to keep this problem' the muscle would test strong. Their system was 'reversed' against recovery. Callahan noted a number of different variants of psychological reversal. Initially he did not know how to correct this. By trial and error, he found three simple procedures that would often help: [1] tapping the side of the hand on small intestine 2 acupoint; [2] making a statement of self-acceptance; [3] use of the Bach 'Rescue Remedy'. The most commonly used correction for psychological reversal is, in fact, the side of hand tap, often combined with a statement of self-acceptance (although Dr Callahan has now discarded the self-acceptance statement as unnecessary). Whilst psychological reversal can indeed be eliminated in this simple way, thereby allowing the rest of the tapping procedure to continue successfully, this writer finds that the reversal can itself usefully be taken as a target, often then revealing and processing crucial childhood experiences to do with the origins of anxiety and injuries to self-esteem. Dr Callahan seemed not to emphasise the motivations behind reversals, but others (e.g. Gallo 1999; Mollon 2008) have done so. Common motives blocking resolution of a problem are: [1] it is not safe to do so; [2] the person feels he or she does not deserve to; [3] it would violate identity to do so; [4] the person is too angry and wishes to continue expressing suffering through the symptoms. Psychological reversal can thus also be framed as the 'internal objections to change', and express the psychodynamics of the mind.

### ***Is it a placebo effect?***

A common response on hearing of the positive results of the energy psychology methods is that these obviously must be some kind of 'placebo effect'. Certainly, it is the case that placebo has an effect in many areas of medicine, including psychiatry. Brown (2013) notes that "For disorders in which psychotherapy works well, such as the less severe forms of depression and conditions characterised by anxiety, placebos also work well" [p 100] and raises the possibility that "when all is said and done, psychotherapy's main benefit turns out to rest on maximising the placebo response" [p 111]. However, methods such as TFT are far from initially plausible to most clients, and seem unlikely to evoke easy belief in their likely effectiveness. Callahan (1985) comments:

"Another indication that this treatment is neither based on suggestion nor hypnosis is that I have successfully treated a number of people who not only did not have an open mind regarding what was taking place – they obviously were convinced I was some kind of madman." [p 34]

It is actually the obstacles to healing, in the form of the systemic energy dysfunctions and the psychological reversals that are the most persuasive indicator that the therapeutic effects are real results of the procedure and not a more generalised placebo effect. This is because when these obstacles are present, they more or less completely block the therapeutic

process. When they are identified and resolved – usually in a matter of a minute or so - the process that was blocked will now proceed easily. Most practitioners seem to find that when the therapeutic process is not evolving easily, there is always some energetic obstacle that can be located and addressed, then enabling the resolution of the target problem. However, it can take skill and sometimes persistent exploration to detect these obstacles.

### ***Different levels of the mind-body-energy system***

Subtle energy, the medium of the information carrying morphogenetic field, appears to carry the blueprint for the more gross emotional energies expressed via the physiology. Resolving an emotional problem seems to be easiest if the work is done at a level above that at which the problem is manifest. Thus, resolving a problem of thoughts and feelings, by talking about thoughts and feelings, is hard and slow work – the traditional realm of psychotherapy. However, working from a level above – the energy body – is much faster and easier.

We may postulate that different therapies address different levels:

The physical body

The emotional body

The mental body

The energy body (and higher energy bodies)

Each level influences the one below and the one above. Effective work addresses the level above where the problem is manifest. For example, an effective therapy, such as EMDR, addresses the lower three levels, whereas less effective therapies may address only levels 2 or 3. Energy psychology addresses level 4 as well. It is entirely feasible that even more effective methods will be developed that address higher levels still.

The sustained research project of William Tiller, Emeritus Professor of Materials Science at Stanford University, is of relevance. In his book *Psychoenergetic Science: A Second Copernican-Scale Revolution* [2007], he describes his team's experimental work revealing the existence of "two unique levels of physical reality":

"These are: (1) Our conventional, particulate, electrical, atom/molecular level and (2) a new, magnetic, information wave level that has much in common with the old 'ether' concept of the 1800's. There also is **required** to exist a coupling medium, of a still higher dimensional nature, that allows these two, unique levels of physical reality to meaningfully interact." [p xv]

and

"This Level (2) aspect of physical reality responds to a very different type of physics. This latter aspect is modulateable by human consciousness, intention, emotion, mind and spirit!" [p xvi]

Tiller refers to an unstated assumption of physics that:

"No human qualities of consciousness, intention, emotion, mind or spirit can significantly influence a well-designed target experiment in physical reality".

His experiments have demonstrated this is quite wrong.

