



THE ANTHROPOLOGICAL
AND SCIENTIFIC CASE FOR
psychoenergetic healing

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Abstract

Part 1. This dissertation examines psychoenergetic (bioenergy) psychotherapy, the anthropological and scientific/medical validity of bioenergy as a construct, and three psychoenergetic therapy paradigms with mature theories and interventions. Paradigms discussed include pre-psychodynamic (Christian), psychodynamic (Pierrakos, Lowen, Brennan), and post-psychodynamic psychoenergetic (Confluent Somatic Therapy of Steven Vazquez) psychotherapy.

Part 2. In the next issue of *IJHC*, a phenomenological study explores psychoenergetic experiences common across three highly advanced psychoenergetic psychotherapists who are representative of each of the above groups. The study isolates common psychoenergetic experiences, qualifies and describes/interprets them, and recommends a technical vocabulary to formalize them.

Overview

This dissertation addresses psychoenergetic psychotherapy. A review of the principle psychoenergetic therapy paradigms along with a phenomenological analysis of psychoenergetic therapists' energetic experiences, investigates this under-researched form of therapy. These therapies involve the conscious use of bioenergy on the part of the therapist to allay psychological and/or somatic suffering experienced by the client. This bioenergy is described as a subtle substance with healing effects. Anthropological and scientific evidence support the existence of energy and upholds its validity as a construct.

We will start with a review of evidence that bioenergy comprises an essential portion of the human experience as witnessed by historical and cross-cultural agreement that a subtle healing substance (or substances) exist either in nature or the supernatural. Moreover, scientific and medical domains have generated an impressive literature base regarding the utilization of bioenergy. A review shows that the clinical effects of subtle energies are measurable, that human beings both generate and psychosomatically respond to electromagnetism (a likely component of bioenergy), and that modern medical pioneers utilized energy in treatments.

We will survey theoretical and technical aspects of the main psychoenergetic psychotherapy schools, including:

1. *Pre-psychodynamic or Christian psychoenergetic psychotherapy: Theory and practice from the first century in Palestine through the twentieth century in the pastoral counseling office.*

Theology and mystical experience provide the theoretical underpinnings of this school, while case studies and carefully scrutinized anecdotal evidence illustrate the technical aspects and confirm its effectiveness.

2. *The development of psychodynamic psychoenergetic principles and practices.*

Psychodynamic energy theory develops from the concepts of neurosis in classical

psychoanalysis and reaches a controversial maturity in Orgonomy and its offshoots. Psychodynamic psychoenergetic practices develop from mainstream Freudian analysis and character analytic vegetotherapy, including Bioenergetic treatment (Lowen), Core energetic treatment (Pierrakos), energy practices involving spirits (Brennan).

3. Post-psychodynamic psychoenergetic therapy or Confluent Somatic Therapy (CST) of Steven Vazquez: Conceptual and practical components.

Because parallels exist between psychologically oriented CST and its more investigated nursing counterpart, Therapeutic Touch (TT), research regarding the mechanisms and efficacy of TT is reviewed and related to CST.

The final section will present new research into psychoenergetic psychotherapy (in a later issue of *IJHC*). A phenomenological investigative study explores the experiences of three psychoenergetic therapists who practice or draw upon one of the above therapeutic energy schools.

The nature of psychoenergetic experiences common across therapists is developed from the data and a proposed technical vocabulary defines these experiences and suggests further study.

LITERATURE REVIEW

Introduction

Very often people engaged in a healing therapy will be surprised to experience feelings of energy as they engage in their healing work. These experiences of bioenergetic healing are often accompanied by the strong intuition on the part of the healer and the healee that energy has medical, psychological, and even spiritual import.

I interviewed “Dr. A,” a psychotherapist who had such an experience. During a frustrating therapy session with “George,” a particularly difficult client, Dr. A silently prayed that somehow he would be able to help his client in the way that George needed to be helped. Suddenly and without warning, Dr. A felt something like an electrical current emanating from his chest, flowing toward George. George went wide-eyed and shouted with surprise when he felt the energy move into him. Following some moments of initial amazement, the two began to discuss the energy experience. Ultimately, the event precipitated disclosures about spiritual and religious matters that had burdened George for some time. Of import to this therapist was the fact that the energy felt like a physical force, that it came seemingly in response to his prayer, and that it influenced his client in the direction of psychological health. He speculated that the energy he experienced was a power that restores.

To the conventional Western mind, steeped in science and prone to skepticism, the above therapy experience may sound too incredible to believe. Rather than postulating the existence of a healing energy of holistic, therapeutic import, would it not be more scientific to explain the experience in terms of some sort of mutual somatic hallucination occurring between an unstable therapist and his equally unstable client? While this is a possible explanation, much evidence exists to support the view that a subtle healing energy actually exists in nature, and that those involved in helping and healing others can employ this energy to mitigate and cure diverse ills.

In this section I will explore anthropological, scientific, and medical evidence supporting this possibility.

Anthropological evidence

The existence of bioenergy has captivated religious and medical thinkers across history and across many cultures. The healing energetic experience has occupied the minds of mystics, theologians, scientists, shaman and healers from antiquity to the present. As early

as 800 B.C. Aryan priests speculated that vital, energetic substances interact with human beings in a way that is central to their health.

The [Aryan] discussion of the life-essence centered on several words that referred to breath or a similar airy substance believed to permeate the living body. *Vata*, the word wind, and *prana*, an internal aerial current of the body, are often spoken of as the basic animating principle. But the favorite term is *atman*, another word that is atmospheric in its connotations, but less concrete in its reference. Atman was conceived as a subtle substance existing within the human body yet separable from the body. Atman is essential to one's being.... At death this subtle life energy leaves the body. (Nielsen, et al, 1983, p. 103)

The Aryans both experienced energy and saw it as essential to health, feeling that without this subtle substance life cannot remain in the body.

Peat (1992) argues that teachings involving the notion of energy similar to the Aryans are too numerous throughout the world to go unnoticed or be dismissed. The very preponderance of energy-related philosophies and technologies suggests to Peat that the idea of energy as a valid construct and a vital component of human health is a "universal psycho-spiritual scientific truth" (p. 3). Numerous trans-cultural ideals support this.

These include the idea of Kundalini, or the Serpent Fire, from India in which a subtle energy mounts the spinal column and circulates through the body. An image which resonates with that of the Kundalini is found in the Taoist alchemy of China; here a fire is generated within the lower part of the body and mounts and circulates through various cardinal points. The idea of energy circulation for continued health is also facilitated in practices as diverse as acupuncture and Yoga. A blocking or interference to this energy circulation is believed to give rise to imbalance, disharmony, and disease.... It is truly remarkable that the image of... Tantric fire within the lower abdomen and of an energy which circulates and transforms, should be found in so many cultures.... People have also written and spoken of a connections between the subtle energies of the East, the alchemy of Europe and the Near East, and *Waken* of the Sioux, *Orenkda* of the Iroquois... the *Manitu* of the various Algonkian speakers, and even to *Num* or boiling energy of the !Kung of the Kalahari (Peat, p. 3).

Not only has energy been consistently experienced across time and cultures but refined systems of thought have emerged from the experience to explain bioenergy and to work with it. The Chinese acupuncturist balancing his patient's Chi with needles, the Catholic priest laying hands on the parish sick, and the Russian scientist pondering bioplasma in his parapsychology laboratory all share in the time-honored belief that energy (or energies) of some kind authentically exist and influence human health. Peat urges Western medicine to "open itself to the healing processes of energy and the wisdom inherent in the ancient and diverse teaching" (pp. 4–5). In actuality, Western scientists and physicians have been investigating the existence and medical applications of energy for some time.

Energy, Science, and Medicine

A general consensus exists among those who investigate energy scientifically (in its conventional conceptualizations) and those who experience it directly (as bioenergy) that energy may not be a discrete phenomenon. A possibility exists that under the construct of energy fall several forces, some of which have yet to be discovered. The purpose of this section is not to argue that healing energy has been proven by science and medicine to be a unified natural entity, but to suggest that science, medicine, and reliable anecdotal information undergird the validity of a construct defined to be a subtle energy which affects health.

Becker and the Discovery of the Energy Generative/Energy Sensitive Human

In a series of books and articles Robert O. Becker (1985; 1990; 1992a), a prominent researcher of energy medicine, developed a plausible model for the mechanism by which human energy systems operate and by which healing can occur. Becker notes that neurons (nerve cells) are surrounded by glial cells in the brain and by Swann cells in the peripheral nervous system. Together glial cells and Swann cells are referred to as the perineural cells. Perineural cells have direct currents of electricity running through them. These currents emanate an electromagnetic field around the body that is readily measured by scientific instruments.

The perineural cells are not only electrogenerative; they are also electrosensitive. Experiments have been done in which tissue samples of neurons surrounded by perineural cells were introduced to a synthetic electromagnetic field. Observable changes occurred in the perineural cells and then changes were observed in the neurons. When the perineural cells were removed from around the neurons, and the neurons were re-introduced to the electromagnetic field, the neurons had no observable changes. Present thinking regarding this phenomenon suggests that the perineural cells are sensitive to electromagnetic signals and process electromagnetic signals in such a way as to load electromagnetically derived information from the environment into the neurons.

Science has reasonably proven that perineural cells are both electro-sensitive and electrogenerative. These empirically validated findings support for theories regarding possible electromagnetic mechanisms for psychoenergetic healing.

Scientific Theory of Psychoenergetic Healing

Becker believes that when healers both diagnose and heal their clients in the absence of gross physical contact the only way that diagnosis and health induction can happen is via some electromagnetic (EM) field. He writes, "I therefore believe that the field used by healers to make a diagnosis and then to induce healing in the patient is an EM field" (Becker, personal communication, 1994).

During psychoenergetic healing it is possible that healers have a capacity to draw diagnostic inferences about the healee's psychosomatic situation based on a refined ability to distinguish nuances in the client's electromagnetic field. Further, healers may be able to introduce healthy changes in clients by impregnating their field with electromagnetic patterns consistent with improved health. This force could enter the nervous system via the perineural cells and could then influence neural transmission in such a way as to positively effect psychological and/or somatic ailments.

Measuring the Body's Energy

Scientists have measured the Human Energy Field (HEF). Soviet researchers developed an "electroauragram" capable of measuring the electromagnetic frequencies formed around living tissue; they also designed a "magnetocardiograph" that provides diagnostic information about the heart by measuring the electromagnetic field around the chest (Presman, 1970). The Super-conducting Quantum Interference Device (SQUID) also measures the electromagnetic output of the body (Schwartz, 1980), producing a magnetoencephalogram, or record of fields around the head generated from within the skull (Kolb and Whishaw, 1990). Benor (1984) observes that the functional state of electrical currents within the body influences the nature of the field measured outside the body. Simply put, modern technology makes it possible to think of the health-state of a person as being encoded in the field around the body.

Bioelectromagnetics

A series of observations from bioelectromagnetic research helps to establish that certain

detectable energies have biological effects and suggests support for the electromagnetic hypothesis to explain the healer phenomenon.

Becker (1992b) writes:

The new discipline, termed Bioelectromagnetics, encompasses all of the previously forbidden inter-relationships between electromagnetic energy and living organisms.... At present, several thousand scientists in this country alone and two recognized scientific journals have been in continuous publication of their data for more than a decade (Becker, 1992 b, p. 55).

Becker chronicles important discoveries in this new discipline from 1970 to recent years. In 1973, a Navy study group found that electromagnetic fields from common antenna systems and powerlines cause direct, "potentially hazardous bioeffects" (p. 56). Navy findings were corroborated by a five-year, five million dollar study conducted by the New York State Department of Health. In 1975, Richard Blakemore of the Woods Oceanographic Institution discovered a marine bacterium that sensed the "direction of the earth's magnetic field" through small magnetosensitive organelles with the cytoplasm (p. 56). During that same year, David Choen of MIT made the first conclusive detection "of a weak, external magnetic field produced by activity of the human brain" which paved the way for the development of SQUID technology that now measures field strength around the body (pp. 56–57). In 1976, an extremely important discovery was made: .

...Drs. Susan Bawin and Ross Adey reported... that brain cells lost significant amounts of calcium ions when exposed to extremely low-level EM fields. Since calcium is an important determiner of neuron function and since field strength that produced this perturbation was extremely weak, this report elicited much interest and was one of the factors that led to a meeting of the Neurosciences Research Program in which the possibility of other mechanisms of communication and coding in neurons, additional to the nerve-impulse system, were discussed (p. 57).

In other words, energy fields appear to have a direct impact on the operation of the brain. From there it is easy to postulate that electromagnetic energy directly affects health and consciousness. In 1978 the FDA approved "a number of electromagnetic devices as stimulators of bone growth" (p. 57). In 1979, Nancy Wertheimer found that a significant number of children with leukemia "lived in homes with close proximity to local electric power wires that carried high currents" (p. 57). Her study was duplicated by the New York State Department of Health's Power Line Project. Also that year, deposits of magnetite were discovered in the brains of homing pigeons, and "the possibility that the magnetite... represented the sensitive component of a magnetic field-sensing organ was confirmed in a higher organism" (p. 57). In 1980 experiments on guinea-pigs showed that DC magnetic fields produced significant changes in selected cell behavior. In 1983 Welker showed that

...similar fields could alter the serotonin and melatonin metabolism in the pineal gland in rats. Since serotonin and melatonin are important neurohormones connected with biocyclic behavior, a possible linkage of magnetic fields with human behavior alterations was considered (p. 58).

Near that same time Delagro (1982 in Becker 1992b) reported that chick embryos exposed to EM fields less than the strength of fields produced by television sets showed nerve function irregularity and significant incidence of developmental abnormalities. In 1990 the US Navy sought to duplicate Delagro's findings and found a "significant increase in the incidence of developmental defects in exposed embryos" (p. 60). In 1992 a news release from the California

Institute of Technology confirmed that several research scientists had “identified magnetite particles in the human brain identical to those previously found in many other organisms” (p. 61), further supporting the argument for human nervous sensitivity to electromagnetic energy. Further, repeated Russian research (Aleksandrovskaya and Kolodov, 1966; Balaban and Bravarenko, 1990 in Becker 1992b) supported Becker’s observations that perineural cells mediate electromagnetic effects between nerve cells and the environment.

Taken as a whole, the brief history of Bioelectromagnetics has ramifications for the present and future state of the helping professions. While some electromagnetic energy is harmful, it can also be employed curatively.

Michael Levine (1993) of Harvard Medical School writes:

[An] active application of Bioelectromagnetics in therapeutic use right now... is ELF [extremely low frequency] magnetic field treatment for bone unions. Basically, the rate of bone growth and increase of mechanical integrity of knitted fractures can be accelerated non-invasively by placing a coil around the area, and creating a... magnetic field by putting current through the coil (p. 78).

Electromagnetic fields are also used in similar ways to enhance wound healing. In the near future, Levine predicts that electromagnetic fields will be used to enhance nerve regeneration in those with nerve damage. Levine also predicts that research into the natural bioelectromagnetic field around the body may make human limb regeneration medically viable. For the distant future Levine predicts that cancer will be treated with electromagnetic energy, and that psychological disturbances, correlated with alterations in naturally occurring electromagnetic energy, could possibly be treated with counterbalancing synthetic fields.

Medical Science and the Energy of Healers

For years, theorists have speculated that healers exude an energy that restoratively impacts their patients. Becker’s theory is that this energy is electromagnetic in nature. Perhaps it is, in whole or in part an explanation for healing effects, or perhaps healing energy is an as yet undiscovered element of nature. Regardless of *how* it work, healing produces demonstrable effects. Scientific studies have shown that healers, using touch and energy transmission techniques, have measurable impact on living organisms and improve medical conditions. One way to think of healing is as a low-tech. application of Bioelectromagnetics. Benor (2001a, b) points out that reputable scientific studies link healing to promising, healthful outcomes. He writes:

Treatment of bacterial and fungal infections may be facilitated by healing.... Healing can selectively enhance or retard growth of particular cell cultures in the laboratory.... Healing may retard the growth of cancer cells in vivo.... Healing may enhance body defenses.... Healing increases hemoglobin levels in vivo and retards hemolysis in vitro... Healing given by a healer may enhance self healing... . Healing reduces pain.... Healing improves healee’s attitudes to their illnesses.... Research shows that healing reduces anxiety.... Healing enhances reparative activities of the body.... Healing can enhance recuperation from cardiac decompensation.... Healing may be applied as a preventative treatment... [and] studies of healing in selectively wakening one of a pair of anesthetized mice more quickly that the untreated control suggests that healing might be effective in reducing the duration of anesthesia in surgery (Benor, 2001a, p. 373–74).

