

Expressions of energy psychotherapy



Edited by James Barrett

About the contributors

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Phil Mollon PhD is a clinical psychologist (University of Leeds), psychotherapist (Tavistock Clinic) and psychoanalyst (Institute of Psychoanalysis, London). Always seeking better ways of helping people, he trained in a variety of energy psychology modalities, gradually developing Psychoanalytic Energy Psychotherapy. For 37 years, he worked full time in

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Contents

Preface	2
1. Energy psychology: an introduction <i>James Barrett</i>	3
Methods from energy psychology used in psychotherapy and referred to in this book.....	5
Energy psychology modalities commonly integrated into psychotherapy <i>Anne Carroll</i>	6
Theories of energy <i>James Barrett</i>	8
2. Research on energy psychology. Does it work? <i>Phil Mollon</i> ...	10
A personal note	14
3. Relational considerations in energy psychology <i>Anne Carroll</i>	15
4. A gestalt perspective on energy psychotherapy <i>Sandra Figgess</i>	17
5. Tapping into source: psychosynthesis and Emotional Freedom Techniques <i>Viv Fogel</i>	19
6. A case study using energy psychology methods <i>Elizabeth Simpson</i>	22
Issues that curious colleagues frequently raise.....	23
7. The integration of transactional analysis and energy therapy <i>John Monk-Steel</i>	25
8. Attachment trauma and energy psychotherapy <i>Ruthie Smith</i>	27
9. A faster path to healing trauma: applying energy psychotherapy in the NHS <i>Sabrina Piergrossi</i>	30
Tamsin's feedback on energy methods in our therapy sessions	32
10. Tapping the body's healing powers <i>Heather Reddington</i>	33



Preface

By Judith Anderson

It is a privilege to introduce this volume, the brain child of James Barrett, a leading practitioner in the field in the UK, who has spent many hours persevering on its gestation.

The collection of articles was initially conceived for a guest editorship of *The Psychotherapist*, the journal of The UK Council for Psychotherapy (UKCP). The initial brief to authors, who come from different psychotherapy modalities, was to give a concise account of their work. Although at times the brevity of clinical accounts is tantalising, read together these papers provide an excellent representation of the integration of energy psychology methods into psychotherapy practice.

When the UKCP project did not come to fruition, James Barrett took the decision to publish it as a contribution to this significant development in contemporary theory and practice.

Heather Redington's paper is adapted from a presentation at a Confer event on energy psychotherapy in June 2017 and has recently been published in *Therapy Today*. In addition to demonstrating the applicability of energy psychology methods with a vulnerable group, her conference paper drew together many threads of method and clinical experience, and this version does the same as a fitting conclusion to the collation.

Many of the writers have been involved with the Energy Psychotherapy Network, which organises the Converging Streams course, teaching a variety of energy psychology methods to psychotherapists and counsellors, to promote the integration showcased here (www.energypsychotherapyworks.co.uk).

Note from the editor:

The project of this edition has been discussed with Judith Anderson every step of the way. She has given generously of her editing skills and I am grateful for the creative flow between us. I have had important assistance from Anne Carroll and Sandra Figgess. Carol Saunders' professional contribution in reviewing the text and organising the layout has delighted us all.

1 Energy psychology: an introduction

By James Barrett

"Contemporary quantum research and big data, as well as ancient faith practices, alert us to subtle dimensions where energy prevails over matter. The primo vascular system maps onto the hitherto invisible meridian systems of traditional Chinese medicine. Science is giving us 'proofs' of other dimensions beyond the four we habitually recognise. All this being so, is it time to expand the horizons of therapy beyond the cognitive, the relational, the conscious and unconscious, beyond embodiment and systemic paradigms to include the subtle and energetic dimensions of existence which may be holding disturbance, and be in need of healing attention too."

Ruth Jones, 'Caretaking our planet: a new direction', in *The Psychotherapist*, Issue 65, Spring 2017

Over the past decade, colleagues from the talk therapies in psychotherapy and counselling have integrated energy psychology methods into their practice and have discovered new ways of working that are of benefit to clients. They include therapists from psychosynthesis, gestalt therapy, systemic family therapy, psychoanalysis, attachment-based psychoanalytic psychotherapy, analytical psychology, transactional analysis, counselling psychology and person centred counselling.

The authors of this book are discovering, from their own perspectives, the subtle matrix of body, spirit and psyche familiar to the field of body psychotherapies. "The experience of many, many body psychotherapist trainees and clients.... [is that] the more deeply one goes into the experience of embodiment, the more strongly one becomes aware of the spiritual and subtle aspects of reality. This is not primarily a theoretical process, but an experiential one. Body psychotherapy, it seems, cleanses the 'doors of perception' which Blake and Aldous Huxley describe" (Totton, N., 2003). Psychoanalysis and its offspring therapies have often suffered from an assumption of the primacy of mind over body. The Jungian and the humanist traditions have leaned more towards recognising the inter-relations of body, mind and spirit; but by and large have been cautious.

Each of us attracted by these methods at first felt consternation. How could these methods from energy psychology be consistent with the subtleties and necessities of such matters as boundaries,

transference or relationality? With delight, we found the methods proved to be an expansive development of our theory and practice. It is hoped we bring an additional approach to the integrity of mind, spirit and body.

It is striking that all the modalities of energy psychology recognise energy as a secular expression of spirituality. In prayer, there is an intentional address to a divine presence, coupled with a capacity to listen for a response. In psychotherapy, there is a relational triad between client, therapist and unconscious process that is augmented by energy methods.

Schools of energy psychology emerged in the USA in the 1990s, evolving pragmatically, often as treatments for trauma and PTSD. "Energy psychology" has been used interchangeably with 'energy based psychotherapy' or simply 'energy therapy' and it is also an umbrella term for numerous specific [therapies]" (Feinstein, Eden and Craig, 2006, p.291). The field is represented internationally by the Association for Comprehensive Energy Psychology (ACEP), founded to "organize and unify Energy Psychology methods, provide professional support and education, and establish ethical guidance in practice" (Feinstein et al, *ibid*). The authors in this book use the phrase 'energy psychotherapy' to distinguish themselves from those who use the methods without a formal training in psychotherapy or counselling.

In the UK, psychotherapists who have integrated energy psychology into their practice have often trained with a number of these modalities. Increasingly, they have been writing of their clinical experience of this work in settings such as: CAMHS¹ (Redington, H., 2010); school counselling – working with transgenerational trauma (Lloyd L-J., 2017); the workplace (Scott, J., 2008-9); as well as researching its use in general (Mason, E., 2012).

As Phil Mollon describes, 'Emotional Freedom Technique' – one of the many kinds – has amassed reputable academic research, validating positive outcomes for clients for a whole range of psychological disorders.

Typically, a practice of energy psychotherapy augments a process of conversation in therapy. While the problem issue is named and/or held in mind, the client is shown how to tap particular

meridians (Chinese medicine) or hold chakras (Ayurvedic). This finds the resonance of the words in the energy system in ways that enable experiences of healing and the emergence of meaning and understanding. Resistances and defences of psychodynamic theory are understood as 'reversals' in the energy system (Callahan, R. J., & Callahan, J., 1996), and can be gently named and undone.

The diversity and individuality of psychotherapists and counsellors in the UK who have learnt from the different energy therapies is notable. Some contribute to this publication. They are part of a rich learning community.

It seems almost certainly true that most therapists and counsellors have come into energy psychotherapy through direct or indirect connection with the work of Phil Mollon, a clinical psychologist and psychoanalyst, who is currently President of the Association for Comprehensive Energy Psychology (ACEP). He has been largely responsible for initiating and developing energy psychotherapy in the UK, through his teaching, his practice (both private and in North Herts NHS) and his writing. In the UK, he has initiated a new development in the psychological field, without trying to own it; a rare phenomenon. Phil embodies a spirit of ongoing learning in this fascinating field and, in this book, gives a personal account of his journey, as well as a review of the research literature.

Sandra Figgess finds that the metaphor of the field, significant in gestalt therapy, has fuller expression through the energy paradigm and appreciates "a form of therapy that takes the body seriously, is optimistic about the human potential for creative adjustment, does not pathologise, is responsive to the variety of human experience and is open to a spiritual dimension".

Therapists from psychosynthesis have been at home with the spiritual dimensions of the energy methods. Viv Fogel writes: "Energy psychotherapy works beautifully with psychosynthesis and tapping can be used alongside many of its tools – with imagery, metaphor, intentional re-visioning and re-scripting, working with subpersonalities, gestalt and dialogue."

As a very experienced Jungian psychotherapist learning new ways of working, Elizabeth Simpson provides insightful reflections on the difficulties colleagues encounter in the process of changing their practice, and how such changes can enable critical reflections on basic assumptions in contemporary practice.

Anne Carroll addresses the concern that the methods constitute a 'doing to' the client, administering

"The diversity and individuality of psychotherapists and counsellors in the UK who have learnt from the different energy therapies is notable."

treatments to 'fix' the client. "As responses are coming through the body from the client's self, in a frame where the client is focused not on the therapist, the presence of the therapist in fact feels less prominent.... The Healer archetype, initially transferred on to me, became embodied in Laura and became an immediate inner resource.... Our relationship has been characterised by idealisation, moved from this hierarchical approach with me as 'the one who knows', to an approach that fosters direct, instinctual wisdom."

John Monk Steel, a transactional analyst, writes a case study introducing energy methods into an ongoing therapy. Typical of most of the authors, John is a senior, skilled and knowledgeable psychotherapist, demonstrating openness to new learning and change. He describes how the client's initial scepticism about the methods lifted. Any method or intervention by the therapist must serve the client and has the potential to be an avoidance of presence to that particular moment with that client. "These methods openly acknowledge that the healing comes from within the client and that the client is in control. The therapist is truly a guide. This is consistent with Eric Berne, the founder of transactional analysis, who wrote: "I treat, God cures", and the position of the Gouldings, in *The Power is in the Patient*. The approach fits well with transactional analysis."

Ruthie Smith weaves psychoanalytic attachment-based psychotherapy, energy methods, and archetypal and spiritual dimensions, with her client Gemma, to loosen paralysing transferences, dysfunctional attachments and addictive behaviours.

Sabrina Piergrossi, a counselling psychologist, undaunted by the constraints of working in the NHS, shares sustained and grounded work with her client Tamsin, who suffered major addictions, to discover inspired growth and healing through an integration of energy psychology methods with shamanic journeying – an approach taught by Howard Brockman in *Dynamic Energy Healing*.

In her article Heather Redington, an integrative psychotherapist, describes the use of different energy psychology methods in making most sensitive connections with refugees who have experienced life-threatening events, and present with acute anxiety, psychosomatic symptoms and PTSD.

Any development in psychotherapy is a research project, an emergent property of the complex fields of each of the groupings we all represent, developing contemporary themes of spirituality, relationality and good outcomes. The representation of the work from different schools of practice, in addition to the intrinsic value of the work, makes this a book worth publishing.

Scott Miller cautions us that when different kinds of psychotherapy are compared with one another, they are found to be more or less equally effective ('The Great Psychotherapy Debate', Bruce Wampold, www.scottdmiller.com). Where there are real differences is in the results achieved by different therapists. Some psychotherapists are more effective than others – and some much more effective. In this light, it may be that the best we can claim, as practitioners using these methods, is that they have made us better at what we do. In his article, Phil Mollon notes the need for more studies comparing an energy psychology with other recognised modalities and states that the "questions of how and why such methods achieve these results remain open".

Footnote

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Methods from energy psychology used in psychotherapy and referred to in this book

Muscle-testing

This is a technique learned from Applied Kinesiology, sometimes known as 'energy-testing', and used in some energy psychology to make enquiries of the energy system. In one common way of doing it, the therapist will rest a finger on the wrist of the client's outstretched arm and will each listen to the feeling tone of the arm. This is most often the only physical contact between client and therapist.

Between them, through experimentation, they discover the arm is firm when the client makes a true statement and weak in response to something false. This is not a muscular response, the muscle is being used to listen to energy. Once the play of this is established between client and therapist there can be remarkable subtlety in the tone of response, and the attuned listening on both parts feeds the therapeutic process becoming an integral part of the conversation. Energy testing can be helpful in exploring relational, spiritual, or psychosomatic issues and be a guide to the problems the client is able to address. Clients are being introduced to a live ego-self relating that enables free associations and insight. The client is being given an experience of making sense systemically, and learning that intelligence and information reside in unconscious process.

Neurological disorganisation

The communication system of the entire body, its cells and organs is electromagnetic in addition to the hard wiring of the electrical and chemical processes of the nervous system (Oschman, 2000). In states of distress or dissociation, the polarity of the body can get disorganised and the reliable responsiveness of the energy testing is not present. There are simple tests for this. This very ordinary response to confusion or distress is explained to the client and can usually be corrected with a simple exercise.

Energy intervention or treatment

Typically, a method of energy psychotherapy augments a process of conversation in therapy at the point where a problem is named, often by a phrase or sentence that 'gets' the matter in hand. While the problem issue is named and/or held in mind the client is shown how to tap particular meridians (Chinese medicine) or hold chakras (Ayurvedic), finding the resonance of the words in the energy system.