He has used an 'Intention Imprinted Electrical Device' [IIED], which is a simple electrical circuit into which meditators, in an altered brain state, project a particular intention (possibly not dissimilar to some of the uses of a 'radionics machine'). Such a device, imprinted with intention, has been shown to: [1] increase pH of water; [2] decrease pH of water; [3] increase activity of liver enzyme ALP in a solution; [4] to increase energy storage molecule ATP in fruit fly larvae – all at a distance.

Tiller concludes:

"We have discovered a second, unique level of physical reality that is quite different from our normal electric atom/molecule level ... The 'stuff' of this physical vacuum level consists of magnetic information waves ... We have observed that the physics of this new level is modulatable by the human mind, human intentions and human consciousness in general." [p 13]

Most crucially for energy psychology, Tiller finds that the *human subtle energy system* is the portal, or 'coupler system' to this Level 2 reality that is at a higher dimensional level than Level 1 physical reality. He poses the question:

"Is it possible that when a human being is born, there exists an organ or body system that is at the higher electromagnetic symmetry state (higher thermodynamic free energy per unit volume state)? If so, then this could drive all the processes (mechanical, chemical, electrical and optical) of the rest of the body and would look like a *source* of life?" [p 88]

His experiments demonstrate that "our acupuncture meridian/chakra system is the human body system that is at this higher thermodynamic free energy per unit volume state". [p 89]  
Tiller revises Einstein's principle of 'mass – energy' to 'mass - energy - information – consciousness'.

Tiller's experiments reveal the normal laws of physics and behaviour of the physical world alter in the presence of subtle energy. One example is the apparent occurrence of 'magnetic monopoles' – a theoretical possibility that is not thought normally to exist – one side of a magnet increased enzyme effects (when within a room conditioned with subtle energy), whilst the other side of the magnet decreased the enzyme activity. These effects did not occur in a normal environment not conditioned with subtle energy. The human energy system also responds differently to different sides of a magnet (easily demonstrable). These phenomena do not make sense in terms of conventional physics.

### ***Attachment and transpersonal aspects***

The human energy system can read the energy field of another living entity. A simple demonstration of this is to muscle test a person as they look at an item of organic food and a similar looking item of non-organic food (without their conscious knowledge which is which). The organic item (in the writer's experience) always tests strong and the non-organic tests weak – to a degree that is disconcerting to witness.

Moreover, it seems that human beings are continuously intercommunicating energy fields, registering our living and physical environment. Thus, projection, projective identification,

transference and countertransference are seen to have a tangible energetic reality. Telepathy can be revealed as a normal human phenomenon. It seems that client and therapist form one communicative energy field. Relevant thoughts, images, emotions, may occur anywhere in that shared 'thought field' – in the client's mind or speech, in the therapist's mind or speech, or somewhere in the discourse between them.

These observations have some implications for our understanding of our early attachment history and the emotional information transmitted down the generational lines. We are conceived and grow within the mother's energy field, as well as carrying a fractal energy field of the father in the original sperm cell. Muscle testing data suggests that we are imprinted with the information in the parental energy fields, and their ancestral lines – but particularly the energy field of the mother. Perhaps we continue to be affected by our mother's energy field (regardless of distance). Adults seem more affected by encounters with their mothers than with their fathers.

The depressed mother, with a reversed energy field, is experienced, by energetic resonance, as disapproving and life-denying. Severe depression is a complete reversal of life energy, such that the system becomes death seeking. This can have a negative (entraining) effect on those in close communication, such as children, other relatives, or the therapist. It is a transpersonal effect. Hyperactivity in children can sometimes appear to be an attempt to escape the depressed and reversed energy field of the mother – a manic flight followed by being 'pulled back' – laying the basis for bipolar phenomena.

The integrity and autonomy of the energy field is an important consideration. Sometimes there are breaches or 'holes' in the body's energy field, the auric 'skin', which can allow leakage of life energy or intrusions of parasitic energy fields. The phenomenon of energy field entrainment is also of note – illustrated in crowd behaviour, demagogue phenomena, hypnotism, and spiritual healing. A state of health appears to be one that maintains its integrity, being relatively immune to intrusive influence.

### ***Psychoanalytic energy psychotherapy [PEP]***

There are many modalities of energy psychology. The writer's own approach [Mollon 2008], derived from his background as a psychoanalyst, is described as Psychoanalytic Energy Psychotherapy [PEP]. Whilst having much in common with other energy psychology methods, some of the more distinct features of this are as follows:

Allowing the meridians and chakras to 'speak', by frequently prompting "speak of whatever comes to mind", whilst the client is tapping.

Reading the client's energy field to enable a continuously evolving dynamic process, in which there is a concurrent flow of energy, thought, and emotion.