These findings create a research base for the argument that people can impact psychological and biological systems, just as a powerline can. Based on the available evidence, enthusiasts like Benor argue that the energies of healing should be accepted into the mainstream of the

helping professions. He observes that there are 191 controlled studies of healing, of which two thirds demonstrate significant results. He finds little interest in pursuing further the question of *whether* healing works. He states, "If healing were a drug I believe it would be accepted as effective on the basis of the existing evidence." (p. 376)

Conclusion

Across history and across cultures, theories of bioenergy have persisted along with therapeutic systems for using this energy for healing. More recently, scientific and medical advances have demonstrated the veracity of time-honored energy ideas.

Today, the electroaurogram and SQUID technology demonstrate that human health states can be inferred from measured subtle energy fields around the body. Additionally, the new field of Bioelectromagnetics further supports the claim that energy affects both physical and psychological health of organisms. In this context the mainstream medical community has begun to harness energy. Currently, electrical energy is used to heal bone fractures and further energy treatments will be forthcoming in the near and distant future. Healers, whom Becker believes diagnose and heal via some form of electromagnetic energy, have been scientifically shown to have significant, healthful effects on dependent variables. The data suggest that human beings can harness aspects of their energetic nature to heal and to be healed of psychological and medical ills.

Becker's research, along with that of others, has proven that human beings both generate and are influenced by a form of energy, in this case electromagnetism. From these discoveries Becker has developed theories to explain the natural mechanisms of the healer phenomenon.

Considered in the light of this evidence, we may be able to give more credence to the experience described at the beginning of this chapter, where the therapist and patient experienced a flow of healing energy following the therapist's prayer. Something about his prayer may have unfastened a dormant aspect of his energy system and applied it in a healing to his client's needs. This, of course, is speculation, but given the mounting body of evidence for the energy phenomenon, it is a reasonable speculation. Nor is such thinking absent from psychological theory and practice. As the sections that follow will demonstrate, energy is employed to heal clients of psychological problems across three known therapy paradigms.

Pre-Psychodynamic Psychoenergetic/Christian Healing [A version of this section has been published as Zeiders, C.L. (1996). *Psychoenergetic psychotherapy*. *The Journal of Christian Healing*. Vol. 18(3), 3-15.]

Introduction

Oskar Estebany, who "felt that he was a channel for Jesus the Christ" (Krieger, 1979, p. 6), had a reputation as a healer of people, and has also participated in several well documented, tightly controlled studies with mice. In separate experiments, mice suffering from wounds and from iodine-deficient diet responded to Estebany's healing technique, demonstrating results that were statistically significant and in the direction of health (Grad, summarized in Benor, 2001a; b; Murphy, 1992). The Roman Catholic Estebany believed that an energy passed from him to his patients (Rorvik, 1974).

Like Estebany, a number of pre-psychodynamic/Christian therapists believe that certain spiritual interventions can decisively impact the mental and physical health of their clients. These interventions are prayer and the laying on of hands. Inherited from the Christian religious tradition, these healing practices are utilized by theologically-minded psychologists and counselors to move some force, usually conceptualized as the grace or power of God, into the client's psychological wound. Once a Christian healer introduces God's grace to the wounded

psychological area, it begins to re-order in such a way that it conforms to God's image of mental health for that person. In this chapter I will trace the development of pre-psychodynamic healing and discuss its theory and practice. Naturally, any such discussion begins with Jesus of Nazareth.

Jesus of Nazareth: Healer

Holy Writ guides Christian thinking about psychoenergetic healing. From scriptural records Christians learn that an important part of the teachings of Christ is to heal people. Much of the New Testament involves Jesus intervening to restore dysfunctional minds and bodies. For example:

... in Mark's Gospel, which most scholars believe was the primary source for Matthew and Luke, 209 verses out of 666 are about the healing miracles of Jesus. That is just over 31 percent (Grazier, 1989, p. 82).

Similarly, assuming that the ancient writings are correct, one sees in Jesus a man with a very definite healing mission. According to the four Gospels, Jesus healed:

1. Four cases of blindness: Bartimaeus (Mark 10:46; Matthew 20:29-34; Luke 18:35-43) the blind man of Bethsaida (Mark 8:22-26); two blind men (Matthew 9:27-31); and the man blind from birth (John 9:1-34).
2. Two cases of fever: Peter's mother-in-law (Matthew 8:14-15; Mark 1:30-31; Luke 4:38-39); and the official's son (John 4:46-54).
3. Eleven lepers: a single leper (Matthew 8:1-4; Mark 1:40-45; Luke 5:12-16); and ten lepers (Luke 17:11-19).
4. A deaf mute (Mark 7:31-37).
5. A woman with a hemorrhage (Matthew 9:20-22; Mark 5:25-34; Luke 8:43-48).
6. A man with a withered hand (Matthew 12:9-13; Mark 3:1-5; Luke 6:6-10).
7. A man with dropsy (Luke 14:1-6).
8. A Centurion's servant with paralysis (Matthew 8:5-13; Luke 7:1-10).
9. A wounded slave of the high priest (Luke 22:50-51).
10. The sick of Capernaum (Matthew 8:16-17; Mark 1:32-34; Luke 4:40-41).
11. Many people from Tyre, Sidon and Galilee (Matthew 12:15-21; Mark 3:7-12; Luke 6:17-19).
12. Those by the shore at Gennesaret (Matthew 14:34-36; Mark 6:53-54).
13. The sick at Bethsaida (Matthew 14:14; Luke 9:1-11); and at Tiberius (John 6:2).
14. Crowds at entering Judea (Matthew 19:2).

For the pre-psychodynamic therapist, to be like Jesus is to be a healer, and emulating the healing ministry of the Nazarene has psychoenergetic implications. Christ's healings imply that he had the power to conduct some kind of positive energy into his subject's wounds. This idea

is illustrated in the story of the healing of the woman with the hemorrhage:

A large crowd followed and pressed around him. And a woman was there who was subject to bleeding for twelve years. She had suffered a great deal under the care of doctors and had spent all she had, yet instead of getting better she grew worse. When she heard about Jesus, she came up behind him in the crowd and touched his cloak, because she thought, "If I just touch his clothes, I will be healed." Immediately her bleeding stopped and she felt in her body that she was freed from her suffering. At once Jesus realized that *power* had gone out from him (The New International Version Study Bible, 1985, Mark 5:24-31; p. 1503; italics mine).

Some scholars propose that in the above event Jesus felt an energetic force move as a healing vitality from his body to the body of the hemorrhaging woman. In the original Greek the word translated as "power" is *dynamis* "which has to be understood as the power of the Lord to heal" (Fitzmyer, 1981, p. 744). The Anglican priest, Harpur (1994), however, suggests a different translation of *dynamis*; instead of translating the word as *power*, Harpur would have the word translated as *energy*. Harpur's discussion of Jesus' healing ministry portrays Jesus as a conduit for a healing energy that proceeds from the mind of God whose concern is for the wellness of His children.

... in healing the sick [Jesus was] an agent or channel for the Divine Energy flowing from the heart of the universe, the very breath or presence of the dynamic Spirit of God (pp. 60–61).

Jesus healed, at least in part, via a divine energy, and his followers began to do the same.

The Development of Pre-Psychodynamic Healing After Jesus

James, the brother of Jesus and head of the Jerusalem church, also believed that God made healing power available to believers through avenues of touch and prayer. Harpur's interpretation of James's instructions regarding healing techniques is especially enlightening, because it lays bare the interaction of mind, body, energy, and health.

In the fifth chapter [of his epistle, James]... writes, "Is any among you ill? Let him call for the church elders and let them pray over him, anointing him with oil in the name of the Lord. And the prayer of faith will save the sick and the Lord will raise him up. And if he has committed sins they will be forgiven him. Admit your faults to one another and pray for each other that you may be healed. The active prayer of a just person has an enormous effect" (James 5:13-16).

In addition to underlining the fact that healing, through prayer and anointing with oil, was considered normal in the primitive Christian church, this passage gives further witness to the near universal religious conviction that there can be times when an illness may be the result... of unresolved sins or faults. An obvious example would be problems created by deliberate abuse of one's body through neglect.... But James is not implying that sickness and disease are always a sign of wrong-doing.... What James is stressing is that confession of known sins—a frank facing up to the specific times and places when one has fallen short of what one knows one should have done or been—and the assurance of forgiveness removes the spiritual blockages that prevent healing energy from flowing in (pp. 70–71).

What Harpur clarifies here is the apostle's contention that psychological conditions influence any given individual's ability to receive energy and heal.

The Acts of the Apostles, written by the physician Luke who had a keen interest in healing, records healings accomplished through St. Peter and St. Paul. These healing events

appear to have implicit psychoenergetic components. In these stories, touch, prayerful intention, and the unleashing of healing power converge. Writing to the fledgling church at Corinth, St. Paul emphasized that the Holy Spirit gives healing power to believers and the ability to perform “deeds of power.” According to biblical accounts, there were times when articles of clothing that the apostles touched conveyed healing power to sick people. From a scientific point of view, these stories are not unlikely. Benor notes that evidence from studies of healing with plants and animals indicates that healing may be conveyed by such vehicles as water and cotton wool. Benor notes that this is consonant with reports dating back to the Bible, when Christ and the Apostles gave healing through handkerchiefs. Modern day healers confirm that this works well (Benor, 2001a, 40-42; 297-298).

The Development of the Christian Tradition

In the centuries following the Ascension, church fathers and many saints solidified the position that the healing *dynamis* flows through healers and cures physical and psychological pathologies. They viewed a person’s ability to heal others as a present from God, often bestowed to the believer at the time of baptism (McDonnell and Montague, 1991). The great spiritual geniuses of the early Church wrote enthusiastically about such power.

Justin Martyr wrote in A.D. 165, “In our city, many Christian friends have been healed and have healed other sick persons in Jesus’ name.”

Bishop Ireneus wrote in A.D. 180, “... those who truly are His disciples receive grace from Him to perform miracles in His name and they really cast out evil spirits. Others pray for the sick by laying hands on them and see them healed.”

Origen wrote in A.D. 250, “Some prove through healings that they perform what tremendous power they have through faith, in that they do not call on any other name over those who need help than the name of Jesus and God. In this manner we have seen many persons delivered from terrible misfortunes and mental disorders and innumerable other sicknesses....”

In A.D. 275, Clement gave the following advice to young preachers: “Let them, therefore, with prayer and fasting pray for people in faith and trust in God... as men who have received gifts to heal for God’s glory” (Grazier, 1989, p. 77).

In the third century, Hippolytus of Rome wrote that healers have a special status because they derive their gift from the Holy Spirit (Powers, 1985). Following Augustine’s death in A.D. 430, the saint’s friend and biographer Possidius wrote that Augustine recanted an earlier writing that healing had ceased, when he laid hands on a sick man whom God healed immediately following Augustine’s touch (Gardner, 1986, p. 137).

Healers in History

Healing became part of the Church’s tradition and healers emerged from Church history. St. Patrick healed the blind. St. Bernard made the lame walk, the dumb speak, and the deaf hear. Edward the Confessor, King of England from 1042, healed scrofula by touching his afflicted subjects. In the mid-1600s, Valentine Greatrakes gained notoriety in England for his ability to cure the sick. “[He] found to his amazement that he could cure epilepsy, pains... and fevers, so that the people ‘went home rejoicing and praising God’” (Major, 1940, p. 169). Explaining his power Greatrakes remarked, “God gave my hand this gift” (p. 169). In historical records of Christian healings this experience of energy is often implied, but frequently underreported.

Christian Healing and the Experience of Energy in the Twenty-First Century

In the twenty-first century, the Church—Christian therapists included among its members—

continues to experience healings, but those exposed to gifts of healing tend to address the issues of energetic experience more directly than in the past. It should be noted, however, that even today very little discussion directly addresses the experience of energy in the context of Christian psychotherapy. Reports of energy remain anecdotal, and when energy is addressed, it is rarely the main focus of articles or books.

The renowned healer Kathryn Kuhlman clearly had a gift. Medical case studies compiled by Casdorph (1976), show that some of those medically verified as healed by Kuhlman experienced energetic sensations described as “electrical” during her services. For example, a bank executive diagnosed with kidney and bone cancer experienced “a sensation like electricity running through his body during the service” (p. 99). Examining his, befuddled physicians noted “healing” of his cancer. Similarly, a seventy-eight year old Ph.D. speech therapist with a well documented history of rheumatoid and osteoarthritis attended a Kuhlman service. She “had the feeling of an electric current going down the outside and the inside of my leg to the knee.... I was virtually in a trance. It was the most peaceful, joyful experience” (p. 109). Feeling healed, she discarded her leg braces and soon received a clean bill of health from her doctor.

Rex Gardner (1986), another physician, compiled case studies of healings that he felt were medically reliable and miraculous. In some of these reports, the healees report extraordinary healings characterized by an interrelationship of faith, healing touch, and the sensation of energy. One dramatic healing is that of a school teacher who lost his eyesight as the result of injurious exposure to intense photographic lights. Eye doctors despaired that the man would regain his sight, so, in desperation, he made an appointment with a Christian healer. He writes:

When I went into the house I was filled with peace. I became relaxed in the presence of this total stranger and felt that I was no longer in despair, the situation was no longer hopeless. We spoke together, I told him of the accident, he told me of the healings that our Lord had channeled through him and we prayed together. There was no doubt in my mind that Jesus was in control of the situation. He laid hands on my head and over my eyes, but nothing dramatic happened, so I arranged to [meet with him again] (p. 33).

The teacher waited for five days, feeling confident that God would heal him. When he and the healer met again, something dramatic happened as soon as they prayed.

...as soon as his hands were placed on my head I experienced a sensation of power in the form of a gently flowing electric current which flowed through his hands and through my skull. I also became aware of the most vivid and beautiful color blue... even though my eyes were closed—and the color and the electric sensation persisted until his hands were removed.... I also experienced the most amazing feelings of strength and warmth passing, in a tingling sensation, through my fingers and into my wrists and arms.... I felt that I had been reborn into God’s service and able to administer His healing power too (p. 33).

Healing, faith, and the sensation of energy converge in this unusual report. Given the dramatic fact that the flow of the *dynamis*, the power, the energy of healing was so strong in this report and the reports regarding Kuhlman’s healings, one cannot help wondering from a scientific perspective what measurable phenomena may have accompanied these theological experiences. Richard Gerber (1988) notes that the hands of some healers, measured by SQUID technology, show electromagnetic field strength measured at one hundred times higher than normal body activity during healer-associated conditions. A currently unanswered question is: Is increased electromagnetic activity a common component of the Christian healing experience? A review of the literature leaves one empty-handed. This seems a subject ripe for scientific study.

Two seminal influences on Christian psychoenergetic psychotherapy

Agnes Sanford and Francis MacNutt have had the most influence on Christian psychotherapists who pray for their clients' mental health and experience energy. Their books are widely read among such professionals, and MacNutt, still living, lectures on healing to ministers and therapists throughout the world.

Agnes Sanford (1972a), whose understanding of Christian healing became famous among Christian therapists, thought of divine healing as having a definite energetic component. She referred to the power that proceeds from the Holy Spirit as a "healing vibration" and a "divine current" (p. 90). When laying hands on people and praying for them, she experienced heat, electrical sensations, and vibrations (Riffel, 1994). Addressing the relationship between divine energy and the importance of exercising healing gifts, Sanford wrote: "

God's life is a flow—it is living water—it is active electricity—it is love vibrating at a definite wave length and intensity. In order to keep the current flowing we must give it as an outlet so that it can complete its circuit. If we do not do so, the channel of its flow becomes clogged and it runs more and more thinly and finally ceases altogether (p. 91).

To be a healer one must constantly be open to allowing the healing energy, a manifestation of God's love, flowing through one's being and into the world. Additionally, Sanford advanced an energetic viewpoint regarding the interactions of body, mind, and God.

The very chemicals contained in the body— "the dust of the earth"—live by the breath of God, by the primal energy, the original force that we call God. This being so, it is strange that we do not establish a closer connection with God in prayer, we would receive a more abundant flow of energy. The creative force that sustains us is increased within our bodies (p. 18).

To Sanford, healing others of physical infirmities and of mental problems was a natural outgrowth of prayerful communion with God.

Especially important about Sanford's contribution to pre-psychodynamic psychoenergetic healing is the fact that she herself once suffered from debilitating depression. According to her autobiography (Sanford, 1972a), she struggled vainly against her dysphoria until an Episcopal priest placed his hands upon her head and prayed that she would psychologically heal. She did heal, and this inaugurated a ministry during which she had a special sensitivity to bringing holy, healing energy to the wounded mind in the name of Jesus Christ. She writes that when praying for others' psychological problems, the healer should not tell the subject that faith is a requisite to bringing God's healing energy into the afflicted portion of his mind.

If you will search the scriptures you will see that Jesus did not demand faith of one whose mind was darkened or disturbed. He did not require faith of Jairus's daughter or of the centurion's son or the maniac of Gadara. He took the power of God in His own hands and spoke for them the word of faith (Sanford, 1966, p. 41).