Reversals

Resistances and defences of psychodynamic theory are understood as 'reversals' in the energy system (Callahan, R., 2001). From this perspective, reversals are energetic expressions of resistances to change, thwarting growth. They may be beliefs about recovery and healing such as "I'll never recover," or "I'm too bad to be helped", or conflicts specific to a particular issue, as a threat to identity to get over a particular problem. When these are identified through skilled conversation and presence, the energy methods can be very helpful in accessing, naming and undoing such dysfunctional defences.

Dehydration

"Water does not merely fill the space between molecules. Water is more than this; it is part and parcel of the living matter itself" (Szent-Gyorgyi, A., 1957).

"Often, energetic problems are due to inadequate hydration. A test for this is to tug a strand of hair or pinch the skin around the head or face. If an indicator muscle tests weak to this, dehydration is indicated. After drinking some plain water, the muscle will usually immediately test strong. This immediate effect does not allow time for the water to be absorbed through the gut, but somehow the system appears to register that water has been taken in" (Mollon, 2008, p.138).

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Energy psychology modalities commonly integrated into psychotherapy

By Anne Carroll

Based on the advancements and principles of energy medicine science last century, a number of psychiatrists, psychologists and psychotherapists developed energy therapies specifically for the psychological setting. Energy psychotherapy as a field now consists of many small groupings based on these therapies. In this way, it is not dissimilar to how the psychoanalytic psychotherapy profession grew.

The therapies include those that use the meridian system, those that work predominantly with the chakras and those that work with both.

Most of them make use of muscle testing from chiropractor George Goodheart's Applied Kinesiology, developed in the mid-1960s, as extended into the emotional and psychological by psychiatrist John Diamond in the 1970s. Intentions, words and thoughts are elicited to varying degrees with each of the therapies.

Some of the energy methods are promoted so enthusiastically by their founders as to seem irrelevant or contradictory to the spirit of a more nuanced psychotherapeutic process, but skilful practitioners have found them helpful nonetheless. David Feinstein's work is of particular note with regard to the practical application of these techniques. So is his contribution to reviews of the scientific evidence on their effectiveness.

The field is represented internationally by the US-based Association for Comprehensive Energy Psychology (ACEP), founded by Hover-Kramer in 1999 to "organize and unify Energy Psychology methods, provide professional support and education, and establish ethical guidance in practice". In the United Kingdom, the Energy Psychotherapy Network brings together psychotherapists and counsellors to practise, teach and research energy psychology in psychotherapy.

Feinstein, Eden & Craig (2006, p.291) define energy psychology as follows:

"[it] applies principles and techniques for working with the body's physical energies to facilitate desired change in emotions, thought, and behaviour. 'Energy psychology' has been used interchangeably with 'energy based psychotherapy' or simply 'energy therapy' and it is also an umbrella term for numerous specific [therapies]..."

Thought Field Therapy (TFT) involves the client tapping on the beginning or end point of meridians (energy pathways in Chinese medicine). There are different recommended 'algorithms' for a particular issue, or the sequence can be determined in the session by muscle testing. The founder of TFT, Roger Callahan, developed the concept of psychological reversal, and the methods include a protocol to address this.

Emotional Freedom Technique (EFT), which evolved from TFT by Gary Craig, uses a simple same-sequence tapping method, basically tapping on all the meridian points, eliminating the need for diagnosing which points are involved, and thus the need for muscle testing. EFT also uses a standard technique to address psychological reversals, whereby the client taps on the side of the hand, whilst saying a statement like, "Even though I have [this issue X], I completely accept myself". This method is used in many other energy psychology methods.

Advanced Integrative Therapy (AIT), originally Seemorg Matrix, was developed by Asha Clinton as a predominantly chakra-based method. The client identifies the initiating (current) and originating (past) trauma, and connects the two in a statement, which is repeated as the client moves one hand down the chakras (including those at the left and right heart, and left and right crease; the meridian point at the chin is also included), whilst the other hand is held stationary on a particular chakra that is determined by muscle testing or intuition as being the most relevant to the trauma.

Tapas Accupressure Technique (TAT) was originally an allergy-elimination protocol. Clinical observation by founder Tapas Fleming led her to realise the method's effectiveness with emotional trauma. In TAT, the client focuses on a series of statements about the issue in hand, whilst lightly holding meridian and chakra points on four areas of the head – the inner corner of each eye (kidney meridian), just above the space between the eyebrows (third eye chakra), and the back of the head. It is a meditative method with no muscle testing involved.

Dynamic Energetic Healing (DEH), developed by Howard Brockman (2006), integrates the energy psychology techniques described above and others, with core shamanism and process-orientated psychotherapy methods. The client and therapist co-create intentions and work psychologically and energetically on what stands in the way of them. It also focuses on subtle negative energy and setting energetic boundaries with traumatic issues.

Psychoanalytic Energy Psychotherapy (PEP) has been developed by Phil Mollon, who writes in this book. He applies TFT's understanding of the need to determine a sequence of meridians for the presenting issue, but adds to this working with the chakras in the same way. As a highly experienced clinical psychologist and psychoanalyst, he is able to apply the methods in a sensitive nuanced way to the dynamic origins of issues with which clients present.

As well as this, there are a number of other notable practitioners who have enhanced the therapies and/or written about their application in practice. They include clinical psychologist and practising psychotherapist Fred Gallo, psychotherapist Dorothea Hover-Kramer, psychologist John Diepold, and energy practitioner Mary Hammond.

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Theories of energy

By James Barrett

An obstacle to professional acceptance of the growing body of research supporting the efficacy of energy psychology is the vague use of the term energy in the field's name and explanatory frameworks.

David Feinstein, 2012

This book [Energy Medicine: the Scientific Basis] tells two stories. One is the story of the emergence of a new and tremendously exciting branch of academic medicine. Behind this emerging science is the equally fascinating tale of why the whole subject has been so confusing and controversial in the past.

James Oschman, 2000, p.1

In energy psychotherapy, skilled use of energy psychology methods are woven into the process and conversations of psychotherapy to access psychological, psychosomatic and spiritual problems present in the person's energy field. This field is a constellation of energy systems, rather as the body is a group of physical systems; it includes the electromagnetic fields of the body, the Ayurvedic chakras, the meridians of Chinese medicine and subtle energy.

Taken as a whole interrelating system, it is communicative and informative.

From quantum field theory, David Peat expresses the idea of energy as literally in-forming; body and psyche as emergent from energy. "It is now clear that this 'information' within the quantum potential, is not something passive, like words printed on this page or binary digits on a computer's hard drive, but has an activity of its own. It is active information." For him, energy as information is a kind of proto-mind. "[M]ind was not something that evolved at a particular point in history or at particular level of an organism's complexity. Proto-mind was present from the beginning and cannot be fragmented away from matter itself" (Peat, 2011).

The concept that energy is information and informative, is important in energy psychotherapy. "Every part of the body, including all of the molecules so thoroughly studied by modern science, as well as the acupuncture meridians of traditional East Asian or Oriental medicine, forms a continuously interconnected semiconductor electronic network. Each component of the organism, even the smallest part, is immersed in, and generates, a constant stream of vibratory information. This is information

about all of the activities taking place everywhere in the body" (Oschman, J., 2000, p.71).

In biology, new thinking replaces a gene-centred competitive view of evolution so that human language and culture can be seen as emergent from complex adaptive systems and biosemiosis; communications are intrinsic to all forms of life and matter. Here, individuals and humankind are part of, not apart from, 'nature'. This situates the body as one site of an infinity of conversations, a knowing organ that is part of nature's order that is semiotic, but not centred on humanity (Margulis, 1998. Wheeler, 2006).

The neurobiologist Candace Pert (1997) contributed to discovering the site of the generation of emotions on the surface of cells and to finding that all cells and organs have electromagnetic fields in which communications happen. This is in addition to the hard wiring of the electrical and chemical processes of the nervous system. Pert showed that thought is not simply located in the brain, "The brain is a bag of hormones...", rather, it is a whole-body process located in chemical processes that are simultaneously electro-magnetic. These magnetic fields, albeit weak, extend beyond the body needing very sensitive instruments to detect them.

These ideas also find expression in Dan Siegal's multi-disciplinary research towards a definition of 'mind'. "Energy is an information flow in relationship between objects or people.... you can't look at mind as individual energy, or as property of the individual." "Mind is a relational and embodied process that regulates the flow of energy and information" (Siegal, 2010). From this perspective, energy psychotherapy is a contemporary paradigm of relational minding.

James Oschman (ibid) gives a thorough review of academic research into the magnetic fields of the body and subtle energy in *Energy Medicine: the Scientific Basis*. Subtle energy is the realm of physics. It "modifies the familiar forces of electromagnetism, gravity, and the nuclear forces and appears to be the source of auras, chakras and the qi [life force] which flows through the acupuncture system of the body" (pp.48-49). Perhaps the most provocative quality of subtle energy for psychotherapists, however, is the claim that "it responds to and interacts with thought" (Feinstein, 2012).

Phil Mollon, whose book *Psychoanalytic Energy Psychotherapy* is a primary resource for theory and practice writes: "It becomes possible to see that this energy, in its various forms, whether it is called libido, orgone, or Qi, or tachyon, is the very essence of life. Sex and the sacred appear as different forms

of the same energy that courses through the chakras, meridians, and subtle organising fields of mind and body, infusing the spectrum of human motives and potentials, from the highest strivings for spiritual awareness to the most basic instincts of survival" (Mollon, 2008, p.332). Many practitioners like Mollon associate subtle energy and spiritual divine agency. Heuer's exploration of quantum field theory and spirituality (2008 & 2016) is an informed and relevant exploration of these interrelations.

In clinical practice, the methods of energy psychology access the interrelated energy systems of the meridians or the chakras, or both. Chakra means disk or vortex and it is thought that these energy centres carry imprints of important experiences. The major chakras are positioned at one of seven points from the top of the head to the base of the spine.

Meridians are energy pathways that can be stimulated with needles or physical pressure. Electrical signals produced by tapping on selected acupoints during imaginal exposure reduce limbic arousal. This helps the psychotherapeutic process of gaining release from established repetitions of neurosis, trauma and fear, and enabling curiosity, and presence to current realities (Feinstein, D., 2012, p.61).

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2 Research on energy psychology

Does it work? By Phil Mollon

In an era increasingly dominated by the requirement for clinical work to be 'evidence based', in private practice as well as within the NHS, the question of whether there is research evidence to support new approaches is highly pertinent. Readers will want to know whether it works!

In the case of energy psychology, the research is supportive. At the time of writing, there have been 82 studies of energy psychology published in peer-reviewed journals, including 43 randomised controlled trials, four meta-analyses (statistical analysis of multiple studies) and five systematic reviews. The US government's National Registry of Evidence-based Programs and Practices (NREPP) has validated Thought Field Therapy (TFT) as an evidence-based treatment, finding it helpful in improving resilience, self-regulation and well-being, and reducing anxiety, depression and traumatic stress. The NREPP is currently evaluating EFT.

At least 400 different forms of psychotherapy have been identified (Beutler et al, 2001) and most have little or no research evidence base. Energy psychology is indeed not only evidence based, but is probably now amongst the top 10% of psychotherapeutic approaches in terms of research.

The greatest amount of research in energy psychology has been undertaken on Emotional Freedom Techniques (EFT). Thus, Church (2013) states:

"Emotional Freedom Techniques (EFT) has moved in the past two decades from a fringe therapy to widespread professional acceptance... Clinical EFT is a stable and mature method with an extensive evidence base. These characteristics have led to growing acceptance in primary care settings as a safe, rapid, reliable, and effective treatment for both psychological and medical diagnoses" (p.645).

This shift in the empirical status and professional perception of energy psychology closely mirrors that, followed some years previously, by EMDR, another method initially regarded with widespread suspicion, which is now listed in the NICE guidelines as a recommended treatment for PTSD. The status of energy psychology methods has evolved from an early stage when their adherents' claims for clinical success, speed of effect and wide-ranging application, were commonly regarded as

simply implausible. Since these were based mainly on single case reports without support from substantial research, they attracted much scorn and accusations of 'pseudoscience' (e.g. Gaudio and Herbert, 2000), and such attitudes have persisted in some quarters. Now, a fair-minded reviewer of the research would have to conclude that skilful practitioners of energy psychology methods are indeed managing to help their clients rather well.

Energy psychology for PTSD

Eighteen studies of energy psychology for treatment of PTSD showed a significant decrease in PTSD symptoms following therapy with TFT or EFT, with results sustained at follow-up. For example, Church and colleagues (2013a) reported a randomised controlled study of the psychological symptom improvement of veterans with PTSD who completed six sessions of Emotional Freedom Techniques. Following treatment, 90% of the EFT group no longer met the clinical criteria for PTSD, compared with 4% of the wait list control group. These results are superior to those typically obtained with psychological or pharmacological treatments of PTSD. For example, Steenkamp and colleagues (2015), in their review of nine randomised controlled trials of cognitive and exposure therapies for PTSD, found that 60-72% retained a diagnosis of PTSD following treatment. The Church study was replicated by Geronilla and colleagues (2016), who again found that six sessions of EFT alleviated most symptoms of PTSD in their group, 96% of these no longer meeting the criteria for PTSD afterwards. Statistical measures of 'effect size' were calculated for this study, finding Cohen's *d* of 3.44 and Hedges *g* of 1.62 – these are considered very high, indicating the therapeutic modalities were very effective.