Taking particular note of the motivations behind the psychological reversals – and often choosing to track the 'roots and origins' of these (by finding the evolving meridian sequence underpinning this phrase, and prompting the client to speak of what comes to mind).

Careful use of words and phrases – succinct dynamic statements – to activate and tune the thought field.

Checking for hidden areas of distress in the unconscious mind, dissociated parts, and the body.

A stance of viewing the work as exploration of the unknown – an energetic as well as psychodynamic enquiry (rather than taking the presenting problem as the immediate target).

### ***Transference and EP***

Psychotherapists are often intrigued by energy psychology, but feel at a loss as to how such seemingly 'different' methods might be integrated into more conventional work. In particular, psychotherapists often worry about the impact of adjunctive methods upon the therapeutic frame and the transference. Such issues become less of a problem if energy psychology methods are part of the frame from the beginning. Transference does emerge – briefly – but is more akin to Freud's original view of transference as an intrusive memory temporarily experienced as real in the present. This original (and important) perspective has been largely lost in much contemporary psychoanalytic work (Mollon 2005b; 2011). It is worth reminding ourselves of what Freud, the originator of the concept of transference, actually said about it.

In his 1895 *Studies in Hysteria*, he wrote:

“Transference onto the physician takes place through a false connection”, which he states “is a frequent, and in some analyses a regular, occurrence”. [p 302]

The idea of a 'false connection' clearly implies something that is in need of correction – and certainly not a phenomenon to be encouraged. In his 1920 *Beyond the Pleasure Principle*, he wrote:

"He [the patient] is obliged to *repeat* the repressed material as a contemporary experience instead of, as the physician would prefer to see, *remembering* it as something belonging to the past

It has been the physician's endeavour to keep this transference neurosis within the narrowest limits: to force as much as possible into the channel of memory and to allow as little as possible to emerge as repetition.” [Pleasure Principle 1920]

Frequently, psychoanalytic therapists are startled by an encounter with Freud's statement that the task is to 'force as much as possible into the channel of memory and to allow as little as possible to emerge as repetition'. It is so at odds with the prevailing fashion of focusing exclusively on the here-and-now relationship and 'working through in the transference' as the vehicle of healing. Some might think the view expressed here was just an early position that Freud subsequently revised. This hypothesis is dispelled by consideration of the following passage from Freud's final book, *An Outline of Psychoanalysis* (1940):

“The danger of these states of transference evidently lies in the patient's misunderstanding their nature and taking them for fresh real experiences instead of reflections of the past ... It is the analyst's task constantly to tear the patient out of his *menacing illusion* and to show him again and again that what he takes to be new real life is a reflection of the past” [1940 p 176-7 italics added]

Energy psychology methods seem very suited to shifting brief intrusions of transference rapidly back into the realm of memory, where they belong. Instead of the theatre of the transference and the therapeutic relationship being the main vehicles of healing (as in conventional psychotherapy), the work in energy psychotherapy becomes much more focused within the client's system – not just intra-psychically, but intra-energetically, even though the therapeutic relationship, including its transpersonal aspects, may facilitate this.

### ***Core principles and procedures of EP***

It is possible to state the principles and procedures common to the different energy psychology approaches broadly as follows. The therapist and client together will:

Activate the subtle energy system

Use intention combined with physical stimulation of the energy system

Target first the internal objections to change (psychological reversal)

Then target the 'thought field' of distress

In order to do the work of energy psychotherapy adequately, all the skills of conventional psychotherapy are required – including an understanding of personality development, attachment, psychodynamics of conflict, transference and countertransference, and role of trauma. In addition the following skills and knowledge are required:

Awareness of the subtle energy systems, including meridians and chakras – and how to work with these therapeutically

A capacity to 'read' the client's energy field

Sensitivity to the movement of subtle energy.

Fortunately ... *All these are teachable !*

### ***Some conclusions***

Thus energy psychology can be welcomed, as a potent addition to our therapeutic perspectives and methods, enabling creative access to a realm of the human system that hitherto was obscured. Since the patterns of psychological and somatic dysfunction appear to be patterned in this higher dimensional realm, resolution of these is easier when we work at this level of the system. This higher dimensional realm is, paradoxically, also very bodily. By drawing upon it, we bring more levels of the person into the psychotherapeutic conversation. Energy psychology does not make other psychotherapeutic skills redundant, nor is it a panacea for all of human suffering. Moreover, our current theorising, including the speculations articulated in this paper, may turn out to be mistaken. What seems clear, however, is that EP methods work – they bring relief rapidly and with less distress than many other approaches.