She also provided specific instructions for conducting energy into the disturbed mind. She insisted that the Christian healer of mental illness can pour into the disturbed person's mind

... the light and life of God through our own minds and bodies. For this purpose the laying on of hands in the sacramental way, upon the head, is most valuable... I do not try to explain the actual radiation of life and light that comes from through the human being, as light shines through the light bulb, for their minds [the minds of disturbed people] are too confused to understand. I do not explain that as my words reach their conscious minds, so God's words flow through my body and my hands into their bodies and reach the

unconscious mind that is the storehouse of the emotions (pp. 43-44).

In Sanford's conception of psychoenergetic healing, neither faith nor insight based on verbal understanding is necessary for healing. The healer merely lays hands on the subject and allows the restorative *dynamis* to flow into the mind sufferer and to restore it.

MacNutt (1974), one of Sanford's disciples and Christendom's acknowledged living expert on psychological and physical healing, originally advised healers to expect occasional energetic sensations, including heat, trembling, and "something like an electric current" passing through them (p. 304). In the years following that statement, MacNutt (1977) developed a more elaborate understanding of the nature of the energy.

As Christian we know that we share the very life of God himself (in Catholic terminology: grace) and it makes sense that something of that life-giving power in the physical order can be shared and communicated when we touch a sick person. It seems to me that this current of energy is what so many people feel when we pray for them.... The way I understand it... is like this: The Christian shares the life of God himself....The Father, Son, and the Holy Spirit live within us. Somehow (and here is my conjecture) the energy generated by this life can overflow, can be communicated and flow from one person to another through touching that other person. In all of us there are areas where sickness, sluggishness and death are at work spiritually, emotionally, and physically. But when another Christian... gathers around to pray, the life, the love, and the healing power of Jesus can be transmitted to the sick person.... It's like God's radiation treatment (pp. 37-39).

In MacNutt's view, God lives in the Christian. When a Christian prayerfully lays on hands, the love of the God who lives in him flows out in the form of healing energy.

Since developing these ideas and gaining confidence as a Christian healer, MacNutt has set up an institute for healing in Florida, staffed primarily by psychotherapists. The work of this institute is to encourage therapists and other helping professionals to develop a spiritual life that enables them to conduct the radiating power of Jesus into their clients and patients. MacNutt has cautioned that the experience of energy is not necessary for healing to occur, although it frequently accompanies the laying on of hands. MacNutt (1977) has also remarked that people in need of healing often require more than one session of prayer. They made need a course of treatment, just as cancer patients need a course of radiation treatment. This type of ongoing prayer he calls "soaking prayer" (p. 39).

Who practices pre-psychodynamic psychoenergetic healing today?

Pre-psychodynamic psychoenergetic healing is practiced by pastoral counselors and by Christian psychotherapists. Interventions such as the laying on of hands continue. Pastoral counselors like the charismatic Father DiOrio (1984) of New York, recommend applying psychological principles to the problems of sick parishioners, and, after establishing an empathic understanding of the client, praying for their psychological distress, usually laying on hands. DiOrio's experience is that an energy sensation can accompany this intervention.

Frances Schoeninger (1992) of the Institute for Christian Counseling and therapy holds the position that energy, in her terminology *life energy*, moves from aspects of the Holy Trinity, through the therapist to the client. She asserts that a disruption of a person's internal, ordering energy can cause mental, physical, or spiritual distress.

In the dominion that God has given us and in the ordering of the line of authority, a way in which to begin to take authority over what is out of order [in the client] emerges. The line of authority through which *life energy* communicates our proper "being" is Godhead (Trinity, Holy Spirit (within the Trinity), to human spirit, then throughout our being (spirit,

mind/emotion, and physical body). Within each [aspect of human being]... *life energy* flows connecting all to all, instructing and ordering. In an area that is restricted for any reason, and the message [of the life energy] is not received correctly... function... and order can be disrupted (italics hers, p. 15).

Schoeninger believes that God provides “blueprints” for a person’s healthy mental, physical, and spiritual functioning. These blueprints are encoded in an energy that emanates from God and endows the human being. When, due to trauma, sin, disease, etc., the ordering life energy is subverted, it needs to be reinvigorated by more divine energy. This divine energy comes from the Holy Spirit, through an intermediary like a therapist, and flows into the afflicted area wherein the original energetic blueprint has been degraded. Once re-energized, the client’s mind or body begins to heal according to the divine plan encoded in the life energy. This may sound complicated but the intervention is simple. The therapist listens, understands the problem, and then prays for the client (Schoeninger, personal communication, 1994).

Conclusion

Pre-psychodynamic psychoenergetic healing has its origins in the Christian tradition. Healing prayer, at times accompanied by energy experiences, are recorded in the New Testament. Jesus Christ felt power or energy flow from him in the course of healing the hemorrhaging woman. The apostle James recommended a healing touch, combined with prayer to remove disease. St. Peter and St. Paul appeared capable of energizing garments with healing energy, a feat consistent with modern research findings. The church fathers believed that touch and prayer were honored by God in such a way that the healing *dynamis* was communicated to the sick. In modern times, energy experiences have accompanied medical miracles accomplished through healers like Katherine Kuhlman and others. Christian thinkers who have had the most impact on pre-psychodynamic therapists are Agnes Sanford and Francis MacNutt. Both were major influences on pastoral counseling. Both addressed, if briefly, the fact that energy appears to flow from God, through healers, into the sick, out of love, in the name of Jesus Christ. Today practitioners like Father DiOrio and Frances Schoeninger practice psychoenergetic healing from a Christian perspective and continue to advance its understanding.

Psychodynamic psychoenergetic healing

Introduction

At the School of Healing in Boca Raton, Florida, therapists and other helping professionals study under Barbara Brennan and her disciples. They learn to perceive the human energy field (HEF) through touch and sight; to make psychological assessments based on characteristics inherent in a patient’s energy field, and to intervene to help with psychological problems by working with defects in the field around the body and manipulating energy centers, called chakras. Students are encouraged to channel energy from unseen spirits, entities believed to be capable of moving the healing power inherent in the cosmos through the therapist into the regions of the client’s need.

Such a scene borders on a wild New Age dream. Yet even more bizarre is that this occult paradigm of psychoenergetic healing emerges from a steady progression of psychodynamic ideas that begin with the scientific, agnostic Freud. If the old Professor could somehow know what had become of this branch of psychoanalysis, he would be shocked and scandalized. This section explores the complicated history of psychodynamic ideas which have culminated in this psychodynamic psychoenergetic healing enterprise. From the beginning, psychoanalysis contained the seeds of such an energy-based therapeutic paradigm.

Freud: Psychoanalysis

The origin of non-mainstream psychoanalysis is found in Freud's concept of the actual neuroses. According to the Encyclopedia of Psychoanalysis (Eidelberg, 1968), the neuroses are neurasthenia, anxiety neurosis, and hypochondria; they arise "organically rather than psychologically" (p. 14) from a holding back of sexual excitation, as when *coitus interruptus* causes the anxiety neurosis, or from an outpouring of sexual energy, as when too frequent masturbation causes neurasthenia. Mostly, though, the term actual neurosis refers simply to sexual energy, libido, that has not been adequately discharged; it gives rise to disturbances in sexual metabolism, and produces symptoms like headaches and anxiety. In the actual neuroses originate the idea that energetic disturbances in the body affect mental and physical health. (Note that I am not arguing that Freud viewed libido as a subtle substance like some energetic theorists might, but his ideas about energy anticipate current energy ideas and are retrospectively colored by them.)

Freud discovered the actual neurosis when he observed that people who engaged in intercourse or masturbated without seeing the deed through to orgasm developed symptoms. Their breathing accelerated, their hearts palpitated, their pores oozed sweat, and their emotions became intense and distorted; in short, these are the very activities of the body and mind while engaged in sexual activity. It is as though excitations or energies pertaining to sex remain overly charged within the body, causing somatic and psychological discomfort (Freud, 1935). The following scenario illustrates this:

Masters and Johnson describe an experiment in which a woman was kept highly aroused for six hours.... Five times the woman was brought to a preorgasmic state without being allowed to climax. By the end of the experiment, her uterus was more than twice normal size, her vaginal barrel was grossly engorged, her labia were swollen almost three times normal size.... She then rested for six hours without any sexual stimulation, and this level of painful engorgement continued, along with cramping and backache. She was also... "irritable, emotionally disturbed, and could not sleep." Finally, she was allowed to masturbate to orgasm and felt "immediate relief" from all symptoms (Tisdale, 1994, p. 78).

Freud would argue that Masters and Johnson induced a temporary actual neurosis in this woman, complete with all the bodily and emotional discomfort associated with it. When she masturbated, the energy associated with her symptoms discharged; her energy metabolism stabilized and her body returned to normal.

In terms of the structure of neuroses, actual neuroses are the energetic foundation of psychoneuroses. Freud wrote that the dammed up energy of the actual neurosis "plays the part of the grain of sand which the oyster [patient] envelops in the mother-of-pearl [psychoneurosis]" (Freud, 1935, p. 340). When psychoneurosis occurs as the result of psychosexual breakdown, the core of the symptoms will be problems in the body's energy metabolism. Psychoneurosis is predicated upon actual neurosis.

Freud's (1963) treatment of Dora's hysteria exemplifies this. According to Freud, Dora's psychoneurosis was her Electra complex, her desire to have intercourse with her father. When she was in situations wherein her sexual energy was aroused, however, she developed physical symptoms and experienced extreme emotions. Dora's guilt over her incestuous feelings prohibited her from physically allowing normal discharge of her sexual energy. As a result, her internal energy metabolism was dammed in a way not dissimilar to the woman in Masters and Johnson's experiment. Dora's Electra complex was the psychological mother-of-pearl which formed around her sexual energy, giving rise to actual neurotic problems—in this case hysterical symptoms. Freud hoped that by analyzing and interpreting fantasy and dream material and by interpreting her free associations, he would provide her with insight into her problem. Insight would enable her to free herself of the guilt that locked up her sexual energy and would thereby

normalize her energy metabolism. In theory, she would be capable of sublimating the energy of releasing it through intercourse or masturbation. Freud notes with regret that Dora's resistance led her to leave analysis before reaching this goal.

Reich: Orgonomy

Wilhelm Reich has the reputation for being the brilliant madman of psychoanalytic theory. Throughout his writings he hints that it was he and not Otto Rank who was the heir apparent to the throne of psychoanalysis. Whether this is true or not is a matter of debate. What is not a matter of debate, however, is the fact that Reich built on Freud's ideas in a way that created an authentically psychoenergetic psychodynamic theory and practice.

Initially, Reich's concerns were with the energy inherent in the actual neurosis, and he argued that the correct goal of psychoanalysis was to attack neurosis at the level of the actual neurosis. By helping patients to fully express the stored libido energy of the actual neurosis, there would be no energy available to invigorate un-worked-through psychoneurotic conflicts. Energetic release would deprive the psychoneurosis of the "water" that had stimulated its malignant growth and maintained its existence (Scharaf, 1983). Reich's term "orgastic potency" referred to the ability to fully discharge excess energy through the orgasm. The orgasmically potent person would be symptom free. "By eliminating the actual neurosis, the somatic core of the neurosis, [through full libido energy discharge during orgasm], it also eliminates the psychoneurotic superstructure" (Reich, 1949, p. 14).

To speed the development of orgastic potency, Reich developed several innovations in technique. He developed the idea of character armor and pioneered character analysis. He discovered that patients have habitual ways of resisting an analyst's interpretations. Resistance occurs in concert with character defenses and ultimately prevents the softening of these defenses that could otherwise lead to libido energy discharge. In *Character Analysis* (1949), Reich argues that analysts should analyze character resistance before they analyze symptoms of the psychoneurosis. For example, a man with a passive character type, who quickly accepts an analyst's interpretations, may actually be resisting the interpretations through his passivity. His acceptance is Oedipally based and unconsciously designed to placate a feared father rather than to gain insight that will eventually lead to a healthy sex energy metabolism. In character analysis, the resistance inherent in the neurotic character is analyzed before the symptoms of the psychoneurosis, because structurally the character neurosis is predicated upon the psychoneurosis. In the above example, the resistant-passive character neurosis rests upon and defends the Oedipal psychoneurosis.

Using Dora as an example, Reich would have argued that Dora's character was defending against (resisting) Freud's accurate interpretations of her dreams and free associations. Clinically, Reich would have looked for characteristic ways in which Dora resisted analytical insight that had the potential to unlock the energy imprisoned in her body. "He coined the term *character armor* to denote character traits serving as resistance to analysis" (Nelson, 1994, p. 532). By analyzing character before dreams and fantasies, Reich defused the kinds of character resistance that led Dora to drop out of analysis. Reich also discovered that patients also have characteristic muscular rigidities that correspond to their character armor. These muscular rigidities he called *muscle armor*, and he developed character analytic *vegetotherapy*. The goal of vegetotherapy was "to remove the chronic contraction which interferes with the free flow of energy throughout the organism and thus restore natural functioning" (Baker, 1967, p. 5). By relaxing body armor, vegetotherapy unlocks the energy of the actual neurosis and directs it toward genital expression, thus depriving character neurosis and psychoneurosis of having a function in the life of the patient. Nelson (1994) describes vegetotherapy as a kind of character analytic body work that grew from Reich's theory.

It became evident to Reich that concomitant with the psychic character armor there was a

somatic muscular armor. Repressed feelings were bound in the body as well as in the unconscious. This led to a new addition of therapeutic technique—that of attacking neurosis somatically, by direct manipulation and/or making the patient aware of tensions. Somatic armor, with its psychic concomitants, functions to bind energy interfering with the free flow of energy through the organism. Undischarged energy continues to build up, producing stasis, and eventually overflowing in the form of neurotic symptoms. Therapy's goal is to overcome this stasis by breaking down the armor, reestablishing the free flow of energy, and attaining orgasmic potency.... One of a combination of either physical or character analytic methods can be used (p. 532).

From character analytic vegetotherapy, Reich eventually developed his most radical energy theories: psychodynamic theory forever changed. Reich expanded Freud's conception of energy beyond the idea of a construct used to account for psychobiological phenomena. Reich's new theory of energy resembled old vitalistic ideas and current scientific ideas in that he came to understand energy as a subtle substance apart from but interactive with physical aspects of organisms.

Reich found support for his vegetotherapy in biological research that indicated to him that all living substance was animated by alternating periods of contraction and dilation with accompanying buildups and discharges of electric current. In his later years Reich connected the psychophysiological processes he observed in his patients with a universal life force he called orgone. As Reich eventually conceived it, the orgone extended through all space, like the ether, and was drawn upon by all living things, forming a field around them that could be perceived by sensitive people. Like the Hindu *prana* or the Chinese *chi*, it pervaded the organism and could be transmitted directly through the hands or sexual intercourse (Murphy, 1992, p. 413).

Reich's theory became radically energetic. Orgone therapy involved techniques from vegetotherapy in addition to other innovations. He and his disciples believed that mere exposure to orgone would break down character and muscular armor, thus restoring the energy metabolism upon which mental and physical health are predicated. As Reich (1949) put it: "The cosmic orgone energy functions in the living organism as a specific biological energy" (p. 358). To curatively conduct orgone against armor and restore the free flow of energy, organomists used the technique of channeling orgone into their clients through touch. An eyewitness to this technique noted that the intervention quieted an inconsolable infant instantly when an organomist placed his hands flatly upon the wailing child (Wieand, 1994). The parallels between this psychodynamic psychoenergetic healing treatment and the psychodynamic psychoenergetic healing (Christian) method are unmistakable. Reich also invented a device to channel the psychosomatically beneficial orgone, called an orgone accumulator. The idea was to cure the mind and body by accumulating orgone from the atmosphere with the device and then expose patients to the energy.

Reich invented *orgone accumulators*. These have layers of metal outside and wood inside.

Reich's scientific explanation for the capacity of his apparatus to concentrate orgone energy from the atmosphere was as follows: Organic material attracts and absorbs orgone energy.... Metallic material also attracts orgone energy but repels it again rapidly. The metal radiates energy from the outside into the organic material and to the inside into the space of the accumulator (Scharaf, 1983, p. 281).

Ironically, it was the orgone accumulator—what Reich considered his most advanced therapeutic achievement—that led to his death. The Food and Drug Administration, by court order, ordered Reich to stop shipping orgone accumulators across state lines on the grounds

that, since there was no such thing as orgone energy, shipping the devices in interstate commerce was fraudulent. Poorly advised and feeling an obligation to perpetuate his new science of energy therapy, Reich disobeyed the order. He was therefore arrested and convicted of contempt of court. He died of cardiac disease in Lewisburg Prison in 1957 (Lowen, 1975; Scharaf, 1983). Despite the circumstances of Reich's sad end, he will be remembered as a pioneer who incorporated psychoenergetic theory and technique into psychoanalysis.