A recent meta-analysis of seven randomised controlled trials of EFT for PTSD, all reaching the methodological quality criteria for empirically validated treatments of the American Psychological Association, concluded: "The analysis of existing studies showed that a series of 4-10 EFT sessions is an efficacious treatment for PTSD with a variety of populations. The studies examined reported no adverse effects from EFT interventions and showed that it can be used both on a self-help basis and as a primary evidence-based treatment for PTSD" (Sebastian and Nelms, 2016, p.6).

Four studies, three of them randomised controlled trials, have shown that a single intervention of Thought Field Therapy (TFT), under the facilitation of community leaders, has been effective in reducing post-traumatic stress from large-scale traumatic events in Africa (Dunnewold, 2014).

Church and Feinstein (2013b) reviewed studies showing that both TFT and EFT are effective treatments for PTSD and point to seven important features of these methods: 1) usually only a few treatment sessions are required to remediate PTSD; 2) the depth, breadth and longevity of treatment effects are noteworthy; 3) there is a low risk of adverse events (compared to conventional exposure methods); 4) relatively limited training is required for basic application of the methods; 5) they can be delivered in group format; 6) they have simultaneous effects on a wide range of psychological and physiological symptoms, and 7) they can be suitable for non-traditional delivery methods such as online and telephone sessions.

Wider applications

Energy psychology methods have been applied and researched in relation to a wide range of problems and conditions in addition to PTSD, including depression, anxiety and phobias, food cravings and addictions, physical pain, stress, and academic and sports performance (Boath, 2012). In all of these, the energy modalities have been found, in research studies, to be helpful. Even attending a group EFT workshop has been found to result in sustained improvement in experienced wellbeing (Palmer-Hoffman & Brooks, 2011).

Nelms and Castell (2016) conducted a review and meta-analysis of 20 studies of EFT for depression, including 12 randomised controlled trials, finding that this approach was "highly effective in reducing depressive symptoms in a variety of populations and settings" and that "EFT produced large treatment effects whether delivered in group or individual format, and participants maintained their gains over time" (p.416).

One German study of 'meridian tapping' for OCD (Moritz et al, 2010) did not find this to result in any significant difference in symptom scores. However, the methodology did not involve a therapist, but simply directed participants to view a manual and videos online and work on their problems alone. Since OCD is one of the hardest conditions to alleviate by any psychotherapeutic method, these results seem unsurprising. The tone of the article is critical of 'alternative' approaches in general. It would be hard to disagree with the authors' concluding comment: "In our view, the main

demarcation line between good and bad practice is not between academic medicine/psychology versus... [alternative medicine]... but between sober evidence-based therapy versus charlatanry, therapeutic megalomania and reckless money-making."

Quality of methodology

At the time of writing, 82 research studies of energy psychology have been through the critical procedures of peer reviewed professional journals, some of which are highly respected and long-established. Nevertheless, many of the research studies have been undertaken by enthusiastic practitioners of the methods, doing their best to conduct good science, rather than by university departments. One recent meta-analysis of 18 randomised controlled trials of EFT (Gilomen & Lee, 2015) cautioned that most of the studies rated at the low to medium level on their 'gold standard' measure of ideal methodology. This measure looked at seven criteria for optimum methodology: 1) clearly defined target symptoms; 2) reliable and valid measures; 3) blind independent assessor; 4) assessor reliability training and checks; 5) manualised, replicable and specific treatment; 6) unbiased assignment to treatment; 7) checks for treatment fidelity. The overall 'effect size' (a measure of how much effect an intervention has, as measured on questionnaires or behavioural indicators) was described as 'moderate', and less than some of the individual studies might suggest. The authors also noted that there is a need for more studies comparing an energy psychology method with another recognised modality, such as CBT. Nevertheless, it was concluded that EFT does produce an effect.

Stronger support for energy methods is found in a new meta-analysis of EFT for anxiety (Clond, 2016), which found 14 studies that met the American Psychological Association criteria for empirically validated treatments. This analysis found a large 'effect size' of EFT compared to controls. However, the author noted that there are still too few studies comparing EFT to established 'standard of care' treatments.

Is it just a placebo?

An important component of psychotherapy research is that of 'dismantling studies', which attempt to identify which ingredients of the process produce the observed effect. A number of studies have in fact demonstrated that common therapeutic factors, such as time and attention from the therapist, calming techniques and placebo effects, do not account for the remarkable results of energy psychology methods. For example, Fox (2013)

compared two groups, one of which received a 40-minute EFT session, whilst the other received a 40-minute session with the same therapist, in which the participants were asked to identify stressful events, be mindful of their emotions, notice where these were experienced in the body, and use breathing and visualisation methods to alleviate stress. The EFT group showed a significantly greater drop in negative emotions and an increase in positive emotions. Church and colleagues (2016) reviewed six dismantling studies and concluded that tapping on acupoints is an important and active therapeutic ingredient.

How and why do these methods work?

Although it has been demonstrated that Thought Field Therapy and its simplified derivative, Emotional Freedom Techniques, do alleviate distress and psychiatric symptoms, and that stimulating acupoints is a crucial component, the questions of how and why such methods achieve these results remain open. It is known that there are three key components that appear to combine for a therapeutic synergy:

1) exposure to a feared thought or memory; 2) a shift in cognition; 3) stimulation of acupressure points. Whether the positive results of energy psychology arise from alterations in the flow of a subtle energy system, or the soothing and pattern-disrupting effects of sensory stimulation, or are the result of acupressure having a direct effect in calming the limbic areas of the brain, thus bringing about desensitisation, is a matter of continuing debate. However, many clients and practitioners of energy psychology modalities, some of which work with other components of the hypothesised subtle energy system, such as chakras, report tangible yet subtle feelings of energies flowing, concurrently with shifts in cognition, emotion and bodily sensations.

Relevance of research to clinical practice

Whilst research is important in demonstrating that a method has a therapeutic effect, and that this effect can be used to alleviate particular conditions, it may have less relevance in guiding the psychotherapist in the consulting room. Skilful energy psychotherapists find that their way of working with basic principles and phenomena of energy psychology will continually evolve – just as they may with any form of psychotherapy. Many forms of energy therapy have no formal research to support them whatsoever – yet their practitioners report excellent results.

Energy psychology methods are not a substitute for psychotherapy, but a valuable additional component. Some of the energy modalities, such as EFT, are extremely simple in basic procedure – consisting essentially of having the client tap on a series of acupoints whilst focusing on a troubling thought.

Specific words and phrases, drawn carefully from the client's own discourse, may be used to tune or target the 'thought field'. Typically, the intensity of emotional distress rapidly drops, and the client's thoughts and emotions then flow more easily. New insights, and further layers to the presenting problem, soon come to light.

“Energy psychology methods are not a substitute for psychotherapy, but a valuable additional component.”

For example, Alfred, a professional man in his 30s, was successfully treated for severe depression, triggered by the death of his father, in six sessions of EP methods. As we tapped through a relevant TFT sequence of meridian acupoints relating to the impact of his father's death (each meridian tends to relate to a different emotion), he suddenly found himself thinking of Australia, where he had spent some of his early childhood.

Alfred recalled that, when he was age six, the family returned to the UK, but he had thought they were just coming back for a visit and as a result felt somewhat deceived. As he continued tapping, this time using the orienting words “coming back from Australia”, he began to recall, quite vividly, various unhappy features of his early experience of repeatedly moving. The family had returned first to live with relatives in Newcastle, before making what seemed to him a very long car journey to a small town in Hertfordshire where they then stayed – a place that his father apparently described as a “hell hole”. It rapidly became clear, from his emerging memories and associations, triggered by meridian tapping, that this early period of his childhood had been miserable and unsettling for the whole family – and that it had probably been a struggle for his father, who had been seeking viable employment and was almost certainly quite depressed at the time. The young Alfred had experienced three quite different cultures and accents during a short period (Newcastle, Australia, Hertfordshire), with associated rejection by peers – and he spoke of a chronic feeling of ‘not belonging’: “I always feel I need to be somewhere else... I never feel settled.” Working through the elements of this childhood depression (through talking and tapping), which had been reactivated by the death of his father, turned out to be a key component of his relatively rapid recovery. The ease and speed of emergence of the relevant associations would have been unlikely to occur using a purely talk-based method.

When employed by psychotherapists, a method such as EFT or TFT may thus facilitate a psychodynamic

process. The skill of course is in how this simple procedure is used. Energy psychotherapists need to be highly attuned to many levels of the client's communications, including precise language and signals presented by the body. Targeting symptoms alone, or only recent traumatic events, may lead only to superficial relief. The original childhood roots and origins of problems need to be found and targeted, as well as the core beliefs and psychodynamic conflicts that hold the neurosis in place – but part of the delight of using these methods is that this process of free-associative psychodynamic exploration is facilitated (Mollon, 2008). Thus, although research demonstrates that energy psychology methods do indeed have an effect, whether they will be helpful in any particular case will depend considerably on the skill of the practitioner.

Details of the entire field of research on energy psychology can be found on the relevant pages of the following two websites: www.energypsych.org and www.eftuniverse.com

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A personal note

By Phil Mollon

In my early career as a psychotherapist in the NHS, I found to my dismay that talk-based therapy with very traumatised clients was often unhelpful and could even have adverse effects. Always searching for better ways of helping people, in the 1990s I had become an enthusiastic user of EMDR; perhaps the first effective treatment for trauma, which I found to be very psychoanalytic and free-associative in both content and process. From there I heard of acupoint tapping, which could map very easily onto an EMDR protocol. On finding that this method was not only extremely helpful but also gentle and non-distressing for clients, I began to explore the wider field of energy psychology – feeling increasingly astonished and excited by what I was learning. I attended as many relevant workshops and trainings as I could find, in the UK and USA – including Emotional Freedom Techniques (EFT), Thought Field Therapy (TFT), Tapas Acupressure Technique (TAT), Healing from the Body Level Up (HBLU), and Seemorg Matrix, now called Advanced Integrative Therapy (AIT). Acronyms in the field abound!

I had been asked to write a book on EMDR, but by the time I was fully immersed in the work for this (around 2002-3), energy psychology was informing all of my clinical practice and the book became *EMDR and the Energy Therapies: Psychoanalytic Perspectives* – much of it to do with EFT. My passion for energy psychology continued unabated – and it seemed to be my role specifically to take these modalities beyond the way they were mostly taught as ‘techniques’ and incorporate them more integratively into depth psychology. I was soon teaching energy work extensively, within the NHS and privately, providing information about the different modalities and their application. As a result, various teachers were invited to UK. Advanced Integrative Therapy became particularly popular and has now been taught to several scores of psychotherapists and counsellors in UK, including a number of NHS staff.

Within my own NHS Trust, a number of colleagues had become interested – and in our little corner of Hertfordshire waiting lists collapsed since patients were getting better! This success attracted both approval and critical scrutiny; some colleagues expressing considerable suspicion of these seemingly strange procedures. I was required to present the research evidence base for these methods to the ‘innovations in practice’ panel chaired by the lead for practice governance. This was a lengthy and stressful process, but the outcome was that some of us were permitted quietly to continue using energy

psychology methods so long as they were embedded in more conventional paradigms. We became adept at reformulating energy psychology in conventional terms, such as ‘exposure methods’ or ‘somatic desensitisation’ or ‘meridian based cognitive restructuring’, etc.

Training in the more advanced levels of Thought Field Therapy (TFT) introduced me to the idea that all states of distress are encoded as acupoint meridian sequences, which can be found through precise energy testing. There are startling implications of this phenomenon – that all states of mental or physical pain are expressed as information, akin to computer code, in the form of sequences in the body’s meridian system.

I began to grasp that the flow of the ‘thought fields’ and associated energy, closely paralleled the flow of free association. Muscle testing was, as John Diamond pointed out, a rapid and precise means of accessing aspects of the unconscious mind. The psychoanalyst and energy psychologist within me were beginning to integrate, and I began to see what I was doing as energy psychotherapy. Since I had been giving talks and workshops to both psychologists and psychoanalytic psychotherapists for several years, I had become practised in making bridges, speaking the languages of energy psychology, psychoanalysis and clinical psychology. I am quite sure that it was only because I had established a reputation as a conventional psychoanalyst and psychologist, and had written a number of books, that people paid any attention to what I was enthusiastically communicating. At each talk there would be a mixture of reactions – interest, indifference, hostility, and a small number would want to know more. This became the basis of teaching ‘Psychoanalytic Energy Psychotherapy’. In 2008, my book by this name was published by Karnac.

In these ways, I think I have played a role in making the bridge for energy psychotherapy in this country, from its position within the realms of hypnotherapy to one that is explored with interest by a small number within the mainstream psychotherapy professions. I have attended every conference of the Association for Comprehensive Energy Psychology (ACEP) since 2005, and will be serving as the next President of this international professional organisation that promotes research, education and good practice amongst the various energy modalities.

One thing I have learned is that nobody becomes proficient in any form of energy psychotherapy unless they really, really want to – but if they do (really really want to) and put in the effort, the rewards are extraordinary.