**References:**

- Brown, W. A. 2013. *The Placebo Effect in Clinical Practice*. New York. Oxford University Press.
- Callahan, R. J. 1981. Psychological Reversal. Paper presented at the proceedings of the International College of Applied Kinesiology, Winter Meeting, Acapulco, Mexico.
- Callahan, R. J. 1985. *How Executives Overcame the Fear of Public Speaking and Other Phobias*. Wilmington, DE. Enterprise Publishing.
- Callahan, R. J. 2001. *Tapping the Healer Within*. Chicago. Contemporary Books.
- Church, D., Hawk, C., Brooks, A., Toukolehto, O., Wren, M., Dinter, I., & Stein, P. (2013). Psychological Trauma Symptom Improvement in Veterans Using Emotional Freedom Techniques: A Randomized Controlled Trial *Journal of Nervous and Mental Diseases* 201 (2) 153–160
- Church, D., Piña, O., Reategui, C., & Brooks, A. (2011). Single session reduction of the intensity of traumatic memories in abused adolescents after EFT: A randomized controlled pilot study. *Traumatology*. Advance online publication. doi:10.1177/1534765611426788
- Church, D., Yount, G., & Brooks, A. (in press). The effect of emotional freedom technique (EFT) on stress biochemistry: A randomized controlled trial. *Journal of Nervous and Mental Diseases*
- Connolly, S., & Sakai, C. (in press). Brief trauma intervention with Rwandan genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health*.
- Diamond, J. 1979. *Your Body Doesn't Lie*. New York. Harper and Row.
- Diamond, J. 1985. *Life Energy*. New York. Dodd, Mead & Co.
- Diamond, J. 1988. *Life Energy Analysis. A Way to Cantillation*. New York. Archaeus.
- Fang, J., Jin, Z., Wang, Y., Li, K., Kong, J., Nixon, E. E., . . . Hui, K. K.-S. (2009). The salient characteristics of the central effects of acupuncture needling: Limbic-paralimbic-neocortical network modulation. *Human Brain Mapping, 30*, 1196 – 1206. doi: 10.1002/hbm.20583
- Feinstein, D. 2012. Acupoint stimulation in treating psychological disorders. Evidence of efficacy. *Review of General Psychology, 16* (4) 364-380
- Freud, S. 1894a. The neuropsychoses of defence. *SE., III*. London. Hogarth.

- Freud, S. & Breuer, J. 1895d Studies on hysteria. *SE II*. London. Hogarth.
- Freud, S. 1920g. Beyond the pleasure principle. *S.E. XVIII* 1-64. London. Hogarth.
- Freud, S. 1923b. The ego and the id. *SE., XIX*: 1-66. London. Hogarth.
- Gallo, F. P. 1999. *Energy Psychology*. Boca Raton. FL. CRC Press.
- Karatzias, T., Power, K., Brown, K., McGoldrick, T., Begum, M., Young, J. . . . & Adams, S. (2011). A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder: Eye Movement Desensitization and Reprocessing vs. Emotional Freedom Techniques. *Journal of Nervous & Mental Disease, 199*, 372-378.
- Mollon, P. 2002. Remembering Trauma. A Psychotherapist's Guide to Memory and Illusion. 92<sup>nd</sup> Edition. London. Whurr.
- Mollon, P. 2005. *EMDR and the Energy Therapies. Psychoanalytic Perspectives*. Karnac. London.
- Mollon, P. 2005b The abandonment of memory, trauma, and sexuality: the excessive preoccupation with 'transference', and other problems with contemporary psychoanalysis. Chapter 4 in *EMDR and the Energy Therapies*. Karnac. London. 71-95
- Mollon, P. 2008. *Psychoanalytic Energy Psychotherapy*. Karnac. London.
- Mollon, P. 2011. The foreclosure of the Freudian transference in modern British technique. *Psychoanalytic Inquiry. 31* (1) 28-41
- Reich, W.R. 1942. *The Function of the Orgasm. Sex-economic problems of Biological Energy*. New York. Orgone Institute Press.
- Shapiro, F. 2001. *Eye Movement Desensitisation and Reprocessing. 2<sup>nd</sup> edition*. New York. Guilford Press.
- Strachey, J. 1962. The emergence of Freud's fundamental hypotheses. In S. Freud, *Standard Edition of the Complete Psychological Works of Sigmund Freud, III* (pp 62-68). London. Hogarth.
- Tiller, W. A. 1993. What are subtle energies? *Journal of Scientific Exploration. 7* (3) 293-304.
- Tiller, W. A. 2007. *Psychoenergetic Science. A Second Copernican-Scale Revolution*. Walnut Creek. CA. Pavior.
- Walther, D.S. 2000. *Applied Kinesiology. Synopsis. 2<sup>nd</sup> Edition*. Shawnee Mission, KS. Triad of Health Publishing.