Lowen: Bioenergetics

Lowen (1958; 1975; 1977), perhaps reeling from the fact that government agencies officially deemed Reich's orgonomy unscientific and orchestrated his fatal imprisonment, developed a theory and practice that played down the role of the orgone. Lowen's bioenergetics was a continuation of character analytic vegetotherapy. By analyzing resistance stemming from character, interpreting free associations in terms of psychoneurosis, and prescribing exercises that unlock the actual neurotic energy somatically imprisoned in muscular armor, the bioenergetic therapist seeks to bring his client to more vibrant health. This state is characterized by the free flow of energy within the organism, psychological flexibility, and orgasmic potency. Lowen (1977) writes of his approach:

Bioenergetics is a way of understanding personality in terms of the body and of its energetic processes. These processes, namely the production of energy through respiration and metabolism and the discharge of energy in movement, are the basic functions of life... Bioenergetics is... a form of therapy that combines work with the body and the mind to help people resolve their emotional problems (pp. 3-4).

In collaboration with his psychiatrist colleague, John Pierrakos, Lowen developed a series of exercises for clients designed to dismantle character and body armor and restore the free flow of bioenergy. Lowen also expanded Reich's conception of character. He developed a taxonomy of five specific character types (schizoid, oral, psychopathic, masochistic, and rigid characters), and noted the psychological and muscular characteristics of each. Diagnosing character from posture and other aspects of the body that reflect muscle tensions guides bioenergetic treatment of energy blocked in various ways in various parts of the body.

Pierrakos and Brennan: Core Energetics

A disciple of Reich's and an initial collaborator with Lowen, Pierrakos (1976; 1990) eventually broke with Lowen to found *core energetics*. Core energetics retains all the thought and theory of bioenergetics but redevelops orgonomy. Core energetics restores the idea of energy as a subtle substance to non-mainstream psychodynamic theory. It amends the orgonomic idea of this energy by embroidering it with Eastern mysticism. Appellbaum (1979), a psychoanalyst connected with the Menninger Foundation for over twenty years, sought out Pierrakos in 1975 and made the following observations about the psychiatrist and his energy theories:

I learned from Pierrakos' lectures... that for him... energy is concrete: it can be measured and photographed... Pierrakos claims to see auras, colored emanations from the body; but he says he sees actual figures in the auras as well. These figures and their activities give him diagnostic information... They afford Pierrakos information as to chronic physical and emotional conditions... Pierrakos showed photographic slides that purported to show auras... and he conceptualized the body as a constant sender and receiver of energies. The energy is freely transmittable and results in excitement when there is free interchange, boredom when there is not. Energy is organized, as described in Eastern mysticism, in chakras, which according to Pierrakos are bell-shaped funnels about two to four inches in length. When a person is blocked, these chakras collapse and no longer serve as centrifugal and centripetal energy. When blocks are dissolved, the energy is free to ascend the chain of chakras, providing liberating secular experiences, going on up to liberating

mystical experiences and psychic capacities. *Ideally, these upper levels should be available to all of us as we free energy through bodily and psychological intervention.* (p. 182; italics mine)

In *Core Energetics* (1987), Pierrakos develops a detailed summary of how the human energy field is incorporated into therapy. He suggests that energy fields surrounding different character types will pulsate at rhythms different from those of the healthy genital character, characterized by a healthy internal and external energy flow, as well as by appropriately open chakras. His diagrams show that in addition to muscular armor being functionally equivalent to character armor, so also are the energy fields (auras) around the body and the state of the energy organs (chakras) equivalent to the neurotic character's defensive project. While Lowen would observe that a muscular, thick-chested mesomorph with a pulled-in neck represents the muscular armor of a masochistic character, Pierrakos would observe still more; he would observe that in addition to consistent muscular configurations, the masochist energetically expresses its character through vibrant radiations in the aura around the legs and through closed dorsal or spinal chakras and extreme openness of ventral (front of the body) stomach and forehead chakras. Core energetic therapy consists of bioenergetic exercises, character analysis, as well as work designed to open and close the chakras. Chakras can be opened through direct manipulation by a core energetics therapist or through prescribed yoga-like exercises. Unlike Freud, Reich, and Lowen, Pierrakos sees the goal of his therapy to be conscious unity with the life force.

Pierrakos's most famous pupil is Barbara Brennan. A former physicist and research scientist for NASA, Brennan is the founder of the School of Healing which has become famous among energy healers. In her manual, *Hands of Light* (1987), she completes the evolution of energy theory from psychoanalysis to the New Age. Her techniques have as much in common with Eastern healers as with psychodynamic therapists. For example, she prescribes yoga exercises to open chakras, and she advocates drawing on the wisdom of spirit guides to determine what part of the client's mind or body needs a supply of energy. Once learning of the afflicted area from the spirit, Brennan then lays on hands and channels energy from the universal energy field to the afflicted area. In a way, the therapist becomes a kind of orgone accumulator. Brennan's psychodynamic psychoenergetic healing transcends her predecessors with esoteric theories and instructions, although retaining the concepts of actual neurosis, psychoneurosis, character and muscular armor, and even auric armor complete with dysfunctional chakras. While much of psychodynamic psychoenergetic healing is controversial, the paradigm in which Brennan employs the therapeutic use of energy extends these concepts to the point that they severely stretch conventional credulity. Many of her claims sound odd within accepted scientific frameworks and are therefore difficult to assess, particularly as they lack research to substantiate them.

Despite the fact that so much of Brennan's theory challenges credulity, even by the standards of *avant-garde* psychology, her observations about how a given character's energy patterns affect object relations may at some future time influence the way psychologists think about object relations and give rise to new psychoenergetic interventions. Regarding changes in a character's energy field in response to others, she writes:

We all create [patterns in our energy field] because we see the world as unsafe. We [employ] patterns that involve our whole energy system. Our energy defense systems are designed to repel, to defend aggressively or passively against incoming force. They are designed to show power and thus scare off an aggressor, or they are designed to get us attention indirectly, without admitting that is what we want (Brennan, 1987, p. 104).

Brennan observes that the energy field plays a dynamic role in object relations and interpersonal behavior. For instance, she notes that, when relating to others, the oral character

emanates an energy pattern that Brennan calls “oral sucking.”

Oral sucking... is effective in sucking energy from those around in order to fill the person's own field, which he is usually unable to do from the natural surrounding environment... there is something amiss in the person's ability to metabolize the orgone supply from the surrounding atmosphere, causing him to need predigested energy from others (p. 104).

If true and verified, these last of Brennan's ideas may influence the future course of psychoenergetic healing and object relations theory. She has graduated several thousand students through her four-year course, including substantial numbers of physicians, nurses, psychotherapists, and lay healers.

Summary:

Psychodynamic psychoenergetic therapy has its origins in Freud's conceptualizations that energy becomes dammed up in the body and gives rise to physical and psychological symptoms.

Reich noted that while the psychoneurosis represents the psychosexual conflict that hinders the flow and discharge of energy that is locked in the body, character is the individual's expression of the energy-locking project. He also found that muscles armor themselves in a manner consistent with the neurotic character. By dismantling either the armor of the character or the energies of the body, Reich believed he could bring about the healthy flow and discharge of energy within the person. Later, Reich developed the idea that orgone was a cosmic energy that could be healthfully brought against character and muscular armor, either through organomic laying on of hands or via an orgone accumulator, and transformed in a restorative way by the patient's energy system.

Lowen's bioenergetics emphasized the vegetotherapeutic aspects of Reich's therapy and honed the relationship between muscle armor and character. In bioenergetics, however, energy was not treated as a subtle substance as it was in organomy.

Pierrakos split with Lowen to found core energetics. Core energetics restored the notion of subtle energy to psychodynamic psychoenergetic theory, and used auras and chakras for diagnostic and treatment purposes.

Brennan expands core energetics, believing that the therapist channels orgone against neurotic armor and that spirits assist in diagnostic and energy channeling processes. While far from the mainstream, some of her observations may eventually be useful to object relations therapists and future psychodynamic psychoenergetic therapists.

On the whole, the body of psychodynamic psychoenergetic theory should be viewed as a body of knowledge designed to restore the flow of energy within an individual by intervening on the level of character, muscular, or auric-energetic systems.

Conclusion:

To date, no research has emerged as to the efficacy of the psychoenergetic healing methods of non-mainstream psychoanalysis. Only Reich claimed to have scientifically proven his theories, but few, other than practicing organomists, give credence to his findings. After explaining his orgone research to Einstein, Reich asked, “Can you understand why everyone thinks I'm mad?” “And how!” replied Einstein imperturbably (Cattier, 1971, p. 205). Yet, bear in mind that the mainstream, conservative analyst Appelbaum (1979) thought that the psychoenergetic constructs of Reich, Lowen, and Pierrakos were at least partially plausible and that the therapeutic impact of their interventions was often impressive. Only open-minded research

will determine the extent to which the psychodynamic psychoenergetic healing paradigm is mad, advanced, or something else.

Post-psychodynamic psychoenergetic healing

Introduction

Post-psychodynamic psychoenergetic healing in psychology is found in the *Confluent Somatic Therapy* (CST) of Steven Vazquez. Vazquez first became aware of subtle energies when he traveled to the Soviet Union as part of a delegation of American mental health professionals. Following exposure to a noted Soviet healer, who healed one of the delegates of a physical ailment, Vazquez found that he had developed a spontaneous awareness of energy, its interactions with people, and an ability of using it to improve the health of others. His first conscious use of energy to improve a person's health occurred on the plane returning to the United States. Seeing that one of the passengers suffered from severe pain, Vazquez, simply by intending to do so, channeled energy into the person, whose crying changed immediately to bright laughter (Vazquez, 1994a).

CST emerged from his efforts to incorporate his new awareness of energy with clinical psychology and behavioral medicine. Vazquez is a licensed Professional Counselor and a board-certified Medical Psychotherapist, practicing at Mind Body Therapy Associates in Hurst, Texas. He sometimes compares CST to the Therapeutic Touch of the nursing profession and sees his therapy as belonging to the same line of thought as Therapeutic Touch. Like the pioneers of Therapeutic Touch, Vazquez developed CST to be a radically inclusive form of psychotherapy with a strong psychoenergetic emphasis that incorporates but transcends narrow-minded Western healing perspectives. To Vazquez, CST ultimately represents a hybrid of traditional psychotherapy and energy work:

My perspective is inclusive. I include the scientific approach of conventional medicine, along with alternative approaches. The intervention known as "subtle energy manipulation" by placing hands on or near a patient is viewed as both ancient and radically new. The perspective currently dominating our culture was created by traditional Western science. In its most rigorous form, it is incompatible with this intervention which is seen as useless, irrational, superstitious and ignorant. The problem with this view is that it is incomplete. It fails to include practices that have been tested for over 3000 years—and even overlooks the fact that much of the effects of subtle energy have been verified through Western scientific standards (i.e., Therapeutic Touch). There are numerous subtle energy approaches in addition to Therapeutic Touch... that are very effective. Similarly, there are powerful forms of psychotherapy... that are also effective. However, there are very few approaches that incorporate psychological interventions with the simultaneous use of subtle energy interventions. Confluent Somatic Therapy synthesizes these two approaches into a new hybrid. (Vazquez, 1993, p. 5).

Recent developments in CST include the use of lights and the development of an intervention similar to Francine Shapiro's (Wolpe and Abrams, 1991) Eye Movement Desensitization and Reprocessing (EMDR). While Vazquez continues to expand CST's intervention arsenal, energy work remains among its principal interventions. Unfortunately, very little written material exists regarding this intriguing, developing therapy. Because of the enormous clinical demands under which Vazquez operates and his exhaustive schedule of international lectures, he has not been able to assemble the research and literature base requisite for promoting or validating CST's psychoenergetic healing interventions. However, Therapeutic Touch, developed by the nursing profession, shares theoretical and technical similarities with CST. Like CST, Therapeutic Touch

contends that in states of health a person's energy "is flowing and abundant, whereas in states of disease, it is blocked or depleted" (Heidt, 1990, p. 180). A review of Therapeutic Touch literature will inform an understanding of CST.

Therapeutic Touch technique and theory

From the inception of Therapeutic Touch (TT), research findings and anecdotal evidence distinguished TT as a promising alternative health technique. As interest in Therapeutic Touch increased, Delores Krieger, Ph.D., R.N., one of the method's founders, described her version of the technique in a seminal book (Krieger, 1979) from which Harpur (1994) drew four basic phases of healing practice, which I summarize here:

- 1) The healer becomes meditative.
- 2) The healer employs her hands to sense differences in the client's energy flow.
- 3) The healer cleans the client's field of what Reich would call "dead orgone" *(p. 142).
- 4) The healer channels her body energies to repattern the client's energies.

A similar, more recent version of TT technique, rendered by Booth (1993), involves the following:

- 1) Centering: the practitioner relaxes into a calm state.
- 2) Assessment: the practitioner runs her hands above the patient's body, feeling variances in the client's energy field.
- 3) Clearing: the practitioner sweeps her hands smoothly from head to toe, keeping just above the surface of the client's body, facilitating energy flow within the patient's field.
- 4) Intervention: in this phase, energy is actively rebalanced.
- 5) Evaluation: the practitioner uses intuition and judgment to know when the treatment is complete ; at conclusion, the client should feel rested and relaxed, while the practitioner may feel energized (p. 49).

Regardless of the fine points of technique, it is generally agreed that the practitioner seeks to repattern or rebalance the client's energy field "through the interaction of his or her own field with that of the patient" (Booth, 1993, p. 48).

The theory that Krieger developed to account for how TT works is "rooted in Indian and Ayurvedic concepts of pranic life energy and yoga practice. In this perspective, *prana* energy is transferred through TT" (Buenting, 1993. p.57), and the patient receives energy from the healer in such a way that her personal energy begins to flow smoothly; the patient's energetic congestion breaks up, and energy deficient areas get replenished. In theory, the improved flow of energy within the patient's energy system results in improved physical and mental health. In this model, channeled energy activates the healing. As Macrae (1987) put it,

The practice of Therapeutic Touch... is based on the concept of a subtle, nonphysical energy, which sustains all living organisms. This energy is not an abstraction but a vitalizing, universal force, which is always present and available. The practice of Therapeutic Touch represents a conscious effort to draw upon this universal life energy and direct its flow for healing (p. xii).

Importantly, the idea that energy is the mechanism of therapeutic action is not just a construct, but an experienced reality. Phenomenological research conducted by Heidt (1990) shows that both nurses who practice TT and patients who receive TT describe their experience in poetic, often spiritual, energetic terms.

For example, all the nurses expressed their experience of Therapeutic Touch in terms of viewing themselves and their patients as “fields of energy.” When asked to describe this experience, they gave qualities related to this energy: a replenishing source, an organizing force, a universal power, a higher power, a greater mind, a healing force, trueness. They also described this energy in a variety of images: God, the sun, an ocean of energy permeating the earth, light, love.... The patients also described their experience of this energy in a variety of images: sunlight, a higher power, God, the stuff we’re all made of and that flows through everyone, the source of life, flowing water (p. 182).

In the practice of TT, the idea of energy upon which the intervention is predicated is not simply a theoretical reality but an experiential one as well.

Therapeutic Touch and scientific research

Therapeutic Touch has one of its origins in the work of Bernard Grad, a medical researcher who briefly explored Reich’s orgonomy and even visited Reich at his laboratory in Maine (Harpur, 1994). He decided to study healers and determine if healers were channeling some orgone-like energy in a way that would be scientifically verifiable. Grad found that the Christian healer, Estebany, had an ability to heal wounds in mice by touching them or by holding their cages (Murphy, 1992). In addition, plants watered with water treated by Estebany showed an increased amount of chlorophyll in their leaves and grew more rapidly (Gerber, 1988). Krieger was fascinated by these findings.

Krieger reasoned that since plant chlorophyll is structurally similar to hemoglobin in humans, then humans exposed to the energies of healers might show an increase in blood hemoglobin, just as healer treated plants had demonstrated rises in chlorophyll content (Gerber, 1988. p. 307).

In experiments with Estebany, Krieger measured hemoglobin levels in control and experimental groups before and after the experimental group received healing treatments. She found a “significant increase in hemoglobin values in the healer treated group” (Gerber, 1988, p.308). Additionally, she found that patients suffering from diverse physical illnesses reported “improvement in their illness following healing by Mr. Estebany” (p. 308). Impressed by these results, Krieger developed a method of laying on hands and taught it to her nursing students at NYU. She conducted experiments with these healer-nurses which were similar to those she conducted with Estebany and found that in the “nurse-healer treated group, there was significant change in hemoglobin levels” (p. 311) while the control group had no significant change in hemoglobin levels.