3 Relational considerations in energy psychology

By Anne Carroll

All of the existing skills of a psychotherapist are necessary in the energy psychotherapy setting e.g. rapport building, listening, discerning patterns and incongruences, understanding unconscious communications and interpretation, and applying knowledge of the effects of trauma, as well as knowledge of human development, especially attachment. The therapeutic relationship continues to be central to the work.

Many practising energy psychotherapy feel that it brings them back, or at least closer, to the roots of the psycho-somatic that founded the profession. As the mainstream profession has developed, touch and body have become somewhat taboo. However, research now shows that mind and emotions are generated not in the brain but via a whole-body process, at a cellular level, and that trauma is held in the body. In general, the effect of touch on human development is now well documented and, accordingly, there has been argument for the positive effects of touch in therapy (Zur, O., et al) and there is greater interest amongst the profession in 'embodiment'. Energy psychotherapy may offer a way to incorporate body into therapy, at a level that is comfortable within mainstream practice. There is a distinction between systematic touch that follows a 'method', as in energy psychotherapy, and spontaneous touch or touch as a conscious intervention in the traditional psychotherapy setting. This distinction applies also to touch in the body psychotherapy setting, which tends to be rather more unscripted, in that it follows what a client's body presents.

Jacoby (1986) draws attention to role confusion, where to his mind the body therapist is in "a more directive and active role than the analyst". This addresses also the traditionalist concern that energy psychotherapy is a 'doing to' the client, whereby the dynamic becomes that of the psychotherapist administering treatments to 'fix' the client. As an intellectual argument this is compelling and has been a concern for many when starting to incorporate energy psychotherapy into practice.

Experience, however, has proved that the opposite has been true. As responses are coming through the body from the client's self, in a setting where the client is focused not on the therapist, the presence of the therapist in fact feels less prominent. It is often the case that the process is quite

meditative, and the client is in a kind of conscious reverie. This accords with the experience of body psychotherapists and Cedrus Monte (1995) has described it thus:

"Working somatically, the Healer archetype – initially transferred or projected onto the analyst – can more readily become embodied in the analysand. Through direct understanding at the instinctual, bodily level, insight is more fully the analysand's, thus engendering a greater sense of autonomy from the outset."

The quality of the therapeutic relationship will always be the greatest influence in determining this outcome.

"The therapeutic relationship continues to be central to the work."

Clinical example

Laura had come to therapy following a traumatic ending to a brief but intense affair that led to her examining the course of her life from a childhood dominated by an anxious mother, who, Laura sensed, could not cope with anything other than the pretence of all being harmonious.

Eighteen months after our work began, Laura spoke in depth for the first time about a relationship she had prior to the one that brought her into therapy. Listening to her, I reflected to her that she seemed to be normalising some quite traumatic experiences. This resonated and she agreed she would like to explore this further at our next session. I suggested that this might lend itself to exploration using energy psychotherapy, and she said she would like this.

In the next session, Laura repeated that having her distress in this relationship 'seen' for the first time had had a profound effect, and that she wanted to keep exploring it. As we had not worked with energy psychotherapy before, I gave a brief explanation, then invited her to sit next to me to enable us to incorporate energy testing enquiry to help us learn more about that time of her life. She spoke about "feeling everything was on her shoulders" as she read the state of her partner's seriously ill health.

As she spoke, I noted down phrases that held charge, including; "I feel stuck in something to do with this", "I feel bad about ending the relationship",

"I did not stand up for myself/felt not respected/felt I had no power", "part of it was not knowing/I had adrenalin rushes when I heard noise/I was afraid he was going to die", and ultimately the question, "What about me in all this?"

From this, Laura constructed the simple 'treatment phrase': "Because I grew up with a fragile mother, whose moods I had to read, living with [partner X] was stressful."

We checked for neurological disorganisation and dehydration and then for reversals. These are psychological objections to change that are held in the energy system, for instance feeling undeserving of change. We energy tested "Because I grew up with a fragile mother, whose moods I had to read, living with [partner X] was stressful; I *deserve* to be free of this issue".

We were both surprised when the arm was very firm in response, because one of the central themes of the work with Laura has been her right to exist – she often returns to thoughts that everything would be better if she were invisible, or had never been born, and that she is "worth less than nothing". I made a comment about her body's wisdom. We stopped momentarily, at her request, as she was overwhelmed "in a good way" about how clearly and strongly this inner knowing was speaking. She reported in the next session that she had taken a profound comfort from this. The Healer archetype, initially transferred on to me, became "embodied in Laura and it became an immediate inner resource" (Monte, 1995). Our relationship has been characterised by idealisation, and this session moved from this hierarchal approach with me as "the one who knows", to an approach that fosters direct, instinctual wisdom – the somatic Sophia" (Monte, 1995).

Our work proceeded to find the best method from the energy methods at my disposal to heal or resolve the statement connecting her experience of her fragile mother and its effects on her relationships. Energy testing showed that Advanced Integrative Therapy, a meditative process of working with the chakras was indicated, a good example of the energy testing being used as a guide in the process.

With one hand on her heart chakra, Laura repeated her treatment phrase as her other hand moved down each of the chakras.

Laura reported that at her throat, it was light blue "almost *flying*". At the heart chakra, she had a vision of a cloud, "Not a normal cloud, more like a cloud of something being sprinkled out – water thrown out in cold air and moves a lot". She also spoke of a good feeling, like strong female energy. In addition, she felt some dizziness in the heart area,

which came back a couple of times throughout. This was physically uncomfortable for her. Towards the lower chakras she felt "*grounding* and that it felt more *heavy in a positive way*".

In our next session, Laura reported that the experience of flying and dizziness had made her realise how she "escapes to her head" and that "things go to a tunnel view" when she is stressed and unable to express herself. She is now able to recognise *from the physical symptoms* when she is experiencing this kind of stress, whereas in the past she would have had only a vague awareness that "things weren't great". Laura noted that while some of the material that came up wasn't new, "going in to things *from a different angle like that* allowed different things to come up".

Five sessions later, Laura reflected how good it was to feel tired "in a normal way" compared to the exhaustion of the past couple of years, an exhaustion she recognised also from the time when her father died, 20 years ago. When asked what she thought had changed, she answered: "Very recently, really being able to feel in my body that it wasn't all my fault."

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4 A gestalt perspective on energy psychotherapy

By Sandra Figgess

I chose to train as a gestalt therapist because I was attracted to a form of therapy which takes the body seriously, is optimistic about the human potential for creative adjustment, does not pathologise, is responsive to the variety of human experience and is open to a spiritual dimension. I find these same elements to be even more fully present in energy psychotherapy.

Incorporating energy psychology techniques into my practice has changed the way that I work. Some of the concepts and practices (what might be called the 'mechanics' of energy psychology: the tapping of meridians, the holding of chakras, repetitions of phrases and muscle testing), appear to be almost polar opposites of the gestalt focus on the 'I-Thou' relationship. However, it is my experience that once therapist and client are comfortable with using these tools, the mechanics of these interventions recedes into the 'ground' and there can be a deep sense of connection.

Gestalt therapy and energy psychology share a 'field' approach which has its roots in modern physics: "Gestalt therapy... has moved further and faster than many other approaches in psychotherapy towards embracing the kind of holistic thinking that derives from the new cosmology, which takes its lead from modern physics and astronomy... that permit[s] us at least to speculate about moving fields of energy, continuous change, uncertainty, and an unfixed, constantly readjusting universe" (Parlett, p.18). Gestalt therapy relates to the concept of 'field' primarily as a metaphor for how we connect with one another and with the wider context in which we find ourselves. This frame encourages a flexibility in thinking and doing that aims to break down 'fixed gestalts', or rigid patterns of behaviour developed in response to past field conditions. It supports a concept of 'self' that is dynamic and changing, more verb than noun, ideally responding flexibly to each new situation.

Energy psychology takes the energetic 'field' much more literally: "The Universe is one indivisible, dynamic whole in which energy and matter are so deeply entangled it is impossible to consider them as independent elements" (Lipton, p.89). Energy can fully influence matter and our individual wave-like vibrations have a direct impact upon one another. This more literal understanding of the energetic field suggests the possibility of 'treatments', or

interventions to the system which can change the patterns of interconnecting vibrations and so bring about change in understanding, felt experience and behaviour.

The idea of 'treatment' is challenging to a gestalt therapist, as it appears to be directly contrary to the "paradoxical theory of change" (Beisser, A., 1970). This proposes that we change by becoming fully who we are, not by trying to be different. However, the treatments offered in energy psychology are not directed at changing a person but rather at clearing obstacles which stand in the way of becoming more fully one self. This can be illustrated by the practice of identifying and clearing obstacles or resistances to change, known as 'psycho-energetic reversals', which originated with Roger Callahan, the founder of Thought Field Therapy. He views this as his most important contribution to psychological healing. Clearing a reversal often involves tapping on the side of the hand (on the small intestine meridian) while focused on a problematic issue and making a statement which has the structure "even though I have (this problem), I completely accept myself". The intention is to clear a disturbance in the energy system that prevents the person from moving forward towards their own conscious desire for change.

Both therapies reject a dualistic understanding of mind-body. Gestalt pays close attention to moment-by-moment changes in felt sensation while focused on an issue, and the therapist also focuses on changes in the client's body and will often draw attention to movements or postures which are held out of awareness as a way of discovering more about the client's embodied experience of what is being said. Energy psychology also draws on the client's embodied experience and invites the client to name what is felt in the body before, during and after EP interventions. Muscle or energy testing is also a powerful demonstration of the body's ability to know fully what is held energetically in the embodied self.

Gestalt therapy encourages client and therapist to engage in creative experiments that help to develop the client's range of available choices. It may, therefore, be relatively easy for Gestalt therapists to include the more active and directive interventions of energy psychology in their practices. However, gestalt experiments grow out of the dialogue and

are co-created in the moment. Energy psychology interventions can be based on existing protocols when one is first learning, but as practitioners develop competence and grace, interventions become co-created and develop out of the dialogue with the client.

Gestalt therapy is more interested in the 'here and now' than in the historical roots of present suffering, and aims to develop greater awareness, flexibility and responsiveness to the present situation. Developing awareness in the present may include becoming more aware of past factors that continue to affect the present; but this is not seen as being particularly important.

In energy psychology, there is often a more deliberate search for the earliest origins of present difficulties. This discovery often grows out of associations that arise when working with a current issue. Muscle testing offers the possibility of checking hunches about energetic origins that go back beyond our conscious knowledge, such as our experiences *in utero*, or through the traumatic events of previous generations in our ancestral history. Muscle testing may not establish objective 'truth'. However, it seems to confirm a deep emotional truth and we find that offering treatment following such testing often leads to noticeable positive shifts. In the case example below, the client is consciously aware of her mother's rejection and anger. As we talk together about the roots of this, we start to explore what she knows and can deduce about her mother's situation and emotional state at the time of Alice's birth. This leads us to conjecture that her mother's anger was there from the beginning and that Alice may have been an unwelcome guest in the womb. We muscle test the statement "I experienced my mother's anger in her womb". Her arm is firm and there is a sense that this statement resonates with her core.

Clinical example

Alice, who has two young children, was depressed and angry, and was troubled by lack of connection to her family. In our first session, we recognised her anger with her mother as what would be called in gestalt terms an emerging 'figure' of interest. I suggested a treatment phrase, "all my anger and rage that my Mum does not want to know me" and led her into an energy treatment which involved her moving her hands down through her chakras (or energy centres), while she repeated this phrase at each point. As she did this, she soon moved from numbness into emotional contact with earlier memories. She 'felt' her mother's hand hit her and, to her own surprise, began to cry. Further conversation and muscle testing in the next session

led us to treat her experience *in utero* with the phrase "all the ways I experienced my mother's anger in her womb". Following through on what emerged, she had a picture of herself as a small baby safely held, which felt good, and I became aware of a warmth in my chest, around the heart chakra. Over the following sessions, we identified and treated several other traumatic events in her own life and in her family history, including a trauma in her mother's life, before Alice was born, when she gave up an illegitimate child for adoption. After 15 sessions, Alice was able to say: "For the first time, I am able to feel alive and present in my body, and where there was anger and depression is now a gentle peace and blossoming spirituality. Also, as I have improved, I have seen this reflected in my children's behaviour as they have become happier and more relaxed". Two years later, she contacted me to ask for advice in training as a therapist and told me that the underlying shift she had experienced in the therapy had been maintained through the normal ups and downs of life.

If I had been working with Alice in a purely gestalt way, I could have stayed with the emerging figure of her experience of anger with her mother by encouraging her to pay close attention to her embodied sense of herself as she repeated the words "My mother does not want to know me". We might have experimented with what happened in her body as she named her anger and imagined expressing that anger to her mother with increasing volume and clarity. This intervention might also have increased emotional contact with her experience and allowed us to work through it. However, I think it less likely that we would have made as much progress in the same time frame.

The more literal understanding of the energetic field, and the lively and embodied way in which past events arise through these energy psychology interventions has led me to a much deeper sense of 'I-Thou' in the therapeutic relationship. The relationship, which is less figural in energy psychology than in contemporary gestalt, paradoxically grows while client and therapist together are focused on exploring and releasing energetic obstacles to change, arising from both past and present.