[T]wo groups were compared for differences in hemoglobin values between the beginning and the end of the experiment. In the control group, there was no significant change in hemoglobin levels. However, in the nurse-healer group there were statistically significant increases in hemoglobin. Her statistical analysis showed that the odds against the results being due to chance were less than one in a thousand. Krieger had demonstrated that trained nurse-healers could induce significant increases in the hemoglobin levels of patients treated by Therapeutic Touch as compared with their control group counterparts (p. 311).

These experiments did not prove that a subtle energy created the changes, but they did make

the energy hypothesis appear more reasonable.

Clearly, of the three types of psychoenergetic healing discussed here, TT has the greatest body of scientific evidence to recommend it. Reviewing research on TT from 1974 to 1986, Quinn (1988) found significant results in the direction of health among experimental groups. Findings include increased hemoglobin levels in hospitalized adults, decreased anxiety in hospitalized cardiovascular patients, improved neonatal response to stress, and decrease in severity of tension headaches. In another well-reviewed experiment, which compared TT to casual touch in stress reduction for hospitalized children, the researchers found TT to significantly reduce "the time needed to calm them after undergoing stressful experiences, such as having blood taken..." (p. 50). Taken as a whole, the literature shows that TT has a positive impact on health, an impact believed to stem from healing energy experienced by practitioners and patients.

Therapeutic Touch as a Psychological Intervention:

Because it measured psychological impact, an experiment that concerned the effect of TT on anxiety is especially worth exploring. Conducting doctoral research, Heidt (1979 and 1981 in Quinn 1988) built on an early study which indicated that TT appears to induce physiological relaxation. She reasoned that since physiological relaxation is not compatible with psychological anxiety, TT should decrease a patient's sense of anxiety.

Three groups of 30 hospitalized, cardiovascular patients were utilized in this study, for a total of 90 subjects. All subjects completed the A-State Self Evaluation Questionnaire, and were then assigned to treatment group A, B, or C (Quinn, 1988, p. 38).

Group A received TT. Treatment consisted of a nurse centering and intending to assist the subject, moving hands over the anterior of the subject's body while attending to changes in energetic sensory cues on her hand, breaking up condensed energy in the patient's field, and then directing energy into the patient's solar plexus for 90 seconds. Group B received a standardized placebo procedure called Casual Touch, during which nurses took pulses at various sites on the patient's body. Group C received No Touch, which consisted of a nurse sitting beside the patient's bed and talking with them for five minutes. No statistically significant differences were found on pre- and post-test measures of anxiety for Group B or Group C. Group A demonstrated significant changes.

Following the interventions, the A-State Self Evaluation Questionnaire was readministered, and pre-test–post-test means were computed. Comparison of pre-test and post-test means in the Therapeutic Touch group revealed a difference which was statistically significant. Thus, Heidt's hypothesis that subjects treated with Therapeutic Touch would experience a reduction in state anxiety was supported (p. 39).

Although the literature did not discuss how or if the above study controlled for nonspecific treatment effects, Quinn (1982 in Quinn 1988) reproduced Heidt's findings, with healers holding their hands near to but not touching the healees' bodies, further supporting the notion that TT has measurable, positive psychological effects, and extending the evidence to include interactions between healer and healee through their energy fields. Unfortunately, neither Heidt nor Quinn controlled for medications given to the healees which could have influenced their anxiety. This leaves some question regarding these two studies.

The above raises the possibility of using TT more explicitly as a psychoenergetic intervention to meet mental health needs. Because TT appears to calm and restore patients both physically and mentally, nurse practitioners employ it as a form of behavioral medicine. In an emergency room in New York nurses use TT to soothe "freak outs" in patients who overdose on psychedelic drugs, and some doctors prescribe TT to stressed patients instead of sedation

(Gerber 1988). Because of TT's psychophysiological effects, some TT practitioners believe that TT may become an explicit and viable mental health intervention in standard medical care.

In a fascinating exploration of the interrelatedness of energy, psychobiology, and TT, Hill and Oliver (1993) write that the imbalances, which nurses detect in patients' energy fields, represent co-occurring physical and psychological disruptions.

For example, local imbalances around the head may reflect constricted arteries or may be associated with compulsive thoughts about a gambling trip. The energy field changes are manifestations of the client's mental as well as physical state that connects TT to mental health nursing practice (p. 20).

Hill and Oliver contend that not only can mental health professionals administer TT to patients to treat their psychological problems, but that mental health professionals can teach a modified form of TT to patients, so that patients can practice the technique on themselves.

We have expanded the original TT technique described by Krieger and teach clients to assess their own energy fields. When the "problem area" or "problem energy" (where the feeling is different from the rest of the field) is located it is balanced, changed or moved by the client. For example, if there is a problem area around the head, the person is instructed to collect the area in a hand and gently throw it out... ; or if the area around the knee feels warm or cold, then... movement around the area is engaged with a healing energy directed to the area through the person's own hands (p. 20).

TT may thus become a self-healing technique.

Repeated balancing of the field is reported to resolve the psychological problem that gave rise to the disrupted field in the first place. To illustrate, Hill cites the case of Joanne.

At the age of 32, Joanne entered therapy to continue her long-term work on building and maintaining healthy relationships. She had been molested from age 6 to 11 by both her father and grandfather. She began to use TT to help herself learn about and practice how to find and keep her own boundaries... As Joanne began to develop more intimate relationships with men, she used TT to "feel my energy boundary; feel where my energy starts and stops and the ways in which it can meet or not meet that of the person whom I am with." Using aspects of TT and guided imagery, she learned to calm herself during periods of frightening sexual anxiety and fear. She was able to move aspects of her anxious energy "away from my center and replace it with trusting and calming energy" (p. 21).

Based upon the scientific and anecdotal evidence it appears that, as a psychoenergetic intervention, not only does TT beneficially influence psychological health, but it also decreases anxiety and has clinical applications. This is precisely what Confluent Somatic Therapy does.

Confluent Somatic Therapy (CST)

As mentioned earlier, the founder of CST, Steven Vazquez, often compares his method to Therapeutic Touch. The basic psychoenergetic intervention of CST is similar to that of TT: the CST therapist, like the nurse, holds his or her hands at a certain distance from the client and looks for distortions in the field, breaks up energy blocks, and sends the client energy. Vazquez explicitly adapts interventions to the arena of clinical mental health counseling. The CST therapist invites the client to be active in bringing together the historical, somatic, and mental events that contribute to the disrupted energetic pattern.

CST Theory and Therapy

Describing his theory, Vazquez (1994b) stresses that above all, CST is holistic.

There are numerous forms of therapy that identify themselves under the umbrella of holistic treatments. When these approaches are observed under careful scrutiny, they are often not really holistic in the sense that they include numerous aspects of the person's experience. Confluent Somatic Therapy refers to the pursuit of the confluence of thoughts, emotions, physical sensations, behavior and spiritual aspects of human existence. The term confluent refers to "flowing into one." The term somatic refers to physiological experiences. Therefore, Confluent Somatic Therapy attempts to unify our bodily experiences with other aspects of our being through therapeutic interventions (workshop handout).

CST uses psychoenergetic healing to integrate the five basic elements through which, Vazquez asserts, we experience the world. When these five basic elements are confluent, the individual enjoys health. When these elements are non-confluent, the individual may require psychoenergetic interventions to restore holism. TTABS is the acronym that includes these five elements.

- 1) Transpersonal: This refers to experiences perceived beyond the conventional boundaries of the person. Some examples are: extrasensory phenomena, spiritual events, subtle energy, experiences of union that transcend time and space.
- 2) Thought: this refers to intellect, memory, abstract cognition, calculation, and imagery.
- 3) Affect: This refers to emotions such as anger, fear, sadness, affection, and joy.
- 4) Behavior: This refers to actions such as verbalization, large muscle movement, and other observable activities.
- 5) Sensation: This refers primarily to kinesthetic or somatic experiences such as visceral responses, temperature changes, or small muscle movements (Vazquez, 1993, pp. 5-6).

Due to the fragility of the human condition, non-confluence among these five elements can occur easily. For example, say a usually happy boy gets angry with his father. The boy yells at his father and his father punishes him. The next time the boy gets angry, he refuses to express it. This is the beginning of non-confluence. He thinks, "If I am angry, I will be punished." His non-confluence manifests behaviorally as he smiles when his father does especially annoying things. Around his chest, the boy starts to experience a tight sensation, something he had not had before. Transpersonally, the subtle energy around his chest is disrupted, the energy flow clogged by the somatically stored affect. In this example we see how the harmony of the five basic elements collapse when the boy represses his anger.

One principle stressed in CST concerns the role of secondary gain in non-confluence. Vazquez believes people who experience disharmony within their minds and body often benefit in some subtle way. The psychoenergetic therapist needs to address the role of secondary gains before conducting energy work.

You must deal with the benefits of an illness before proceeding with healing, as some of these benefits are very powerful. Even if complete recovery takes place, a patient may regress, if some of the benefits are not met in other ways (Vazquez, 1993, p. 12).

In the above example, the boy benefits from his repression, because he avoids the punishment awaiting if he yells at his father. In the course of CST, this benefit would be addressed.

The conduct of CST occurs in the context of an eight-step outline, designed more to be a rough guide for therapy rather than dogma.

- 1) The therapist establishes why the client sought therapy. What is the client there for?
- 2) The therapist takes a history of the issue. When did your problem start? What was your life like at the time?
- 3) Therapist and client work to explain the problem in clear, behavioral terms.
- 4) The client designates an area of the body as the place most connected with the client's issue.
- 5) Dialogue establishes the secondary gain.
- 6) Therapist and client develop new strategies to sustain the gain without sustaining the symptom. Then the therapist obtains the client's permission to remove or add energy associated with the designated area of the body.
- 7) As the therapist begins to work with the client's field, the two will dialogue about psychosomatic changes, discuss their meaning, and work them through.
- 8) Assess for confluence (Vazquez, personal communication, June 23, 1994).

To continue with the example, a CST would deal with the boy in roughly the following manner: First, he determines that the boy enters therapy because he is unhappy; the boy feels like his ability to have fun has gone away. Second, the history shows that the boy's ability to have fun went away around the time that he got in trouble with his dad for yelling at him. Third, in behavioral terms the problem shows up in the boy smiling at his dad, instead of yelling angrily, when his dad does annoying things; and otherwise the boy feels tense and unmotivated. Fourth, a dense, tense feeling in his chest feels like the body area most connected with the problem, because it gets especially tight when he talks about his dad. Fifth, the secondary gain is that he avoids punishment by putting his anger into his chest, instead of yelling. Sixth, together the therapist and boy develop new ways to avoid punishment that would allow the boy to give up his symptoms; they discuss ways to sublimate anger and agree that the boy could talk to his dad instead of yelling. Seventh, the therapist begins psychoenergetic work, placing his hands six to twelve inches from the boy's chest, intending to send energy into the area to unblock the stored anger. The boy might report that he feels movement in his chest and that he is getting mad. While conducting the energy work the boy and the therapist work through the anger for a final time. During a subsequent session, the therapist determines that the boy is confluent again, because his symptoms have not returned, he experiences fun again and the therapist's sense of the boy's energy is that it flows normally.

Other Aspects of CST

Vazquez makes it clear that his therapy is very much an art, and advises his therapists to combine their reason and intuition to discern with which client, for what ailments, and under what circumstances to conduct psychoenergetic work. He also advises his trainees to be mindful that healing energy comes from a source beyond themselves, and that two practices will enhance the therapist's ability to access this source on the client's behalf. First, by simply "practicing the preciousness" or keeping mindful of the intrinsic unique value of the client, the therapist makes it more likely that healing energy will move through him. Second, by making meditation a regular practice the therapist appears to enhance his capacity to forcefully

conduct energy during psychoenergetic interventions.

Therapists who share neither the theological beliefs of pre-psychodynamic psychoenergetic healing, nor the theoretical orientation of psychodynamic psychoenergetic healing may find CST to be an amenable theory and practice.

Conclusion

The Confluent Somatic Therapy of Steven Vazquez represents the developing school of post-psychodynamic psychoenergetic healing. Though still in its early development, and still needing validation through research on CST per se, CST is based on the theory that psychoenergetic intervention can restore clients to wholeness or confluence. Like Therapeutic Touch, CST employs psychoenergetic techniques to facilitate healing. Therefore, much of the argument for Therapeutic Touch advances the argument for CST. Research indicates that TT has measurable effects on physical and psychological health and that those who practice and receive TT experience energy and tend to describe it as a spiritual, therapeutic force. Like TT, CST is predicated on the idea that health professionals can send healing energy into the energy system of patients in such a way that their physical and mental systems improve.

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THE ANTHROPOLOGICAL AND SCIENTIFIC CASE FOR PSYCHOENERGETIC HEALING

Part 2



THE ANTHROPOLOGICAL AND SCIENTIFIC CASE FOR PSYCHOENERGETIC HEALING—Part 2

Charles Zeiders, Psy. D.

Introduction

Part 2 details a pilot study I conducted to quantify subjective phenomena that practitioners of psychoenergetic psychotherapy frequently experience. From that study developed a larger study of the phenomenology of psychoenergetic psychotherapy.

The larger study, called the Psychoenergetic Phenomenological Research Project, suggests a technical vocabulary of some psychoenergetic phenomena. Those findings are reported in this section. Anyone interested in the scientific and technical aspects of the study or in the instrumentation used is directed to the appendices.

Development of the research focus:

Interest in establishing how a psychoenergetic practitioner experiences psychoenergetic healing grew, in part, out of my attendance at a five-day workshop with Dr. Vazquez in 1994. During that period, I interviewed Dr. Vazquez and several workshop participants who had gained competence in the psychoenergetic healing technique of Confluent Somatic Therapy. My interviews with these helping practitioners made it clear that those who practice psychoenergetic healing appear to have a number of common experiences, and this gave me the idea for a pilot study.

Pilot study method

First, from separate interviews, I got a sense from four randomly selected workshop participants what sorts of phenomena they experienced during psychoenergetic healing work. Second, I listened to the tape-recorded interviews, and reviewed my notes. This review gave rise to six hypotheses:

When practicing psychoenergetic healing therapists:

- 1) experience energy tactilely,
- 2) enter into altered states of consciousness,
- 3) experience unusual body sensations,
- 4) experience heightened intuitive knowledge of client problems,
- 5) experience a religious dimension to the energy work, and
- 6) sense an energy flow from or through their bodies to the client.

Third, I organized my hypotheses into the items of the "Psychoenergetic Healing Questionnaire," and decided to ask participants to circle the amount of time they had such experiences on a *frequency rating scale* ranging from 0 to 100 percent of the time. Fourth, I calculated means and standard deviations for each item. I predicted that the mean score for each item would be above 50 percent and included the standard deviation for descriptive purposes. Fifth, I introduced the idea for the study to members of the workshop and guaranteed confidentiality by verbal contract. Ten self-selected

individuals agreed to fill out the questionnaire— all were over 30 years old, all worked in helping professions, and men and women were equally represented. The results were interesting.

PILOT STUDY RESULTS

Discussion

Results supported my hypothesis that all six items would have mean scores of over 50 percent (see Table 1), in turn supporting my idea that these six experiences occurred often during the course of psychoenergetic healing. That item 5 had the highest mean and the lowest standard deviation intrigued me. *Energy may have a consistent effect such that exposure to it gives rise to intrinsically spiritual and religious experience!* However, all six of the items had a mean of 74 or above, showing that, on average, the therapists found that the experiences reflected in the items occur frequently. I wondered what other experiences were frequent and common among psychoenergetic therapists.

Results Table

Results of Psychoenergetic Healing Questionnaire Given Therapists and Body Workers (N=10) Following a 5-Day Workshop with Dr. Steven Vazquez

When I engage in psychoenergetic healing, I...

1. experience my client's energy through my skin mean standard deviation
0-10-20-30-40-50-60-70-80-90-100 percent of the time 74 percent 11.7

2. enter into altered states of consciousness 83 18.3

3. experience unusual body sensations 68 percent 31.2

4. experience heightened intuitive knowledge
of my client's problems 79 percent 12.0

5. believe that there are spiritual or religious
dimensions to the experience 96 percent 9.7

6. feel healing energy flow through/from
my body to the client 78 percent 12.3

Another finding that emerged in the course of the study

Another finding that came out of my pilot study was that therapists have a great deal of difficulty discussing what happens to them during psychoenergetic healing. Several practitioners whom I interviewed commented that no technical vocabulary of psychoenergetic phenomena exists for therapists to use to adequately discuss the psychotherapeutic experience of energy. Without a developed vocabulary of energy-related experience, difficulty arises in teaching psychoenergetic therapy, developing constructs, and testing those constructs. Imagine how difficult it would be for a psychoanalyst to understand the phenomenon of projective identification if she lacked the terms "projection" and "identification." Consider her difficulty clinically managing her identification with a client's projection, if terms representing the constructs were nonexistent. The same is true for psychoenergetic therapy. A formal vocabulary is needed to describe the psychoenergetic phenomena that psychoenergetic psychotherapists experience in the course of administering treatment.

In the hope of fulfilling this need, I developed a highly structured phenomenological research protocol, designed to explore the phenomenology of energy therapy. The protocol has been adapted by researchers (see McGoldrick, 2002) interested in the phenomenology of energy medicine, and the reader is welcome to adapt my research protocol for their own purposes with citation. [Appendix 1](#)

describes the research protocol and the study in which I employed it. [Appendix 2](#) offers the *Psychoenergetic Healing Questionnaire (Expanded)*. The questionnaire generates data regarding the phenomenology of psychoenergetic therapists' bodily, psychological, and spiritual experiences during treatment. Researchers will find the appendices a useful source of scientific information regarding the study of energy experience.

Those less interested in research but still interested in a tentative vocabulary and definitions of psychoenergetic psychotherapy will find below, based on my study's findings, terms proposed to describe various psychoenergetic phenomena.

Terms to describe psychoenergetic phenomena

Altered Consciousness Effect: refers to the tendency for psychoenergetic healers to enter into altered states of consciousness during therapy. The quality of this consciousness may be ecstatic or expanded. In the course of treatment practitioners sometimes feel that they can take into their awareness more information than normally.

Angelic Presence: the therapist's sense of angelic beings during healing. Various cultures and religious groups believe in angels as ministering spirits that assist in healing. Some psychoenergetic therapists experience their assistance.

Anomalous Motor State: the experience of an irregular motor state about half the time during energy work.

Bracketing: a term that refers to the requirement that psychoenergetic therapists bind or dissipate personal feelings that could contaminate or block the flow of healing energy. A therapist skilled at bracketing will have confidence that their psychological issues do not interfere with good treatment.

Breathing Response: the tendency to take involuntary, deep breaths during energy therapy. The response may reduce tension in the therapist, or automatically adjust the flow of healing energy. The response could also occur in empathic sympathy with a client's sorrow.

Chakra Work: the practice among psychoenergetic therapists of working with chakras. Therapists can sometimes feel these energy centers and glean therapeutic information from them.

Client Energy Movement Percept: the therapist's percept of the movement of energy within the client's energy system.

Energetic Intermingling Perception: the perception that therapist and client energy fields mingle or blend physical or emotional cues may establish the percept. Prayer may precede the percept.

Energy Through-Flow: the sensation of energy flowing from beyond the person conducting it. Intentionality to conduct energy, prayer to a Higher Power, or even the experience of possession-like states may precede the through-flow sensation.

ESP Experience: therapists' sense that they receive information about a client through an organ of perception not primarily connected to the five senses.

God Source: the psychoenergetic therapist's experience that the source of energy is found in God.

Fear: a rare feeling of impending trouble sometimes connected with dread of energetic treatment failure. A sympathetic feeling of impending trouble useful to direct treatment to the client's issues.

Flow Direction Sensation: the sensation that energy flows in a certain direction.

Hands Away from Body Technique: the technique of holding hands a distance from the client's body during the course of psychoenergetic healing.

Healing Heat: the term that refers to the sensation of heat on the hands of psychoenergetic therapists engaged in the activity of healing. The sensation of heat occurs during treatment and has been known to occur at the laying-on-of-hands during charismatic Christian healing prayer.

Intention Technique: the practice of sending energy to clients simply by intending to do so. As a phenomenon, the Intention Technique can be thought of as a Will to Healing on the client's behalf by the psychoenergetic therapist.

Internal Electricity: a therapist's sensation of electricity within his or her body, electricity not flowing outward to the client, nor coming inward from the client, but residing within or flowing within the therapist's body.

Intuitive Knowledge: an increase in intuition during the course of psychoenergetic therapy. Well-developed intuition can be useful for guiding treatment at the "gut level."

Joy Response: the emotion of joy experienced during the course of psychoenergetic healing.

Laying-on-of-Hands: the psychoenergetic healing technique whereby therapists lay their hands directly upon their client's body.

Love Effect: the tendency for energy work to evoke feelings of love, in part characterized by finding preciousness in and sympathy for the client. The Love Effect evokes the extra-personal and spiritual.

Meridian Work: the practice of working with meridians during the course of psychoenergetic therapy. Meridian Work implies the phenomenon of feeling the flow of lines of energy over the surface of the client's body.

Movement Sensations: a therapist's sense that energy is moving in or around his or her body.

Paranormal Knowledge: the experience of having knowledge about a client's problems inserted into the mind in the form of words or images from a force beyond, possibly God.

Prayer Technique: the practice of praying for clients during the course of therapy to facilitate the effectiveness of energy work and related phenomena.

Pressure Energy Perception: the perception that energy presses against the skin.

Religious Insight Effect: the experience among energy therapists that exposure to energy helps them to gain insight into the meaning of religious traditions.

Sadness: a dysphoric affect felt by energy healers sometimes in sympathy with clients' issues. For some psychoenergetic therapists sadness is useful for guiding treatment. Importantly, a dysphoric affect generated by the therapist can block divine healing energy if not treated by quiet prayer and meditation.

Somatic Heat: the sensation of heat in some area of the body during the course of energy work. Somatic heating may be experienced in sympathy with a client's issues.

Spiritual Dimension Response: refers to the positive response among therapists that psychoenergetic therapy has a spiritual dimension.

Sympathetic Body Perception: the perception of the therapist experiencing the client's bodily sensations within his or her own body. This perception helps the therapist establish where to send energy.

Sympathy Effect: the common experience of therapists feeling their clients' feelings during psychoenergetic healing. The Sympathy Effect may occur when therapists bracket their own feelings in order to understand their client's feelings, while simultaneously opening energy, which can address those feelings.

Tactile Energy Perception: the perception of energy in a recognizably tactile manner. Tactile Energy Perception is characterized by feelings of movement, pressure, temperature, tingling, and the like.

Transcendent Source Belief: the belief that healing energy comes from a source that transcends the therapist. Sources might be universal energy or God.

Universal Source: the psychoenergetic therapist's experience that the source of energy is from the universe.

Unruffling: the practice of smoothing disturbed parts of the client's energy field associated with Psycho-somatic distress. (This term has also been proposed by Macrae (1987).

Vibration Response: a bodily response to energy characterized by shaking or vibrating.

Conclusion

Ongoing research in the natural sciences continues to establish healing energy as a valid construct. Data mounts that people emit and even employ energy while healing (Sidorov, 2002) and that the energy of healing import is quite objective and real (Oschman, 2000). As objective appreciation of energy increases, the need for the study of the subjective experience of psychoenergetic phenomena continues. By developing a phenomenology of psychoenergetic psychotherapy, the possibility exists for a technical appreciation of the subjectively experienced subtleties across and between persons. A formal phenomenology of psychoenergetic psychotherapy offers hope of a deep comprehension of the phenomena with implications for advancement in technique, training, and understanding.

STUDY DISCUSSION

Introduction

While each item above contains a "Discussion" section in [Appendix 1](#), further discussion is warranted. To gain an integrated picture of the phenomena that occur during psychoenergetic therapy, an overview of phenomenological experiences appears below. A discussion of especially surprising and interesting item results follows. The final section presents limitations of the study and possible directions of future research.

Overview of phenomenological findings

From responses to the perception items, items concerned with awareness of external stimuli, the following picture of therapists' perceptions emerges: therapists perceive their client's energy on or through their skin as a material density and in the form of a tingling or a magnetic force. The sensation is tactile. They additionally perceive their energy field intermingle with the client's field. At times, the client's energy will register as a pressure on the skin, and therapists perceive energy flowing within the client's energy system. Some, but not all, therapists may experience the client's sensations within their own bodies.

From responses to the sensation items, items concerning awareness of internal stimuli, the following picture of therapists' sensations emerges: therapists sense energy flowing through their bodies (rather than from their bodies). The trough-flow of energy occurs in addition to the heating of the hands while other somatic areas also warm. Therapists sense energy moving in and around their bodies. Some, but not all, therapists sense energy flowing in the direction of the client and experience internal

electrical sensations.

From responses to the emotion items, items concerning feeling states, the following picture of therapists' affect emerges: therapists feel love for their clients in addition to feeling what the client feels. Love and sympathy are especially common emotional experiences of psychoenergetic therapists. Some, but not all, therapists feel joy, sadness, or fear. Some therapists put aside negative feelings, which could block the flow of healing energy. Therapists rarely feel sexual excitement or anger.

From responses to the motor items, items concerning movement, the following picture of therapists' motor experiences emerges: therapists vibrate and shake and take involuntary, deep breaths. Some, but not all, therapists experience additional, unusual motor events, like moving more smoothly or slower than usual.

From responses to states of consciousness items, items referring to mental states, the following picture of therapists' consciousness emerges: therapists enter altered states of consciousness described as "higher" and "expanded." Therapists rarely experience normal consciousness. Consciousness during energy therapy tends very much to alter.

From responses to extrapersonal items, items referring to paranormal experiences, the following picture of therapists' extrapersonal experiences emerges: therapists gain knowledge of a client's problem as though the knowledge as an external force inserts it into their minds. Intuitive knowledge of the client's problem increases. Some, but not all, therapists experience ESP. Some therapists experience angels. Fewer experience demons and miscellaneous spirits.

From responses to spiritual items, items referring to God and the universe, the following picture of therapists' spiritual experiences emerges: therapists experience psychoenergetic therapy as containing a spiritual dimension and find that encountering energy is in itself a spiritual experience. Therapists experience energy as coming from God, and sometimes experience energy as coming from the universe. The effect of exposure to energy is such that therapists experience greater insight into religious traditions.

From responses to technique items, referring to how psychoenergetic therapy is conducted, the following picture of therapists' techniques emerges: therapists lay hands on the client's body, pray for the client, and send energy to the client by intending to do so. Some therapists keep their hands at a distance from the client's body, or work with chakras, unruffle disturbed areas of the energy field, and work with meridians.

All three subjects answered "Yes" to the Sixth Sense Question. They believe that emotions and cognitions can be transmitted from one person to another through a route other than the five senses.

Surprises and especially interesting findings

Even for a study this unique, some findings were surprising and/or especially intriguing. That item three under Perception was Tentative and not Significant was surprising. At the workshop I attended with Vazquez, most of the students did experience subtle pressure on their skin that possessed such tangibility and consistency among persons that it could be discussed as a shared perception. However, subject B in my study reported never experiencing this percept. Based on my anecdotal experience, her response may be anomalous. Another surprise in this section was the "Insignificance" of item six. Neither B nor C reported experiencing their client's energy like a subtle mass around their body much of the time. Again, the negative response contradicted the positive anecdotal evidence I assembled at Vazquez's workshop. There may be something unique about CST that tends to cause energy to be perceived as a subtle pressure and a subtle mass more than in other psychoenergetic paradigms.

Under *Sensation*, the combined responses to items one and two were intriguing. Item one was Significant; all therapists agreed that they feel energy flow through their bodies 30 or more percent of the time. Item two was Insignificant, however; B and C responded that they never experience energy flowing from their bodies. As B notes, energy "energy does not emanate from me but through me." A reported experiencing energy flow from him 90 percent of the time, however, his qualification was similar to B's: "Energy flowing from my body to the client is an aspect of it flowing through my body." Together, these facts show that therapists sense energy flow from a source beyond them, with the therapists as vessels through which the energy travels.

Under *Sensation*, item three was interesting. All therapists reported feeling heat on their hands 80 percent or more of the time during psychoenergetic therapy. Why this should occur is uncertain, but it is exciting to speculate. Perhaps, upon exposure to the flow of healing energy, therapists undergo physical changes, such as increased blood flow to the part of the body that focuses the energy and channels it into the client. We know from item two under *Technique* that all therapists lay their hands on their client 40 percent or more of the time. Since the hands frequently are the point of contact at which the flow of energy emanates from the therapist and enters the client, it follows that energy may especially concentrate in therapists' hands during the course of its flowing. The sensation of heat may represent a sensory registration of high-energy concentration.

Under *Emotion*, item two was intriguing. The therapists reported feeling sexual excitement 10 percent or less of the time, but A's qualification data had an interesting consistency with the writings of mystics. He wrote that the excitement he feels in the course of psychoenergetic healing "has a similar charge/kinesthetic pleasure" to sexual excitement. This raises the possibility that exposure to energy may provide an excitation akin to sexual excitement. Upon mystic exposure to God—Who is arguably the source of energy—mystics have similar experiences, and some scholars have argued that the sexuality depicted in the Song of Songs is an Old Testament prefiguration of the soul's unity with Jesus (The New International Version Study Bible, text notes, 1985). Similarities may exist in the sensuality of energetic and mystical experience. Both may produce excitement similar to but not identical to sexual excitement.

Item three under *Emotion* was surprising. All therapists reported feeling love for their clients 90 percent or more of the time. In their qualification data, A and C made special comment on the frequency with which they feel the feeling. A wrote, "I feel love most often during the experience." C wrote, "I always feel love." Why therapists would so often feel love is mysterious. C believes that love is the energy of healing. If this is the case, love would be the emotional registration of the energy of healing flowing through the therapist's body.

Item nine under *Emotion* was surprising. The item was Insignificant because B and C reported sending their client energy encoded with positive emotion 0 percent of the time. Their responses may be accounted for by the fact that they see themselves as passive vehicles through which energy flows. A was different, however. He sends his clients energy encoded with positive emotion 100 percent of the time. It may be that psychoenergetic therapists can be divided into "passive" and "active" energy encoders.

Item one under *Motor* was intriguing. On this Significant item, therapists reported shaking or vibrating during psychoenergetic healing 20 percent or more of the time. Again, a correspondence emerges between psychoenergetic and religious experience. Quakers, Shakers, and modern charismatics experience shaking or vibrating in the course of intensive religious encounters. Energy may create unusual neurological events which account for the muscular activity that gives rise to shaking and vibrating.

Under *Consciousness*, item two was intriguing. Therapists reported entering into altered states of consciousness 90 percent or more of the time. B described the altered consciousness as a "higher state of

awareness" in which she sensed "tranquility where everything is harmonious." C described her consciousness as "expanded," also noting that her expanded consciousness may linger after psychoenergetic healing has concluded. Exposure to energy may result in brain wave changes. When meditators meditate, they experience brain wave changes that may generalize to post-meditation periods (Benson and Stuart, 1992). Based on C's qualification data, some similar phenomenon may occur with psychoenergetic therapists.

It is also important to note that on item one under *Consciousness*, A reported experiencing normal consciousness 70 percent of the time, while on item two he reported experiencing altered consciousness 90 percent of the time. He may have misunderstood the questions, forgotten the mathematics involved, or wished to communicate a unique consciousness characterized simultaneously by normalcy and alteration.

Responses to the *Extrapersonal* items were surprising. On item one therapists reported experiencing clear words or images about their client's problems that suddenly appeared in their mind from paranormal sources. Therapists experienced this knowledge insertion 60 percent or more of the time. On item three therapists reported experiencing heightened intuitive knowledge about their client's problems 60 percent or more of the time. Therapists clearly believe they gain extrasensory knowledge of their clients in the course of psychoenergetic healing. In her qualification data of item two, however, B noted, "I don't think of this as ESP but as a gift of knowledge from the Holy Spirit." This underscores how the world-view of different therapists influences their interpretation of identical phenomena.

It was also surprising that items four, five and six never reached Significance, although all therapists at one time or another have experienced extrapersonal entities like demons, angels, and spirits. In none of their responses to these three items were therapists in agreement that they all experience entities 20% percent or more of the time. On the whole, such experiences may not be all that common. Also, Qualification data shows that therapists experience entities literally or figuratively, depending on their world view. Influenced by her orthodox Christian theology, B experiences entities as objectively real persons. More liberal, C experiences entities as manifestations of her client's personality. Again, world-view may influence a therapist's experience of psychoenergetic phenomena.

Responses to *Spiritual* items were surprising because of the degree of Significance and agreement among the therapists on the phenomenology of psychoenergetic spirituality. Therapists believe that the psychoenergetic experience contains spiritual dimensions 90 percent or more of the time. Therapists' mean score on this item was 96 percent, a mean identical to the pilot study's mean on this same question (see item five in the pilot study). New therapists and master therapists find spiritual experience in psychoenergetic healing. Further, on item two therapists found that encountering energy was in its self a spiritual experience 90 percent or more of the time. On item three, they experienced the source of energy as coming from God 80 percent or more of the time. On item five, they reported gaining greater insight into religious traditions as the result of contact with energy. On item six, they reported having a spiritual experience during the course of psychoenergetic experience 90 percent or more of the time. The only Tentative item was four. B never experiences healing energy as coming from the universe. Her well-developed belief in a personal God may guide her away from experiencing the universe as the source of her energy. Taken as a whole, it is clear that spiritual experience across psychoenergetic therapists occurs frequently.