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5 Tapping into source: psychosynthesis and Emotional Freedom Techniques By Viv Fogel

Psychosynthesis is a transpersonal philosophy and an approach to life founded during the last century by the Italian doctor and psychoanalyst Roberto Assagioli. Initially, his concept was called bio-psychosynthesis (bios – meaning body) and the psychotherapeutic aspect of it was just one strand of the quest towards self-realisation. As a doctor in the Bergholzi Hospital in Switzerland, where C.G. Jung also worked, Assagioli noticed that within even his most mentally and personality-damaged patients, there seemed to be an unconscious pull from the core of their being towards growth and wholeness. It was as if, despite the damaged egos and shattered personalities, there still existed within them a centre of awareness that was intact and whole. This core unifying principle Assagioli named the self or 'I'.

He believed that this core self is connected to something greater or universal, which transcends the ordinary everyday and personal. A client may work with a psychosynthesis or an EFT practitioner without acknowledging or 'believing' in a spiritual or higher dimension, yet research shows that the effect of working with these therapies does seem to strengthen a belief in the transpersonal realms (Mason, 2012). These days, more psychotherapists acknowledge, rather than pathologise, a client's spirituality, and understanding this can help *re-source* and aid the client's process of healing and recovery. In psychosynthesis, energy is seen as the life force, life itself (Assagioli, 1970) and the word 'source' is used to describe the wellspring ('god') from where life or energy originates. I offer this explanation, as the term is not used in mainstream psychotherapy. In energy psychology, *source* is used to describe the origins from where energy or vitality flows.

During a psychosynthesis training session over thirty years ago, I had a hugely significant and out-of-the-blue psychoenergetic experience which resonated beyond analytical interpretation: I felt my body flip over as if tilted upside down in the womb and I knew I wanted to get out. The overwhelming feeling-sense was "I have no right to be here", and in that *satori* (enlightenment in Japanese Zen) moment my hitherto struggles 'to be here', to incarnate, clarified into profound awareness.

From this and subsequent embodied experiences, I

learned to take notice of what my body and energy system were telling me.

After years of interest and study of various body-mind therapies, a training in energy medicine (2005) introduced me to a wealth of energy psychology approaches that were being used with astonishing effect. I decided to focus on Emotional Freedom Techniques (EFT) because of the evidence of results with my clients. It also seemed the most simply effective and user-friendly of the various energy techniques I'd trained in. Where appropriate, I integrate other energy therapy modalities such as PEP (Mollon, 2008), chakra awareness, muscle testing, movement and sound, with creative psychosynthesis techniques (see below).

I teach psychotherapists to bring EFT into their talk-therapy, and provide mentoring and supervision. To me it is important they find their way of transforming techniques into an art. This is the way of the artist, such as a painter who can shape recognisable forms into abstracts of colour, or a professional musician who can then 'let go' into free form improvisation, but the rudiments are there to hold and return to.

Emotional Freedom Technique

EFT is simple, effective and produces significantly successful results with PTSD and chronic trauma-response symptoms. The trauma-memory does not have to be described or re-entered, just named or titled, avoiding potential re-traumatisation.

As we understand it, tapping the acupoints temporarily normalises and deactivates the trauma memory (right frontal cortex) – by sending signals to the amygdala and other parts of the brain to reduce arousal. The debilitating and fear-based responses are neutralised and the energy rebalanced, whilst a new 'juxtaposition' experience is created. This has parallels with when we ask clients to describe a traumatic scene, say from childhood, and then ask them to visualise or replay it *as it could have been, or what their child could have said or done differently*. This, combined with a verbal 'reframing' (for example, an affirmation or choice), helps install intention or will, and sends a message for that to manifest within the body-mind. Affirming and accepting statements are repeated, spoken or sometimes just held in thought, as the acupoints

are tapped, helping build the client's sense of self and agency.

Working with EFT creates what I call an 'energetic loop', where images and metaphor surface and resonate between client and therapist, creating an experience of connection to something greater 'in the field'.

Tapping is done alongside the client (the therapist demonstrates by tapping on themselves) – and enables the client to familiarise the process so as to use it outside sessions for self-regulation or to continue the therapeutic work. The client is not, as some have critiqued, 'being done to' – as we, therapist and client, are in this energy field together – and the process is one of respectful (rather than ego-directed) collaboration. The 'work' and the language is co-created.

Although EFT is one of the better-known forms of energy psychology and enthusiasts tell us that "anyone can use it", I believe that a tool is as effective as the consciousness and skill of the person using it. Psychological awareness is essential to maximise its potential.

Case example

A client of mine, whom I'll call Claire, had struggled with her habit of buying a bottle of wine on her way home, which she then felt compelled to drink – even if she didn't feel like it. Originally, she thought that the habit was work-stress related – but it continued even when she was not working. Through EFT tapping, a body feeling of dread surfaced and she realised it had to do with "arriving home". This made no logical sense with her current situation of a happy family home. As we tapped, a schoolgirl memory surfaced of how she feared returning home to find her parents fighting, so she would treat herself at the corner sweet shop before returning. She had not remembered this before and realised how the habit of a 'sweet reward' had been replaced by a bottle of wine. After sessions of talk therapy and 'trying to understand', a short round of meridian tapping and muscle testing brought this swiftly into embodied awareness. Some months later she had broken the habit.

Isn't talk therapy enough? Why bring in energy psychology?

Mostly, talk therapy is enough and telling the story, having it witnessed, exploring meaning and purpose, plus the relational holding and dynamics between therapist and client, effects change and healing.

However, there are times when talking does not seem to shift the problem and it remains stuck, as if embedded. Psychological disturbance, such as

depression, trauma or phobias, can be viewed as a disruption within our energy system. Understanding the roots and origins of the problem and speaking about it *is* important, but it does not always clear the disturbance, and in some cases, can re-traumatise or lead to dissociation.

I bring EFT into my practice and supervision whenever appropriate and, of course, there are clients who do not want to work in this way. However, EFT can facilitate a cognitive or energetic shift that, in my experience, may otherwise have taken years of talk therapy and interpretation to achieve (Mason, 2012), (Marzillier, 2014).

I have experienced that the therapeutic relationship becomes less hierarchical and more authentic when working with energy therapy. By the end of an EFT session, the client often feels more 'energised', lighter and empowered (so does the therapist!) .

Energy awareness 'in the field'

It was in the early 1990s that I first heard the term 'sensate monitoring' to describe the way in which our bodies and energy system can register counter-transference and how useful a tool this was. That and Gendlin's 'felt sense' legitimised this other language for me. When my thinking got scrambled, foggy or confused in a session with a particular client and not with others that day, I was able to use that to *in-form* me what was being communicated about the client. The energy of their emotions and/or thoughts was entering 'the field' and my body was receiving it. If, for example, there was a cold, shut-down-ness in my heart, or emptiness in my belly, I realised that this was being transferred as important *in-formation*. I split the word as it describes how something energetic and hidden is coming into form.

"I believe that a tool is as effective as the consciousness and skill of the person using it."

We know from evidence-based research that thought, emotion and intention impact on us in the psychoenergetic field. Our body, with its complex nervous system, energy centres (chakras) and meridians (conduits or pathways for *prana* or *chi*) – acts like a huge receptor or transmitter for energy. We can receive energetically transmitted information in different parts of our body, such as our guts (gut feeling, feeling gutted), our heart (heavy or light hearted), or in the palms of our hands or the soles of our feet, which can start tingling or change temperature (cold feet, clammy palms).

In a therapy or supervision group, a 'felt sense' is

often picked up by a few people simultaneously and this congruence can be extremely useful feedback for the person or supervisee concerned, and for the group experiencing it. This congruency, an 'intelligence' held in the field, may strengthen belief and trust in connection to the transpersonal realms or source.

Psychosynthesis and energy

Energy psychology works beautifully with psychosynthesis, and tapping can be used alongside many of its tools: with imagery, metaphor, intentional re-visioning and re-scripting, gestalt and dialoguing with sub-personalities.

Assagioli was interested in all facets of energy. Browsing through the library archives in his home outside Florence, I came across some typed notes written in 1970: *Energy is Life* and *All is Energy*. He stated the importance of bringing energy awareness, "psychoenergetics", into all fields, especially psychology, which he said was "different and wider than psychodynamics". He wrote: "[W]e'll try to build the psychology as psychoenergetics, of which psychosynthesis will be one of the chief expressions."

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6 A case study using energy psychology methods

By Elizabeth Simpson

This case is an example of an analytic psychotherapy, using energy psychology techniques, in which the transference emerges in the client's compliance with the therapist, and is worked through. I shall conclude by responding to concerns colleagues have voiced about this way of working.

Frances came with the request: "There's so much going on in my life at the moment. I don't think I can cope with it all on my own. I need help." She specifically wanted to do energy work, having read about it on my website. She has continued to come for a year and a half. There are still things going on in her life. What has changed has been the progressive development of a new attitude, particularly towards herself.

I asked my client to write out a biographical timeline. This is sometimes a useful way of getting into the work, especially as a reminder of the early traumas the patient can remember (including illnesses and accidents, which patients often don't identify as trauma initially). This would not be suitable for everyone. She was, however, a human resource professional, and understood the value of looking at her whole life to date. As an analytic therapist, I might have waited until the patient raised relevant aspects of history. But I have a feeling that what has become standard practice in analytic work consists of a certain amount of rationalisation, arising from the fact that there seems no better way to get to the core difficulties of the patient. So I generally suggest gently to the patient that the earliest tough, painful and upsetting experiences tend to cast the longest shadow. What often happens when we treat these early hard times is that later problems and difficulties become a bit more malleable and open to discussion and further work. Sometimes, later issues become more obvious to the patient as having been built on these early foundations, and sometimes major current concerns collapse altogether, having had the foundations addressed.

My experience has been that patients know an awful lot about what has disturbed them. The patient leads the process, no matter whether we think this the best way to work or otherwise.

She painted for me an early picture of a desperately lonely and unvalued child, with a preoccupied mother who found her children an inconvenient

"Frances... specifically wanted to do energy work, having read about it on my website."

nuisance, and a detached, sardonic father who was over-critical and absolutely unresponsive to her normal human feelings. Both parents had a sadistic streak, which tended to cause them to view Frances's suffering from a distance, as though it were a charade being played out for personal gain. Frances's sufferings had included unwarranted interference from a doctor, untreated illnesses that had been pooh-poohed in the family, short periods of abandonment when it suited her very self-centred mother, and bullying from other children. Later still, she was finally abandoned, as soon as they felt they could legitimately get rid of her, and then later endured rape, both inside and outside of marriage. She feared she was prone to trying to extract feelings from others manipulatively. Yet she had done wonderfully well with the life she had, made a success of a career, and was by now well-to-do and seen as a thriving, reliable human being.

What brought her to therapy was, I thought 'the last straw'. She had discovered that her current partner had been having quite a lengthy affair with another woman. This was a major blow – unexpected, she said. She also had a son who had been diagnosed with bi-polar disorder and who was in treatment and unable to work, and her mother was in a nursing home with dementia. The affair seemed to her like one thing too many. It suggested, and was born out later, that she was accustomed to 'getting by', 'pulling herself together' and all those phrases people commonly use when they are trying to describe the way in which they feel inadequate to face life. Frances's coping mechanisms were much like that – 'positive thinking', bullying herself into shape by relentless exercise and dieting, presenting herself as well groomed and very much on top of her life. She tended to use 'doing for others' as another strategy that had finally got her into human resources, I suspected. And, after all, this was the central message she had received from both parents: *get on with it!* And now, at last, she was ready to fall apart.

The falling apart was not instant. I realised, with the painful hindsight to which all psychotherapists must

be subject, that for the first six or eight months at least of the therapy she continued to “get on with it.” Consequently, she was a model patient, came punctually and did everything I suggested without demur, and seemed to do well, because she thought this was expected of her.

I treated all the early traumas we identified together using methods like AIT, EFT and PEP, and the results seemed good. I use a range of methods, rather than sticking to one. It is quite easy to energy test for the right method for this particular problem, in this particular situation, so that one does not lose the vital element of individuality of approach. In this way, also, one gets an overview of what working with energy is all about. I think it has enabled those of us who go this route to ask more thoughtful questions about what energy is, how it actually works, how it can heal and what can go wrong. It is less prone to cultivating the need to defend a given school with which the therapist has become identified.

And then Frances began to get worse. She reported more frequent depressed feelings, upsets at home, and anxieties about what she really wanted from her life. She came dressed in tracksuits and old sweaters. She lost sleep, gained weight, neglected her hair. Sometimes she gave me a rather curious, lingering look at the door. When I brought it up, she said that she was always worried about whether she would be welcome. This led to a more thoughtful look at her relationship with her mother, and she began to express the feeling that ‘mother’ was actually in her body, tormenting her, giving her indigestion (from which she suffered badly, not surprisingly perhaps). I treated this using a protocol from Dynamic Energetic Healing (DEH) in which we worked to encourage her mother’s ‘spirit’ to let her go and leave her body. This is highly imaginative work and Frances took to it. We also did some shamanic journeying to enable her to find a companion spirit that would allow her to feel less alone, and she found a blackbird, which has since reappeared in our sessions more than once.

Alongside this dip into what seemed to me like real human feelings and experience, she began to question a great many of her life-long attitudes and values. Had she done too much for too many people, helping them to ‘get on with it’ too? She began to encourage her son and his wife to look after their own affairs more, realising she could not save him from the struggle with his illness, which only he could bear. She visited her mother less, remembering that mother had not visited her when she needed her, and now did not in fact even recognise her.