Under *Technique* there are some responses worth mentioning. Therapists reported laying hands on their clients 40 percent or more of the time, sending clients energy simply by intending to do so 50 percent or more of the time, and praying for clients 80% or more of the time. Three Significant items all concerned technical aspects of psychoenergetic healing which were compatible with pre-psychodynamic Christian healing techniques. Items that concerned psychoenergetic techniques that concerned practices well outside the traditional Christian practices (e.g., item three—chakras; item seven—meridians) were marked as occurring 0

percent of the time by the Christian B, while A and C responded to these items above the level of Significance. Results illustrate that therapists' beliefs influence not only phenomenological experiences but also psychoenergetic technique.

Limitations of the study

While this study was small it produced data about common experiences and a tentative technical vocabulary. The extent to which these findings can be generalized to a larger number of psychoenergetic therapists represents a yet outstanding question. Because the sample was small and comprised of three proficient, long-term practitioners, it is by definition not a representative sample of the population of energy therapists. A larger, randomly selected sample would have improved the generalizability of the findings. It is important to note, however, that this study's method was phenomenological and accomplished its goal of describing and interpreting experiences of expert therapists. Additionally, the study did not include a way to validate its findings. This could have been overcome by the most basic phenomenological method of validation, which entails returning to the subjects and asking, "Is this what you experienced?" Or validation might have been pursued by circulating lists of common experiences established by the initial findings and asking a larger section of psychoenergetic therapists if the experiences and constructs established represent their own experiences. The problem of validity itself is problematic. Phenomenological science seeks validity through personal verification, the natural sciences seek validity through repeatable measurements; sometimes validity rests upon faith. While it is regrettable that this study did not include a phenomenologically sound validating component, many readers would probably like to see complementary verification via natural scientific methods such as by repeatable increases in electromagnetic SQUID measures when therapists report psychoenergetic "through-flow." Perhaps future research will work toward this. Also, the credibility of the Psychoenergetic Healing Questionnaire would increase if greater reliability and validity could be established. Test-retest, for example, could establish reliability over time while multiple item readers, familiar with psychoenergetic psychotherapy, could improve validity by consensually agreeing upon specific items and placing them into the various item categories such as "Emotional," "Extrapersonal," and so forth. Another problem with the instrumentation concerns its length. Toward the end of the instrument, therapists provided less and less qualified data. Shortening the instrument or administering the instrument over two sessions could prevent this. Also, C was most reluctant to provide comprehensive Qualification Data, and this compromised the amount of verbal available to produce a larger picture of the experiences. Another study might provide some sort of incentive system to encourage therapists to be as forthcoming as possible with their Qualification Data. Therapist's world-view is another limiting factor, although it is a welcome limitation. B's theology, for example, influenced many of her responses. To me this was welcome, because her theology helped to inform her own and our understanding of psychoenergetic phenomena. Any researcher desirous to generate less culturally influenced data might consider designing a more "culture free" instrument than my own.

Areas of future research

This study provides rich and provocative data, and suggests many avenues of research. As stated above, future research may seek to duplicate and/or dispute these findings, using a larger sample size and an improved or different instrument. Projects might include experiments using SQUID technology to establish the objective, measurable fluctuations in energy when therapists report subjective psychoenergetic experiences in much the same way that EEG measures "legitimized" the reported bliss of meditators. Another project might involve establishing energetic increase using objective measurement devices when, say, a Christian therapist intends to heal a client. Projects of this type could begin to establish the clinical reality (or unreality) of psychoenergetic interventions. Other profitable research might involve studying questions raised by specific responses to various items or the technical terms derived from them. Such research, for example, might seek to understand the interplay between therapists' physiology and subjective experiences during psychoenergetic outcome, or might study which subjective states correlate most with positive therapeutic outcome. This latter

area of research would be helpful in teaching psychoenergetic healing. Student therapists could learn to monitor various experiences to gauge the extent to which the whole of their phenomenology is in a healing mode. Such an inquiry could even promote the identification of "good" psychoenergetic therapists. Other profitable research includes scholarship geared to understanding the obvious correspondences between psychoenergetic and religious/spiritual experience conducted by teams of mystics, religious scholars, and scientists. Since all therapists answered "Yes" to the sixth sense question, it would be intriguing to further explore the possible interplay between the perineural system, psychoenergetic healing, and sixth sense-related events, in the context of Becker's (1985, 1990, 1992a; 1992b) theories. Another important area of inquiry concerns ethics. Since many clients have been psychologically wounded, touch has traumatic implications. Ethical panels might work to establish the rules of psychoenergetic healing, especially when interventions concern touch.

Conclusion

Whatever direction future research takes, it appears certain that psychoenergetic psychotherapy deserves further study. Still in its infancy, psychoenergetic research may validate age-old assertions and support the claims of pioneering scientists and therapists. There is much work to be done.

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[Appendices may be found on the next page.]

THE ANTHROPOLOGICAL AND SCIENTIFIC CASE FOR PSYCHOENERGETIC HEALING—Part 2

Charles Zeiders, Psy.D.

APPENDIX 1

Responses to *Perception* items

Perception refers to mental and physical awareness experienced by therapists during energy work that pertain to stimuli or objects believed to exist outside their bodies.

When engaged in stimuli-energetic healing,

1. I experience my client's energy on or through my skin.

A=90; B=80; C=40; Significant Item.

Qualification of Responses

A= I experience my client's energy through my skin as material density of an unseen substance. It may have qualities of warmth or coolness, movement or stillness, or tactile sensations of pressure.

B= Most of the time I experience my client's energy on the palms of my hands ... [as] a feeling of warmth and tingling, especially in the center of my palms. However, this does not occur if the client is not sincerely open to spiritual power. Then, it feels as if I'm touching a solid wall and the palms of my hands feel nothing.

C= As heat, pressure, static, cold, magnetism.

Discussion

All subjects report that they perceive energy in recognizably tactile manner, characterized by feelings of movement, pressure, temperature, tingling, and the like. Interestingly, B correlates tactile sensation of a "cold wall" with the client's level of openness to spiritual power. Her tactile perception of the client can be used as a spiritual diagnostic.

Proposed Term:

Tactile Energy Perception: the perception of energy in a recognizably tactile manner, characterized by feelings of movement, pressure, temperature, tingling, and the like.

2. I feel my energy field and my client's energy field intermingle.

A=90; B=70; C=100; Significant Item.

Qualification of Responses

A= I experience my client's energy field intermingling with mine as movement, temperature change or heaviness/tension. At times I feel energized or depleted, emotional or neutral.

B= The client's energy field and mine often feel like they intermingle when there is a well-established spiritual energy being experienced through prayer.

C= As an awareness.

Discussion

All subjects agree that they experience intermingling of their energy fields with that of their clients. For A the percept of intermingling is established by both physical and emotional cues. B asserts that prayer precedes the percept. C simply becomes aware that intermingling has occurred.

Proposed Term

Energetic Intermingling Percept: that perception that therapist and client energy fields mix or blend; physical or emotional cues may establish the percept; prayer may precede the percept.

3. I experience my client's energy field as a subtle pressure on my hands or skin.

A=90; B=0; C=100; Tentative Item.

Qualification of Responses

A= I experience my client's energy field as a subtle pressure on my hands or skin. There is a waxing or waning of the pressure that is usually accompanied by warmth through my body.

B= It is not a feeling of pressure ...

C= {response not qualified}.

Discussion

Subjects A and C agree that the percept of pressure occurs to them during psychoenergetic healing. Subject A notes that the pressure waxes and wanes during healing and is accompanied by the sensation of warmth. Subject C did not qualify her response, and B does not experience pressure. Interestingly, A and C perceive pressure 90 and 100 percent of the time, respectively. This raises the possibility that perceiving pressure may be exceptionally common for some therapists but not for others.

Tentative Term

Pressure Energy Perception: the perception that energy presses against the skin.

4. I sense energy moving in or around my client's body.

A=90; B=100; C=40; Significant Item.

Qualification of Responses

A= I sense energy moving in or around my client's body whenever I intend to focus upon that, but usually feel it only in the regions I am working on.

B= I sense energy moving from the top of the client's head, throughout the trunk of his/her body and down through the legs and feet. It is not something I feel, but something I perceive in my mind. Often the client experiences a feeling of warmth (or even heat) especially in the part of the body which is receiving a strong current of energy. This is often an area of disease, sickness or trauma.

C= {response not qualified}.

Discussion

All subjects agree that they perceive energy moving in or around their clients.

Subject A perceives this energy movement, and has an ability to voluntarily attune himself to it; he especially perceives energy movement in the areas receiving treatment. Subject B perceives highly specific energy movements around her clients in a way that appears to be mental and absent of physical sensation. That is: client energy movement just appears in Subject B's mind. (As an aside she notes that clients report feelings in areas receiving energy through her.) Subject C did not qualify her response.

Proposed Term

Client Energy Movement Percept: the therapist's percept of the movement of energy within the client's energy system.

5. I experience my client's body sensations in my own body.

A=60; B=0; C=30; Tentative Item.

Qualification of Responses

A= I experience my client's body sensations in my own body, particularly at my neck and shoulders. It may also affect my abdomen, eyes, and legs. It generally is felt as warmth accompanied by some perspiration.

B= {response not qualified}.

C= {response not qualified}.

Discussion

Subjects A and C both report sympathetic body responses to their client's conditions. For some reason, A appears to have highly specific sympathetic reactions. Although unclear from the above, it may be that A responds sympathetically only to those conditions of his client that are

neck, shoulder, eye, and leg related, and accompanied by perspiration. Perceiving a client's sensations sympathetically holds great promise for accurate, empathic attunement to the client's needs and process. Its relevance also relates to guiding the therapist where to send energy.

Tentative Term

Sympathetic Body Perception: the percept of the therapist experiencing the client's body sensations within his or her own body, a percept possibly useful in establishing where the therapist should send energy

6. I experience my client's energy like a subtle mass around their body.

A=90; B=0; C=10; Insignificant Item.

Qualification of Responses

A= When I seek to identify it, I usually detect a subtle mass around their body that seems to fluctuate in shape and intensity as their experience changes.

B= {response not qualified}

C= {response not qualified}

Discussion

That only A perceives his client's energy like a subtle mass surprises me. Much of the literature depicts energy in terms of subtle mass, and my interviews with would-be psychoenergetic healers indicate that this perception occurs frequently in the course of energy work. This result is probably anomalous.

Responses to *Sensation* items

Sensation refers to mental and physical awareness experienced by therapists during energy work that pertains to stimuli and objects believed to exist inside their bodies.

When I engage in psychoenergetic healing,

1. I feel energy flow **through** my body to the client.

A=90; B=100; C=30; Significant Item.

Qualification of responses

A= I feel healing energy flow through my body to the client when I intend it, allow it and they are receptive. Allowing it most accurately pertains to flowing through.

B= The energy I feel does not emanate from me but through me. At the beginning of the healing session I try to quiet my mind, heart and body as much as possible. I then invite the presence of Jesus Christ to flood me with the gift of God's healing love. To the best of my ability I try to get out of the way so that Jesus can be the source of the power. I seek to be an instrument for God to use in whatever way God chooses.

C= At times energy comes to me in the form of colors—as an awareness that a certain color is being sent into the client, independent of me or through me. A few times the client's personal guide has seemed to "superimpose" him/herself over me and direct my hands for a specific purpose.

Discussion

All subjects agree that energy flows through their body. Subject A notes that conditions favorable to this experience include his intention to conduct the energy and the client's willingness to receive it. Both B and C find that the sensation of energy flowing through them is accompanied by experiences of spiritual entities; B very much experiences the through-flow of energy as power coming from Jesus Christ, and, like A, uses her intentionality, in the form of prayer, to facilitate energy flow. C connects the through-flow of energy with occasional possession-like states and senses through-flow in terms of color.

Proposed Term

Energy Through-Flow: the sensation of energy flowing from beyond the person conducting it; intentionality to conduct energy, prayer to a Higher Power, or even the experience of possession-like states may precede the through-flow sensation.

2. I feel healing energy flow from my body to the client.

A=90; B=0, C=0; Insignificant Item.

Qualification of Responses

A= Energy flowing from my body to the client is an aspect of it flowing through my body.

However, it feels like a resonance, matching or "contact" rather than a draining from my body.

B= The energy I feel does not emanate from me but through me [as above].

C= {response not qualified}.

Discussion

Although A answered this question in positive terms, the qualification of his answer represents same experience as B and C, namely that the sensation of healing energy flow exists minus the understanding the therapist him or herself contains the energetic source. They locate the source of healing energy beyond themselves. They are conduits through which energy flows.

3. I feel heat on my hands during healing.

A=80; B=90; C=100; Significant Item.

Qualification of Responses

A= I usually feel heat on my hands during healing. This heat feels like a warm glow that is continuous but fluctuating in magnitude.

B= Most of the time I experience heat in my hands during prayer sessions. But sometimes I feel it around my heart, especially if the person is receiving a healing for issues pertaining to the heart. Such a healing might be for a physiological heart problem or for an emotional heart problem (i.e., a broken heart).

C= {response not qualified}.

Discussion

All subjects agree that they experience heat sensations on their hands during healing. Subject A senses heat as a fluctuating glow. B also feels hand heat as she prays for her clients' healing. C too feels heat but did not qualify her response.

Proposed Term

Healing Heat: the term which refers to the sensation of heat on the hands of psychoenergetic therapists engaged in the activity of healing.

4. I feel heat somewhere in my body during healing.

A=80; B=60; C=100; Significant Item.

Qualification of Responses

A= I usually feel heat in my body during healing. It is most prominent around the back of my neck and the sides of my neck. I often feel it in my face and head. At times I feel it all over accompanied by perspiration.

B= Sometimes I feel it [heat] around my heart, especially if the person is receiving healing for issues pertaining to the heart. Such a healing might be for a physiological heart problem or for an emotional heart problem (i.e., a broken heart).

C= {response not qualified}.

Discussion

All therapists agree that they sense heat within their bodies during healing. Interestingly, both of the qualified responses suggest that these therapists tend to experience heat sensations in specific parts of their bodies, sometimes as a sympathetic reaction to the client's issues.

Proposed Term

Somatic Heat: the sensation of heat in some area of the body during the course of energy work; somatic healing may be experienced in sympathy with the client's issues.

5. I sense energy moving in or around my own body.

A=70; B=70; C=100; Significant Item.

Qualification of Responses

A= I sense energy moving in and around my own body. Typically, internally, I feel it in the stomach, lower abdomen, and esophagus region. Externally, I feel it between myself and the

subject or above my shoulders near my neck.

B= The energy moving around my own body feels like a gentle warmth. It could be compared to the sensation one feels on a spring day when the sun touches your face and hands.

C= {response not qualified}.

Discussion

All therapists agree that they sense energy moving in and around their body. For A the sensation occurs both within and without his body. For B the sensation mimics facial and hand sensations she feels on sunny spring days. Since B is a Christian therapist who associates the healing energy she feels with the same Power that resurrected Christ from the dead, it makes sense that she would connect spring, the season of Easter and rebirth, with this sensation of healing energy in and around her body. C's response was not qualified.

Proposed Term

Movement Sensations: a therapist's sense that energy is moving in or around his or her body.

6. I feel electrical sensations that flow in the direction of the client.

A=60; B=60; C=10; Tentative Item.

Qualification of Responses

A= At times I feel "electrical" sensations that flow in the direction of the client. These sensations feel like a gentler form of static electricity with itchy/tingly tactile qualities.

B= Because I'm a registered nurse by educational background, I know that the human body is charged with electrical energy. So when praying for others, I'm consciously and often physically aware of the electrical energy flowing into the client. I believe it is God's power being poured out upon the person. It feels like a tingling in my hands and arms. Often when praying for someone in the hospital who is attached to heart monitors, I can see the immediate effect of God's electrical energy when an erratic EKG normalizes during prayer time.

C= {response not qualified}.

Discussion

Because C scaled this item below 20, the item remains tentative. The lack of agreement between therapists shows that the sensation of energy flow differs among the three healers. While all healers agree that energy flows through their bodies, only A and B experience that through-flow as electrical; C experiences through-flow in terms of color, not electricity (see her qualification of item 1 under Sensation). Also, C's experience may be anomalous. The literature shows that many healers in and out of mental health counseling experience electrical sensations during healing, associating that electrical sensation with energy through-flow from a source beyond.

Tentative Term

Flow Direction Sensation: the sensation that energy flows in a certain direction.

7. I feel electrical sensations within myself, that do not flow outward to the client, and that I do not perceive as coming from the client.

A=60; B=0; C=50; Tentative Item.

Qualification of Responses

A= I feel electrical sensations within myself that I do not perceive as coming from the client. These sensations may feel like a flowing or a quick rushing.