Her partner’s affair had ended with reconciliation, it seemed. Then, a year later, she discovered, only a few hours before a session with me, that the affair had not in fact ended, and that he was still in contact with the woman concerned. She arrived in tears, bewilderment and immense pain. She said she had never been like this with anybody before in her life. I believed her. All her suffering was on the outside for me to see and take care of, and it felt welcome. It took Frances only a week or so to decide that she was not prepared to continue in the marriage in this way. She and I have agreed on a newly expressed intention to develop the self she actually is and can be, not the one she tried so hard to keep in place for so many years. Recently she told me: “You are the first real mother I have had.”

Issues that curious colleagues frequently raise

Relational and transference

Isn’t this extremely mechanical? Doesn’t it fail the relational aspect of our work that we prize so highly? What about the transference? Is that being neglected in the process of working with energy?

Any technique has to be learned and used in a way that is authentic to the practitioner. Some of the structures offered by the energy therapies are useful.

Physical contact

It involves you touching the client. Isn’t this a serious boundary breach?

Therapists tend to be more anxious about this than clients. The touching that goes on in energy work is carefully circumscribed by practice and tradition – it is part of the analytic frame as much as timing, settings and communications are. Clients who cannot be touched can be worked with through other approaches.

The comfort zone

I wouldn’t feel really confident about doing the work – it’s out of my usual comfort zone.

Moving beyond it has had unexpected benefits for my work. I did take some time to feel confident about with the methods, and sometimes I still don’t feel confident. But of course, all feelings that arise in the therapist are ‘grist to the mill’!

The value of the journey

The journey of psychotherapy has its own intrinsic merit; it is not about the goals we bring initially, which may be mistaken.

Energy psychotherapy does not 'cure' in my experience – rather, it clears certain stubborn obstacles in the psyche to making progress, and seems to do more quickly and completely, in some cases, than conventional methods. The value of – and learning from – the journey remains significant.

“I continue to call myself what I am – a Jungian analytical psychotherapist.”

My traditional skills as a psychotherapist must come into play: my capacity to 'hear' what is beyond hearing, and to 'see' what is seen with my insight and not my eyes alone. Ultimately, all psychotherapy depends on trust in ourselves and the people we work with. Sensitivity, judgement, intuition are all called forth in much the same quantities as with the analytic work I continue to do some of the time. I continue to call myself what I am – a Jungian analytical psychotherapist. Nowadays, I add: “who enhances her work with energy methods where appropriate.”

7 The integration of transactional analysis and energy therapy

By John Monk-Steel

I have been a practising transactional analysis (TA) therapist for more than 20 years, following trainings in psychodynamic psychotherapy, behaviour therapy, client-centered therapy and extensive learning from Jungian psychoanalysis. However, my core model is TA and I have been intrigued and excited at how well energy psychology fits with this modality

As a result of benefits I experienced in my own therapy, and following a year-long course in 2015, I began to introduce energy psychology methods into my practice.

The energy methods affirm that the healing comes from within the client; the therapist being a guide in that process. This mirrors the precept in TA, as Eric Berne, the founder of transactional analysis, wrote, "I treat, God cures". Interestingly, in 1961 Berne also wrote about psychic energy, a key concept in energy therapy, although he did not develop these ideas further.

The work I am describing is of someone with whom I worked with two years with transactional analysis methods and the changes that came about when I added energy psychology methods.

History

Andrew had been emotionally and physically abused as a child. At age four, his father deliberately caused him to fracture his foot. On the way back from hospital his father told him: "Let that be a lesson. Never trust anyone, not even your father." Andrew concluded: "I knew I was not loved. I knew I was completely alone." He had a feeling of powerlessness that remained with him into adulthood

When Andrew was between the ages of nine and 12 years, his father sexually abused him, usually following a bath, so that water became associated with abuse. He had a sense of powerlessness, that something bad would happen and that he could do nothing about it. He also had difficulty in relating to other children. Their imaginative games were a mystery to him, suggesting that he had shut down his own capacity for imagination.

At the age of 12, he confided in an adult he trusted about the sexual abuse, but the person telephoned his father, reporting what Andrew had said. Arriving home, his father grabbed hold of him to punish him, but out of fear and a sense of

betrayal, Andrew fought back, which ended the abuse.

At the age of 13, his feelings of despair led him to a place he had already surveyed, where he could die by throwing himself in front of a fast moving vehicle. As he stood there on the point of suicide, a voice within him said: "If I die, I won't know if it could get better." (When he described this in therapy, we thought together about this being a kind of numinous experience.) He felt lighter and fresher, but this did not prevent him from suffering depression for 10 years from his late teens.

Therapy

When Andrew came to see me, he stressed he wanted to tell his story and be heard. So, for the first four sessions I listened and was present to him. In the language of TA, his wounds showed as 'script' decisions about himself and others. "I am of little value and unlovable. Others cannot be trusted and will harm me. The world is a confusing and lonely place."

Some of the injunctions and beliefs he adopted in childhood were: "Don't feel. Don't show feelings to others and be vulnerable", "Don't be close. Don't trust others as they will hurt you", "Don't belong. I am alone and no one wants me with them", "Don't be important. I am of little value". The telling of his story, and being heard, were very important steps for Andrew in beginning to weaken these injunctions, manifestations of his script decisions.

The counterscript messages were: "I have to hide myself and not be vulnerable, as others will harm me. Not feeling keeps me strong." Thus, the main behaviour he showed was "be strong", which manifested itself in body tension and hiding feelings.

His intention in undertaking therapy was "to learn to love myself and feel loved". He had the belief that it was safer to not feel loved. He said of his marriage: "I know I'm loved, but I don't feel loved. I know in my head, but I don't feel it in my body."

Although Andrew wanted to resolve the injunctions and script beliefs, there was a part of him that wanted to stay with the protections in place and not make changes. In my countertransference response, I picked up Andrew's frustration. We often spoke together about this struggle to make the changes he wanted. His conflict was rooted in a fear that he

would not be safe if he was vulnerable and let down his defenses – which was entirely understandable given his life experiences.

Andrew experienced his body as stiff and heavy, a result of traumatic memories in his body. He reported difficulties in his breathing and said he breathed through his mouth. I showed him how to do abdominal breathing as this helps relaxation. I also taught him a daily 'grounding' exercise as a way to cathexis his adult ego state, become more aware of body experiences and begin to be in touch with his emotions.

He described his internalised abusive father lodged in his parent ego state, as the "mad man in the attic". I used creative visualisations to provide a protection for Andrew's inner child, as well as a safe place to isolate the negative parent. Through both the grounding and visualisations, Andrew became more aware of his feelings and began to express them more spontaneously, yet still struggled with his fear of change.

We focused on his learning meditation skills and discussed suitable places for him to practise. In a beautiful and peaceful place, he meditated on "I am loved", and "I am good enough as I am". He experienced both of these as having some healing effect and felt more positive about himself.

Introducing energy work

I decided to offer Andrew the possibility of our working with energy methods, so we could have a more direct working contact with his unconscious mind, psyche and body experiences, in a way that would help his fear of change. This is a very gentle way of addressing very frightening experiences.

I introduced energy phenomena by inviting Andrew to hold the centre of his palm a little above the crown of his head and he was able to experience the warmth of the crown chakra area, and then again had a similar sensation when he held a hand over the area of the heart chakra. By contrast, on either side of each of the chakras he had a sensation of coolness.

I use a variety of methods – AIT, EFT, PEP and TAT. For the first energy treatment, rather than focusing on the early sexual trauma itself, we chose to focus on the *burden* of having lived with the memories of the abuse, still, after two years of therapy, a constant, troubling presence in his mind.

He identified with me the treatment phrase as, *All the times and ways I have been burdened by the abuse*. The outcome of the intervention was that he felt a true sense of relief and the burden was lifted considerably, but not fully. I was aware that when he was ready we could continue to clear this.

In another session we started the healing work on *not being heard* and the *distress this caused*.

These were steps towards his intention, stated early in the therapy, "to learn to love myself and feel loved".

The negative critical parent in his head ("mad man in the attic") was causing problems by devaluing and putting Andrew down, so in one session we worked with both TA and energy methods. I suggested he project the negative parent into his hand and express how he felt and what he wanted, and then put him in a waste bin. We followed this with energy work to install a positive belief, "I feel valued for who I am". One method of doing this is to move one hand over each chakra from root to crown, repeating the phrase at each. This parallels the concept of *physis*, the natural healing direction Berne introduced into TA, diagrammed as an arrow running up through the body. The effect of these combined interventions significantly reduced the critical voice in his head.

He was aware of how important it was to be present to and thoughtful about his own mind, so as we worked together it was a delight when he was able to disagree with my thoughts and suggestions. He now saw me as a real person, could trust his intuition and our relationship had deepened, which is an essential aspect of energy work. He also became more assertive at work, able to express his views and disagree appropriately. I find the energy work enables relationality beyond the idealising and denigrating transference.

Having experienced several energy treatments in sessions, he has gone on to use them as 'homework' to resolve specific issues. Clients learn these fairly quickly, leading to autonomy.

Andrew tells me that he feels lighter and fresher using energy work and that others have told him that he looks much more relaxed and moves more smoothly. He reports that the "mad man in the attic" has gone and that he can express his feelings and be vulnerable. He has stopped drinking alcohol and feels loved by his wife and others. He still has his journey to complete but has travelled a long way.

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8 Attachment trauma and energy psychotherapy By Ruthie Smith

The role played by the body in holding trauma and stress has been well established. Freud emphasises that “our ego is first and foremost a bodily ego”¹ and some contemporary writers have focused on body memory, such as Rothschild in *The Body Remembers*,² and Van der Kolk in *The Body keeps the score*.³ Consequently, we are increasingly aware that to heal trauma effectively, body-based interventions are needed.

Many of my clients present with histories of traumatic separations and intransigent attachment patterns which feel difficult to shift because of the addiction or ‘attachment to the bad object’. Attachment ruptures provoke severe emotional dysregulation, easily triggering clients into states of extreme anxiety and dissociation, which can be so visceral that relaxation techniques and attention to breathing are essential to help regulate and ground them.

I was pleased to discover through Asha Clinton’s AIT⁴ that it was possible to ‘treat’ such trauma using energy methods. So, I started to integrate this into my psychotherapy practice. Energy methods facilitate deep work, enabling clients to access levels beyond words and engage with disturbing material without becoming re-traumatised. It also helps them become unstuck from frozen patterns and re-integrate fragmented and split off parts of the self. I will illustrate this through my work with ‘Gemma’.

Gemma had a traumatic history of frequent abandonments by her tantalising mother. When I first met her, she was highly dissociated and could not stay with her feelings. She was anxious to please me and I experienced this as a powerful dynamic in the transference. I wanted to give Gemma an experience of a trustworthy relationship where she could own her vulnerability and risk expressing her need, without becoming unhealthily dependent on me. Some months into the therapy, I gently challenged her excessive ‘niceness’ towards me. This provoked a massive dissociative episode in which I realised the full extent of her persistent state of absolute terror. Working through this relational rupture was a breakthrough in beginning to develop a genuine attachment.

Shortly after this, I began to introduce energy psychology to Gemma and found that this helped

her to become more aware of her body. Triggering events arising in the present largely guided our work together. In addition, material emerging in her dreams identified trauma from her early life and from previous generations. As we ‘treated’ this trauma energetically, gradually Gemma became more embodied and present, more connected to her true self.

“Energy methods facilitate deep work, enabling clients to access levels beyond words and engage with disturbing material without becoming re-traumatised.”

A significant point in the therapy came at a time when Gemma had fallen in love with ‘Andy’ and was obsessed with texting him. When Andy failed to respond, she was triggered into states of frantic catastrophising and became aware that she was being ‘run’ by her abandoned child-self. Prior to working with energy psychotherapy, I used to find these obsessive states very challenging, as Gemma felt so unreachable. But now I could address the connection between past and current traumas directly in an embodied way, within the therapeutic relationship, using energy psychology.

We started with simple affect regulation techniques, using heart breath to regulate Gemma and bring her back into herself. Gemma became aware that her child-self desperately “didn’t want to give up this man”. We therefore ‘cleared’ the conflicting feelings, using a tapping technique while naming the conflict and making a statement of self-acceptance:

“Even though my child-self isn’t able to choose to let go of this man, because it isn’t safe to do so, I completely accept and love my child-self, and my grown-up self.”

“Even though part of me wants to let go and part of me doesn’t, I love and accept all my parts.”

Next, we co-created a ‘treatment phrase’ that named the connection between past and present. The collaboration is itself a positive relational experience, in which Gemma feels she is being seen and understood and that her own insights are being respected.

"All my terror that, because of all the times and ways I was constantly abandoned by Mum (PAST), it feels unbearable when I am separated from Andy (PRESENT), so my grown-up gives my power away to my terrified victim/child, who takes over, pre-occupied with longing" (CONNECTION).

When working with this depth of distress I generally name and invite the relevant *dramatis personae* into the treatment to provide a 'healing circle' of all the energies involved. Again, the process is collaborative as I ask Gemma to say who she wants present for the treatment. She chose her 'victim', 'judge' and 'abandoned child'. We also invited positive energies into the field, including her soul and her favourite archangel, Chamuel, the angel who heals wounded hearts.

"By consciously connecting with her inner wisdom or 'soul', Gemma experienced a release, feeling truly whole and at ease with herself."

With the healing circle in place, Gemma repeated the 'treatment phrase' above, as she gently held a sequence of chakras to release the traumatic energy from her body. When she came to the heart centre, a huge fear of letting go suddenly arose. 'Attachment to the bad object' is profound in such cases. 'Better the devil you know' than to face the abyss of separation.⁵ Gemma connected with this terror, recognising her addiction to the feeling of intense longing, which provided her with a perverse sense of security. She really understood how she was repeating the pattern with Andy of longing for the mother that never came, and that she could choose to change this.

By consciously connecting with her inner wisdom or 'soul', Gemma experienced a release, feeling truly whole and at ease with herself. After this 'clearing', she recognised that she needed to create new habits more consciously. Rather than being manically driven by her auto-pilot 'abandoned child' she needed to slow things down so she could feel what is happening in the 'now'. She could choose to turn to her inner wisdom for self-parenting, to give her a sense of being connected and 'at one' with life.

After treating the traumatic pattern, we energetically installed two new core beliefs to replace the void left by clearing trauma. These were:

"I am safe."

"I choose to trust and connect with my 'soul'."

Gemma was mortified to realise that her pre-occupation with Andy had resulted in her not being

fully present to her own child 'Susy', and that she was behaving just like her mother. We then treated the trans-generational pattern:

"Because of all the times and ways Mum abandoned me for her lovers, I am doing the same with Susy."

After this work, Gemma made a deliberate choice to turn her phone off, only checking it once a day for messages, and to focus instead on her relationship with Susy and with herself. She began to become more self-confident and resilient, and learned to set boundaries when situations were not good for her, including being able to stand up to her mother for the first time in her life.

Gemma writes of this experience:

"The specific part of therapy written about here was one of the deepest, most illuminating periods of my recent life."

"Talking didn't offer enough of a way to really get to the feelings I was experiencing. They changed so often and sometimes I didn't have words for them. However, the process of working in therapy to develop and refine the trauma phrases, and then clearing them out of my body by repeating the phrase at each energy centre, helped me to connect with my body – something which is important to me as I have spent so much of my life being dissociated. I find doing this work moves the focus away from the words to the 'state of being' around the words. By this I mean that I experience different feelings at different energy centres – for instance what I feel at the solar plexus is very different from that at the navel centre. Energy psychotherapy helps me become more aware of the connection between my body and my mind and helps to shift my focus from the outside, to inwards. After working through the clearing phrases and then installing the positive phrases, I feel a sense of lightness of being and as I clear more trauma this accumulates over time."

"Immediately after these sessions, I made a concerted effort to reconnect with my daughter and be fully attentive to her instead of being lost in my own world thinking about Andy. I changed my work hours so I could spend more time with her and ensured all electronic equipment was off for the majority of time we are together."

"A few weeks later, I managed to have the frankest conversation with my mother ever about my experiences of her abandoning me as a child. Instead of censoring myself, as I previously used to do when she upset me, I felt the feelings in the moment, and was able to

trust my gut instinct and come out directly with what I had to say. The world didn't end, and I felt stronger and more able to articulate how I felt.

"I have found that energy psychotherapy, working with its gentle but powerful statements, has resulted in real change. I now feel I have a growing sense of self, it is strengthening me, I am more aware when I am being driven by my child-self and there has been a lessening of my triggers."

Gemma and I have worked together long term for several years now. We continue to clear trauma week by week, and the more abandonment trauma we clear, the more her own person and strength emerge.

Footnotes

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9

A faster path to healing trauma: applying energy psychotherapy in the NHS

By Sabrina Piergrossi

Introduction

Energy Psychology and its methods have revolutionised my work and what I thought was possible to achieve in therapy. It has amazed me, excited me, humbled me, and connected me with my spiritual resources more than anything else before it. It has completely changed my own life and health, and I feel more alive and vibrant because of it. More than anything, what really convinced me of the wisdom of its use in therapy has been clients' enthusiastic reactions to it, following initial scepticism, and their unequivocal words at the end of therapy, stating how the therapy had changed, and often saved their lives. This has pushed me to keep on pursuing it and offering it to clients in the NHS.

I have a tendency to be drawn to going where few have gone before, forever exploring how I can improve my outcomes with clients, and address as much of the root of their issues as possible. This was how I was originally drawn to incorporate mindfulness-based approaches into my therapeutic practice, and as I deepened my connection with mind-body approaches, my exploration of energy psychology methods came as a natural progression.

Tamsin, a 25-year-old young woman, initially presented with depression and anxiety in 2009 to an NHS Secondary Care Community Mental Health Service. In this first episode of treatment, she engaged with me with more 'conventional' therapy, integrating CBT with mindfulness, and we formed a strong therapeutic relationship. By the end of that episode of therapy, she felt she had gained a clearer understanding of her issues and their origins, felt stronger in herself and had gone back to college and employment.

Three years later she came back to the service. The loss of her uncle had re-triggered all her past loss issues, causing severe depression and anxiety. By the time I saw her again, her life had closed down again, even more severely this time: she was hardly leaving the house due to extremely high levels of anxiety, and felt completely overwhelmed and paralysed by her emotions.

Tamsin revealed how she felt our previous work "could only have gone so far" as, unbeknownst to

me, she had continued to smoke cannabis and hadn't been willing to stop. It numbed her emotions and provided much-needed relief. When we re-started working together, Tamsin felt helpless but wanted to cut out the cannabis, as she had come to realise how it contributed to her paranoid thinking and she felt completely consumed by her cravings.

Tamsin defined herself as having an "addictive personality". She had sampled many different illegal drugs as a teenager, for several years, before managing to disconnect from that group of friends. Since that time, she felt cannabis had been her 'crutch', enabling her not to turn to any other drugs again. Wine was also her companion in the evenings and, together with cigarettes and binge-eating, she could not imagine stopping those habits, which were her way of 'self-soothing'. She felt the unresolved trauma of her father's death when she was 10 years old was the origin of all her issues, including her difficulties in forming any friendships or relationships, her intense fear of separation from her mother, and her negative self-image. She felt she had been unable to process her emotions stemming from his death and that she never learned to process painful emotions in general, as from a young age she had suppressed these with substances.

Tamsin was an intelligent woman, who had acquired useful insights from our previous therapy and at the time had put strategies she had learned into practice. She knew how to challenge her negative thinking with CBT, and to notice and label her thoughts in a mindful way. However, in her heart, the wound of her father's death had been ripped open by the death of her uncle, revealing the pain of the 10-year-old girl who was desperate, and no amount of insight was able to soothe her.

Tamsin's existing spiritual beliefs helped her to readily accept new therapeutic journeys. When I suggested we try something different this time, and explained she would be 'tapping' on acupressure points, she was keen to give it a go. It intuitively made sense to her that distress could be encoded energetically, and released from the body by working on the energy system. I started our energy work using psychoanalytic energy psychotherapy (Mollon). By tapping with sequences of meridians and chakras, diagnosed with muscle testing, we

treated global reversals (such as statements including, "I don't want to be well"), followed by specific past traumatic memories, especially surrounding her father's death. Typically, Tamsin would start our sessions either venting her anger or in floods of tears, and it became clear that our therapeutic relationship felt safely containing to her. As she felt my presence, validating and helping her 'digest' her experiences, she would start to visibly calm down. However, it was not until the second half of our sessions, when we starting tapping with specific memories or statements that she would reach a deeply peaceful state, and as the months went on she seemed to access deeper states of presence and awareness, in which she herself would have insights on which chakras needed clearing, or which energetic methods we needed to turn to.

"With clients with severe and enduring mental health problems, the change through energy psychology... has been more than they or I could ever have previously envisioned possible for them."

During the course of this work, life struck and Tamsin was diagnosed with a benign tumor in her jaw. Suddenly there was a sense of urgency: she would have to be substance-free for her surgery, and she didn't know how she was going to cope. She had already become confident with the energy psychology methods we had used, as she had experienced how tapping with the meridian end points and chakras could, within minutes, completely clear her effect around traumatic memories and intense emotion.

I suggested we used Brockman's Dynamic Energetic Healing (DEH) to see if we could address some of the more deeply-held issues interfering with habit changing. DEH is an integration of energy psychology methods with shamanic journeying and it also involves formulating a 'positive intention' as the first step, instead of immediately focusing on the problem. One then works step by step on all the beliefs and traumas interfering with fulfilling that intention. I have found this to be a very comprehensive model that can enable deep healing. Tamsin took to it enthusiastically, and found the experiencing and sharing of our mutual shamanic journeys a deeply calming and transformative process.

Following a series of DEH sessions, Tamsin described her amazement that she was able to come off all

substances when entering hospital for her surgery, and survive any withdrawal symptoms without any angst. After coming out of hospital, she reported she was no longer binge-eating, nor drinking alcohol, and no longer smoking cannabis or cigarettes. She was shocked that she no longer had cravings.

After the initial adjustment after the surgery, it eventually hit home that, due to complications during the surgery – including having almost died – Tamsin was physically much more compromised than she had expected to be. She experienced a period of intense loss and emotional dysregulation during which she felt very fragile, extremely anxious and unable to engage with life outside her flat. She felt this was the first time in her life that she was feeling raw emotions without rushing to suppress them, and she felt overwhelmed. Held by our therapeutic relationship and her deep trust for the healing process we had initiated, she insisted on continuing with the energy work, addressing the deeper levels of trauma and limiting beliefs that had been triggered by the consequences of the surgery. Tamsin had a deep conviction, reinforced by significant insights she'd experienced in some of our sessions, that "everything was happening for a reason" and she was being finally presented with the opportunity to heal trauma she had carried for a long time, possibly life-times. In the space of about four months, as we progressed through more complex energy psychology and DEH protocols, Tamsin emerged a changed person, in her own words:

"I feel really strange. Something massive has shifted. I found that [EP] works without you realising it's happening. It feels like energy work has accelerated the healing process, and coming to terms with the trauma, 10-fold. Using standard therapy techniques alone, I would have quite easily needed therapy for another three years. Energy work changes who you are as a person, rather than just the symptoms. I'm a completely different person within one year, [despite] the huge trauma [of my operation]. If you'd told me that a year ago I would have been in hysterics."

Tamsin's words are echoed again and again in other clients' feedback of energy psychology methods: the most common observation is the amazement at how rapidly the affect from traumatic memories can shift, and the relief clients have felt that they didn't actually need to talk about the details of the trauma for the charge to be released. It has been interesting to work with several cases, like Tamsin, who have returned to me after an initial period of talking therapy, and incorporated energy methods in their second experience of therapy. Building on our established therapeutic relationships, they have

been able to go much deeper and leave with an embodied and energetic transformation, no longer just an intellectual or even emotional one. And most remarkably, we have together witnessed how change happened as a natural result, rather than as a 'forced' outcome in which they had to 'work hard at it'.

Interestingly, in reflecting on her learning at the end of therapy, Tamsin felt she was now able to more easily re-engage with previously learned CBT strategies, and that she was now naturally kinder to herself rather than having to 'practise' it. The therapy ending was sad for her, yet at the same time she felt excited and ready to live without the need for therapy. She felt she was now able to tolerate her emotions, including anxiety, and look at her feelings with curiosity and openness.

With clients with severe and enduring mental health problems, the change through energy psychology has still taken time, but the outcome has been more than they or I could ever have previously envisioned possible for them.

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Tamsin's feedback on energy methods in our therapy sessions

(Transcript of verbal feedback)

"I felt it was tailored to me because it tied into my own personal beliefs. Before we did the energy work, I felt it was meant to be. I was very keen to give anything a go and I've always believed in auras, shamanism, energetic healing.

"I found that it works without you realising it's happening.

"I didn't expect it to be that quick and I wasn't forced to not want these things anymore (i.e. alcohol, cigarettes, etc.). This was the big difference from other therapy: energy work made me want to not use them. Energy work changes who you are as a person rather than just the symptoms. I am a completely different person within one year. I stopped promiscuous sex, binge-eating, cannabis, alcohol, cigarettes, in the context of huge trauma. If you'd told me that a year ago, I would have been in hysterics.

"I feel less scared of the consequences of being 'open' with others. I feel more in control of how open I am with different people (not 'all-or-nothing'). I feel I don't have to give everything to others to make them happy. Their happiness is not my responsibility.

"My anxiety is still there, but it's not stopping me from putting myself out there. I know how to go about making the changes. I have felt sad about therapy ending, but also am seeing it as something I have achieved. I feel it has been a big achievement for me to have gone through the 'pain' of therapy, and am proud of myself. I now feel I don't need to be in therapy anymore, and feel relieved and excited.

"I have learnt to look at my feelings with curiosity and openness, and be kinder to myself and see it as part of the human condition. I have learnt to change my thinking when I am feeling negative emotion. I use the tools learnt in therapy to cope with my anxiety."

10 Tapping the body's healing powers

By Heather Redington (*first published in Therapy Today, April 2018*)

Heather Redington describes how energy psychology, combined with psychotherapy, can offer a form of first aid treatment for severe trauma.

I have worked in a variety of therapy settings in the course of my professional life – in therapeutic communities, in a CAMHS service as a family therapist and, for the past 20 years, as an integrative psychotherapist in private practice. I also currently offer pro bono psychotherapy at The Harbour Project, a drop-in centre for asylum seekers and refugees in Swindon.

For a long time, I had the feeling that something was missing from my therapeutic repertoire. I felt I was a 'good-enough' psychotherapist, but while some clients improved significantly, others, in spite of considerable commitment on both our parts, seemed to make slow progress. They gained a great deal of understanding about the origins of their disabling symptoms and unhelpful patterns of relating and behaving, but the insights did not always translate into transformations in their lives.

Sometimes it is our failures that drive us to seek new ways of working. It was recognising this, and the belief that more could be possible, that prompted my decision to look outside 'pure' talking therapies. For the past 10 years, I have taken trainings in many of the different and continually emerging 'schools' of energy psychology (EP). The term describes a convergence of modern psychological and psychotherapeutic theory with ancient knowledge of energy systems within the body.

EP draws on ancient wisdom about the role in healing of the body's meridian and chakra systems, and has developed ways to apply these approaches to psychological problems. It uses a variety of means to activate the body's energetic flow, with the aim to bring about a release of stress, distressing emotions, bodily-held trauma and disabling negative core beliefs.

Feeling understood is healing in itself and a very important factor in any good therapeutic experience. However, for all our empathic listening, witnessing or sharing of pain, traumatised clients can still, sometimes, leave a session still in a state of distress, dysregulation or despair. The energy therapist has another tool to use at this point, with the aim of

releasing the emotional charge that is held in the conscious or, indeed, the unconscious body/ mind of the client.

The client is encouraged to conjure up a short, succinct phrase that brings the problem or pattern to mind: for example, "My rage about X", or, "Because I was abandoned at birth, I am fearful of allowing myself to be deeply attached to my partner now". The therapist then guides the client through a process of acupoint, or chakra tapping or holding. Client and therapist both tap on their own acupoints at the same time, so facilitating a close mirroring and attunement, which assists in the down-regulation of affect. Interestingly, in addition to the release of distress, an 'energy treatment' often leads to a process of free association, in which further memories or aspects of the problem emerge. These then can become the target for further treatment.

New paradigm

EP is still relatively unknown in the field of psychotherapy and counselling. Because it is part of a new paradigm, it can evoke suspicion, and sometimes outright dismissal. For some, it can seem too challenging of the status quo, too 'mystic', or alien. Some question whether it belongs within the 'therapy' canon at all, regarding it as too much about technique and lacking the relational element that is so vital to good outcomes.

"Interestingly, in addition to the release of distress, an 'energy treatment' often leads to a process of free association, in which further memories or aspects of the problem emerge."

As with all new paradigms, there is a trajectory that moves from initial hostility and rejection to gradual acceptance before a new approach becomes established in the mainstream. Psychoanalysis followed that route; so too, more recently, did Eye Movement Desensitisation and Reprocessing (EMDR), which NICE now recommends for treating trauma. Some of the branches of energy psychology, such as emotional freedom technique (EFT) (www.eft-therapy.com) are now widely used in self-help.

EP is moving in a similar direction as its evidence

base grows and more and more therapists explore how it can help them in their work.¹ Some are drawn by EP's model of the human being, which regards us as not only physical, mental and emotional, but energetic and spiritual too. EP sees trauma as held within the body and the energy systems, as well as in the mind; its imprints need to be cleared from all of these levels.

I am a member of Converging Streams (energypsychotherapyworks.co.uk), a group of psychotherapists who teach EP to mental health professionals. We see good rapport and trust between therapist and client as a vital part of any therapy. In our trainings, we emphasise the importance of integrating energy treatments into the flow of the ongoing therapeutic process. The relationship with the therapist is important, but it is not the only component: there is an intrapsychic as well as an interpersonal element at work.

My own explorations of and trainings in different schools of energy psychology have always been rooted in an interest in how I could integrate them into my psychotherapeutic practice. I was therefore particularly interested in EP 'schools' that were developed by psychotherapists. For example, Asha Clinton, who developed advanced integrative therapy (AIT) (www.aitherapy.org/), is a US Jungian analyst who includes elements of CBT, object relations and working with archetypes in her model. AIT regards trauma as the core of all psychological disturbance. Here in the UK, psychoanalyst Phil Mollon has developed his own integration, which he calls Psychoanalytical Energy Psychotherapy (PEP) (www.philmollon.co.uk).² This model combines a deep, analytical understanding of the psyche with extensive knowledge of the body's energy systems and how these can be activated in order to facilitate the release of trauma. He describes an energy therapy session as a process in which practitioner and client explore the significant formative experiences that have given rise to the presenting problem² – a process no different from that in traditional psychotherapy, where the exploration of the client's difficulties and distress leads to insight through the offer of empathic understanding and acceptance.

Working with people seeking asylum

My experience of the effectiveness of EP in my routine psychotherapy practice, which has included clients suffering from severe childhood abuse of all kinds, led me to wonder whether these methods could help the people I work with at The Harbour Project in Swindon. Many of these clients have experienced terrifying life-threatening events, and present with acute anxiety, psychosomatic symptoms and PTSD.

“I have come to think of therapy as psychological first aid... In the context of therapy, the first aid is to treat the 'bad memories' – the traumas that flood and overwhelm the sufferer – so they can get out of the state of being constantly triggered, traumatised and dysregulated by terrifying flashbacks.”

On top of this, most people seeking asylum in the UK live in very challenging circumstances. They are provided with very basic accommodation, often shared with others of different cultures, languages and religions; they are not allowed to work and are given a subsistence allowance for all their daily needs. In such conditions, separated from their families and communities, it is not surprising that problems associated with isolation and depression may set in. On top of all this, the wait for a decision about their case means they exist, sometimes for several years, in a state of constant anxiety and fear.

Offering therapy at The Harbour is challenging when the clients' needs are so great and the time I can offer them is so limited. On top of this, there are often language problems, appointments are frequently disrupted by problems with housing, Home Office demands, the practicalities of getting to the centre, and the daily challenges of just surviving in a new country with bewildering customs and regulations.

In this context, I have come to think of therapy as psychological first aid. In the first instance, the need is to treat the immediate wound, so that the person can survive. In the context of therapy, the first aid is to treat the 'bad memories' – the traumas that flood and overwhelm the sufferer – so they can get out of the state of being constantly triggered, traumatised and dysregulated by terrifying flashbacks. Once they are able regulate their terror and feel more emotionally stable, they are in a place where they can start to rebuild a life for themselves from the wreckage of their recent past.

The vignettes here are anonymised accounts of some of these clients, and illustrate how EP methods can be used in only a few very sessions as brief psychological 'first aid'. Of course, much more, long-term, therapeutic support may be needed, but where this is not possible, EP does, I believe, give clients some relief and stability, so they can feel more in control of their lives again, even when their futures are so uncertain.

I have chosen these vignettes to illustrate a range of different EP methods.

Tapas acupressure technique

With tapas acupressure technique (TAT) (www.tatlife.org), the therapist takes the client through a series of statements about their problem while lightly pressing, or holding, particular meridian points. With each statement, the therapist invites the client to give feedback and carefully notes what arises – images, body sensations, memories or shifts in core beliefs. This process, surprising as it may sound, reliably produces significant shifts in intensity of emotional, or as below, physical distress.

In this case, I used TAT with Asima, who had fled persecution in the Middle East with her husband and young children. They had a very traumatic journey, initially on foot, guided by a people smuggler who was high on drugs and carried a gun. Asima feared he would go crazy and shoot her or her children. At one point, when she became separated from her husband, the man sexually assaulted her. They then endured a 20-hour journey in a refrigerated lorry, with insufficient ventilation; the little boy was gasping for air and both parents were terrified he would die.

After they reached the UK, Asima developed severe, disabling headaches. She was given extensive medical tests but no physical cause could be found, and she was told the problem was 'in her thinking'. In view of her trauma history, I was asked if I could help.

With the help of her husband, Asima was able, in halting and limited English, to provide me with a coherent history, without being overwhelmed by distress. I formed the impression she was a strong intelligent woman, who had no history of major trauma before the family had been forced to flee their home. I established that, as well as the headaches, she was experiencing acute anxiety – she constantly feared that 'the bad man' would come to the house and threaten her children, and she woke every night needing to check they were safe.

Where to begin when shared language is so limited? I keep it simple. I asked about the 'bad memories'. Trauma is a clinical term; everyone understands what bad memories are. I explained the process and Asima was willing to continue. She identified two main 'bad memories' that were troubling her: first, "No air in the lorry", and then, "The bad man".

Before we began, I asked her about the intensity of her headache. She rated this at eight on a SUDS (subjective unit of distress) zero to ten scale. We then went through the steps of TAT. As we did so, she recalled her fear that her son would die in the lorry, and cried at an earlier memory of losing two

babies through miscarriage – an example of the processing that often takes place in TAT.

At the end of the TAT, she smiled in relief and told me she no longer had a headache. Her husband looked pleased but incredulous.

At the next session a week later, she said the headache had returned, but it was much less severe. She rated it at between three and four. We did a further round of TAT, focusing on 'the bad man' memory this time, and once again her headache subsided.

At the next session she said headaches had not returned, that her bad dreams were down to one a week, and that she no longer needed to check the children at night. However, she and her husband were desperately worried about their future as their asylum application had been turned down.

Three months later, when I saw them for a follow-up, I learned that their case had gone to appeal, and that Asima still had the occasional headache. However, she linked this to her fears about the future, rather than the traumas of the past.

Emotional freedom technique

Majeed, a young man from the Sudan who had been given leave to remain in the UK, had found work and was beginning to settle here. He came back to the Harbour Project from time to time, to meet up with friends he'd made there. He told the manager he was having episodes of intense anger, which frightened him. He was worried he would lash out and hurt someone. The manager suggested he saw me.

In our first session, we just talked, and I was able to piece together an account of what triggered his rages – frequent phone calls from his father, who was still in Sudan, putting pressure on him to marry a young woman from his home town. He had finally been able to tell his father no, he did not want to marry her, and his father respected this. But the rages persisted.

More talking revealed that, when he was little, his father had singled him out, as the oldest boy, for harsh treatment, drove him very hard and made many demands on him, while his younger brothers got off very lightly.

With Majeed, I used muscle testing and emotional freedom technique (EFT – www.eftuniverse.com). Muscle testing is derived from applied kinesiology and is a means of dialoguing with the body/mind system and thereby obtaining information from the unconscious. In EFT, the client is directed to tap on a sequence of meridian points, while focusing on the problem. I introduced muscle testing in the second session with Majeed, and demonstrated the

method of checking muscle response on myself first. I explained that bad memories or powerful feelings such as rage can become stuck in the body and need to be released from there too. As van der "the body keeps the score".³ Muscle testing indicated that, while consciously Majeed was less upset about the rages, he was still holding a problematic anger in his body.

We did three rounds of EFT, focusing on "All the anger in my body". Majeed reported feeling calmer. Muscle testing confirmed a release of the bodily-held anger, and he needed no further sessions.

Energetic boundary work

Shamma had come to the UK with her husband when he had sought asylum, but was now making her own claim, on grounds of his domestic abuse. In her country of origin, she had been forced to live with her in-laws, who controlled her every move, took her salary from her, monitored her mobile and threatened to throw acid in her face if she didn't comply.

She was awaiting the outcome of her case and was in terror of being returned. Her main fear was that she would lose her young daughter to her husband's family.

She presented with high levels of anxiety and tearfulness, especially at night time, and bad dreams about her father-in-law and brother-in-law.

With her, I used energetic boundary strengthening. Instead of focusing on the problem or trauma, the treatment aims to strengthen the client's boundary with the problematic person or issue – in her case, her father-in-law and brother-in-law. I have found this to be an extremely useful form of psychological bandage, which is very effective in temporarily, at least, sealing off problematic people or disturbing memories.

Shamma's English was quite limited but we managed to understand each other, using mime, guesswork and a mobile phone dictionary. It did not prove necessary to call in a translator. She quickly grasped the idea of creating a psychological wall to keep out the 'wild animals' – her threatening

relatives. After two sessions, she reported that she was much more settled at night, less preoccupied with the past, but still anxiously awaiting the outcome of her case. A few days later, she was given leave to remain for five years, and all her symptoms disappeared.

To be able, with these relatively simple methods, and in very few sessions, to relieve anxiety, or put out the flames of frightening rage, or ground someone so they feel safe at night, is invaluable with this client group.

Psychotherapists strive always to reach across the barriers of culture, class, language and religion. It has been encouraging to discover these ways of working are effective and readily acceptable to all those with whom I have worked. What mattered most to them was that they obtained rapid and gentle relief from their distressing symptoms.

Footnotes

1. Feinstein D. (2012). 'Acupoint stimulation in treating psychological disorders: evidence of efficacy', in *Review of General Psychology 2012*; 16:364-380.
2. Mollon, P. (2008). *Psychoanalytic Energy Psychotherapy*. London: Karnac.
3. Van der Kolk B. A. (2015). *The body keeps the score*. New York: Penguin Books.

For an extensive list of published articles on the application of energy psychology to a range of problems, including PTSD, go to http://energypsych.site-ym.com/?Research_Landing

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