B= {response not qualified}.

C= {response not qualified}.

Discussion

Both A and C report electrical sensations within themselves that do not flow outward to the client. B does not. A's response, the only one qualified, describes the sensation in terms of presumable internal flowing or rushing.

Tentative Term

Internal Electricity: a therapist's sensation of electricity within his or her body, electricity not flowing outward to the client, nor coming inward from the client, but residing within or flowing

within the therapist's body.

Responses to *Emotion* items

Emotion refers to an affective state of consciousness in which a feeling is experienced.

When engaged in psychoenergetic healing,

1. I feel joy.

A=80; B=40; C=0; Tentative Item.

Qualification of Responses

A= I feel a type of joy that can usually be characterized as peace but sometimes ecstasy.

B= {response not qualified}.

C= {response not qualified}.

Discussion

Two out of three responses are above 20, so the item receives tentative status. Only A qualified his answer.

Tentative Term

Joy Response: the emotion of joy experienced during the course of psychoenergetic healing.

2. I feel sexual excitement.

A=10; B=10; C=0; Insignificant Item.

Qualification of Responses

A= Sexual excitement is unusual but an excitement that has a similar charge/kinesthetic pleasure may sometimes accompany the phenomena.

B= {response not qualified}.

C= {response not qualified}.

Discussion

None of the therapists report significant sexual feelings during psychoenergetic healing.

Interestingly, A suggests that energy work excites a feeling which is similar to but not identical to sexual feeling.

3. I feel love.

A=90; B=90; C=100; Significant Item.

Qualification of Responses

A= I feel love most often during the experience. The love is characterized by timelessness and an attitude of acceptance and preciousness of the subject. It feels like all things are literally connected.

B= So often I feel what the other is feeling, especially love or sadness.

C= ... I always pray for and feel love as the energy of healing. This may "appear" as the client's guide or a living or deceased loved one.

Discussion

All therapists feel love a lot. Subject A identifies love with timelessness, client acceptance, and feelings of connectedness; his choice of words connotes spiritual experience, connecting spirituality with love affects. B feels love in sympathy with the client. Feeling love has spiritual and extrapersonal dimensions C, who prays for love (spiritual), then experiences the healing force as personified in entities like spirit guides and ancestors (extrapersonal).

Proposed Term

Love Effect: the tendency for energy work to evoke feelings of love, in part characterized by finding preciousness in and sympathy for the client, in addition to evoking the extrapersonal and spiritual.

4. I feel anger.

A=20; B=10; C=0; Insignificant Item.

Qualification of Responses

IA= Depending upon the subject and the content of the material he/she is processing, I may feel

anger along with them or anger at the perpetrator of their suffering. Generally, I do not feel anger.

B= I'm especially careful to not pray for others when I am angry or sad. I find that this can block the flow of God's power because my spirit is not open. Whenever this occurs, I take some time to get my emotions back into balance, usually through the use of quiet prayer meditations.

C= I may feel ... anger at a particular locus of the client's body as a way of directing us toward a specific issue.

Discussion:

While Insignificant, this item yields interesting qualification data. When A feels angry, he feels so in sympathy with the client and may even get angry at people in the client's life who caused harm. B guards against anger. In her mind anger dams up the flow of divine healing energy. Quiet prayer meditations help her to dissipate her anger, presumably clearing her to conduct more healing energy. Although C circled zero on the *frequency rating scale*, her qualification data says that she feels anger in sympathy with the client, which directs her toward her client's issues. Because the item is Insignificant, it receives no Term.

5. I feel sadness.

A=20; B=50; C=0; Tentative Item.

Qualification of Responses:

A= I may feel sadness along with the subject but generally I do not experience sadness.

B= I am especially careful to not pray for others when I am angry or sad. I find that this can block the flow of God's power because my spirit is not open. Whenever this occurs, I take some time to get my own emotions back into balance, usually through the use of quiet prayer meditations [Note: B qualifies both items 4 and 5 with this same written data.]

C= I may feel sadness ... at a particular locus of the client's body as a way of directing us toward a specific issue.

Discussion

Regarding this Tentative Item, A and C feel sad in sympathy with the client, C treating the affect as a symptom of the client, useful to guide treatment. Like anger, sadness blocks B's ability to channel divine healing energy and moves to her quiet prayer and meditation.

Tentative Term

Sadness: a dysphoric affect felt by energy healers sometimes in sympathy with client issues, for some useful for guiding treatment; a dysphoric affect generated by the therapist, which can block divine healing energy if not treated by quiet prayer and meditation.

6. I feel fear.

A=20; B=20; C=0; Tentative Item.

Qualification of Responses:

A= On rare occasions I may feel fear about the process not working, but this is extremely rare.

B= {response not qualified}.

C= I may feel ... fear ... at a particular locus of the client's body as a way of directing us toward a specific issue.

Discussion

Subjects barely qualified this Tentative Item. A associates fear with rare treatment failure. B, her response not qualified, may experience fear as an impediment to God's energy, as she did with anger and sadness. C feels fear sympathetically and, like anger and sadness, uses it to direct treatment.

Tentative Term

Fear: a rare feeling of impending trouble, sometimes connected with dread of energetic treatment failure; a sympathetic feeling of impending trouble useful to direct treatment to the client's issues.

7. I feel my client's emotions.

A=60; B=90; C=70; Significant Item.

Qualification of Responses

A= I rarely feel my client's emotions to the same extent that they feel them. Sometimes I feel their experience somatically in terms of fatigue, tension, or feeling energized in my own body.

B= I try to get myself out of the way as much as possible ... I often feel what the other is feeling, especially love or sadness.

C= My understanding is that during true healing, there is no room for that which is ego. Thus, there is no room for my own feelings. I may feel sadness, fear, and anger, at a particular locus of the client's body as a way of directing us toward a specific issue. My own feelings occur after the healing session.

Discussion

This Significant Item shows all three therapists sympathetically feeling their client's emotions. A feels client feelings in somatic terms, while B and C feel client feelings in the relative absence of their own personal affects. By bracketing their own emotions, a special sensitivity to the other's affects develops. Knowing how a client feels helps the therapist know what feeling states to address energetically. Bracketing may also prevent "blocking of the flow of God's power" as B noted.

Proposed Term

Sympathy Effect: the common experience of therapists feeling their clients' feelings during psychoenergetic healing; effect may occur when therapists bracket their own feelings in order to understand client feelings while simultaneously opening energy, which can address those feelings.

8. I must keep my own negative emotions from contaminating energy that I send to my client.

A=60; B=100; C=0; Tentative Item.

Qualification of Responses

A= I believe that there is no such thing as a negative emotion, only inappropriate, unresolved or uncomfortable ones. Generally speaking, my emotions rarely contaminate energy I am sending.

B= I'm especially careful to not pray for others when I am personally angry or sad. I find that this can block the flow of God's power because my spirit is not open. Whenever this occurs, I take some time to get my own emotions back into balance, usually through the use of quiet prayer meditations.

C= My own feelings occur after the healing session.

Discussion

Therapists A and B agree that a percentage of energy therapy involves keeping their negative feelings from contaminating the energy. A feels successful preventing contamination, and B uses prayer to prevent blockage. In B's case the word "blockage" is important; it shows that she does not worry so much that her negative emotions will flow into God's energy and be channeled into her client but that her negative emotions will halt the flow of divine energy and thereby rob her client of its benefit. C does not worry at all about affects contaminating energy, because she reserves her feelings until after the psychoenergetic work is done.

Tentative Term

Bracketing: a term that refers to the requirement that psychoenergetic therapists bind or dissipate personal feelings that could contaminate or block the flow of healing energy.

9. I send my client energy encoded with positive emotion.

A=100; B=0; C=0; Insignificant Item.

Qualification of Responses:

A= I almost always send my client energy encoded in love, affection, acceptance, etc.

B= {response not qualified}.

C= {response not qualified}.

Discussion

In this Insignificant Item only A felt that he actively "spiked" energy with positive emotion. It

could be that B and C take passive roles to conduct energy already encoded with stuff to heal the client. This Insignificant Item receives no term.

Responses to *Motor* terms

Motor refers to processes in the therapist's nervous system that could be influenced during psychoenergetic healing in such a way that movement is affected.

When engaged in psychoenergetic healing,

1. I physically shake or vibrate.

A=20; B=80; C=50; Significant Item.

Qualification of Responses

A= In a very subtle way I vibrate when sending energy but it is rarely spontaneous overt shaking.

B= When engaged in praying for others, I often experience my right hand gently vibrating.

This usually occurs when there is a strong flow of healing light being poured into the client.

C= {response not qualified}.

Discussion

Simply put, energy work and physical vibrating go hand in hand. Similar experiences occur in charismatic Christian settings, where people vibrate and experience energy sensations in the presence of the Holy Spirit.

Proposed Term

Vibration Response: a bodily response to energy characterized by shaking or vibrating.

2. I find myself taking involuntary, deep breaths.

A=80; B=20; C=50; Significant Item.

Qualification of Responses

A= I find myself taking spontaneous breaths, usually deep ones, depending on two factors:

1. Relief for myself in terms of reduced tension.

2. To modulate movements of energy for healing.

B= Sometimes I notice involuntary deep breaths, especially if the person has a lot of sadness or sorrow in his/her heart.

C= {response not qualified}.

Discussion

All therapists take involuntary deep breaths. A finds that it reduces his tension and modulates healing energy. That he experiences involuntary changes in his breathing in such a way that the flow of energy alters, raises the question as to whether the body has built in autonomic-type mechanisms for this task. B's breathing sounds like sighing related to client sadness.

Involuntary deep breathing occurs about half the time to C, who did not qualify her response.

Proposed Term

Breathing Response: the tendency to take involuntary, deep breaths during energy therapy; the response may reduce tension in the therapist, or automatically adjust the flow of healing energy; the response could occur in sympathy with a client's sorrow.

3. I experience no out-of-the ordinary body movements.

A=50; B= [not answered; "ambiguous question" written next to item]; C=50; Tentative Item.

Qualification of Responses

A= Depending on what is considered ordinary; I find myself moving slower, smoother than usual.

B= {response not qualified}.

C= {response not qualified}.

Discussion

Although a Tentative Item, one therapist found it ambiguous and the qualification is sketchy or non-existent. Suffice it to say that A and B experience ordinary motor states about half the time, meaning that some anomalous motor experience occurs during the other half.

Tentative Term

Anomalous Motor State: the experience of an irregular motor state about half the time during energy work.

Responses to *Altered States of Consciousness* items

Consciousness refers to the subjective flavor of the psyche, ranging from normal to altered.

When I engage in psychoenergetic healing,

1. I experience normal consciousness.

A=70; B=0; C=10; Insignificant Item.

Qualifications of Responses

A= I experience normal consciousness in the same sense that I can think and converse somewhat normally during healing.

B= {response not qualified}.

C= {response not qualified}.

Discussion

Only A felt that normal consciousness characterized his mental state for a significant percentage of the time. To B and C, energy work and normal consciousness exclude each other. This Insignificant Item receives no term.

2. I enter into altered states of consciousness.

A=90; B=100; C=90; Significant Item.

Qualification of Responses

A= I almost always enter an altered state of consciousness when accessing healing phenomena.

B= When praying with and for others, I experience a higher state of awareness. It is as if I enter a level where the world around me is no longer there and I sense a place of tranquility where everything is harmonious.

C= I'm not sure how to respond only because there are limits to what I used to think was normal consciousness. The more I do this work, the less certain I am about what should be termed "altered." Perhaps "expanded" would be closer to what I experience. And this is not always limited to a healing event, but may linger afterward or even precede one.

Discussion

All energy therapists experience altered states of consciousness. A notes only that it occurs frequently. B describes mentally transporting from this world into a harmonious sense suggestive of the nearness of heaven. C qualifies her altered consciousness as "expanded," implying increased awareness caused by frequent exposure to healing energy. C's remarks also imply that openness to energy may expand consciousness in general. B's conscious is ecstatic, while C's is larger.

Proposed Term

Altered Consciousness Effect: refers to the tendency for psychoenergetic healers to enter into altered states of consciousness during therapy; the quality of this consciousness may be ecstatic or expanded.

Responses to *Extrapersonal* items

Extrapersonal is defined as experiences during the course of psychoenergetic therapy during which paranormal experiences occur such as ESP and contact with spirit-like entities.

When engaged in psychoenergetic healing,

1. I experience clear words or images about my client's problems that suddenly appear in my mind from paranormal sources.

A=70; B=60; C=100; Significant Item.

Qualification of Responses

A= At times I more often experience clear spontaneous words about my clients that seems to be intuition/paranormal. Less often I have images and sometimes have kinesthetic experiences

that seem beyond normal.

B= Often I experience a clear understanding of something that needs attention in my client's physical, mental, emotional or spiritual self. This enables me to be more specific in focusing God's healing light. I don't think of it as ESP but as a gift of knowledge given by the Holy Spirit.

C= {response not qualified}.

Discussion

A gains insight into his client's problems from beyond, mostly in a verbal mode; inner words about the client's need simply appear. B experiences spontaneous understanding about the nature of the client's problem as a something given to her by God. By mentally attending to the paranormally perceived problem she more effectively conducts healing energy from God to her client's need. C's response was not qualified.

Proposed Term

Paranormal Knowledge: the experience of having knowledge about a client's problems inserted into the mind in the form of words or images from a force beyond, possibly God.

2. I have ESP experiences about my client.

A=20; B=10; C=90; Tentative Term.

Qualifications of Responses

A= I have kinesthetic ESP experiences often but seldom any other type.

B= I don't think of this as ESP but as a gift of knowledge given by the Holy Spirit.

C= {response not qualified}.

Discussion

How kinesthetic experience and ESP relate, A does not clarify. ESP is not a part of B's belief system. Strangely, she circled 10 on *the frequency response scale*, perhaps as an acknowledgment that "words of knowledge" from the Holy Spirit are ESP-like. Due to her well-developed theology, B may respond in antipathy to secularly phrased questions. Although C experiences ESP often, her response was not qualified.

Tentative Term

ESP Experience: therapists' sense that they receive information about a client through a mode of perception not primarily connected to the five senses.

3. I experience a heightened intuitive knowledge of my client's problems.

A=80; B=60; C=90; Significant Item.

Qualifications of Responses

A= A heightened intuitive knowledge of my client's problem occurs through spontaneous insight, verbalization, hunches, or intuition.

B= {response not qualified}.

C= {response not qualified}.

Discussion

This item supports the idea that energy therapists experience heightened intuitive knowing about clients.

Proposed Term

Intuitive Knowledge: an increase in intuition during the course of psychoenergetic therapy.

4. I experience demons.

A=10; B=30; C=10; Insignificant Item.

Qualification of Responses

A= On occasion, I experience awareness of what client's call "demons."

B= I am also aware of demons and the spirits of darkness. Especially if the client or members of his/her family is now or has been involved in occult practices. I see them in my mind as dark figures, the air in the room often feels very cold, and the usual warmth in my hands is not there.

If I do sense such a presence during a prayer session, I ask the client about the possibility of occult practices, i.e., ouija boards, tarot cards, palm reading. Usually, they are honest in

answering this question. I then ask if they are willing to renounce any contact with demons or spirits. Most of the time they will do so. They I invite Saint Michael to take charge of the spirits of darkness and the room becomes filled with light and warmth returns to my hands. I have learned not to pray with those who refuse to close the door on Satan's kingdom because I become negatively affected, i.e., physically ill, emotionally attacked and spiritually drained.

C= I placed the quotation marks [around the words "demons," "angels," and "spirits" in items 4, 5, and 6] to remind me to make a response here. I have had a few good scares and felt the presence of more than a few angelic entities and guiding spirits. In 1 John 4:1 we are reminded to "not believe every spirit." And I don't. My feeling is that none of this originates outside of the self, but rather a communication through the body regarding the state of the spirit.

Discussion

A and C experience demons in figurative, rather than literal terms. C's answer is complicated by the fact that demons—and entities—appear to her somehow like manifest content that can be traced to client problems. It sounds like she participates with her client's unconscious, experienced in a wakeful, lucid state. Only B experiences demons literally. Her ability to sense their presence and her method for removing them is very specific. Removing demons inaugurates greater positive energy in that "the room fills with light," presumably divine. This Insignificant Item receives no term.

5. I experience angels.

A=50; B=50; C=10; Tentative Item.

Qualification of Responses

A= I experience contact with divine entities/angels but didn't identify it as such until observers reported seeing auras of beings around me during healing processes.

B= The spiritual world is very real to me and I am always aware of its existence. All my life I have been conscious of angels and I feel comfortable in conversing with them on a regular basis, even when not in a formal prayer setting. I am particularly aware of their assistance during prayer sessions because they often stand to the left or behind a client. If I feel the need of more prayer support, I ask the angels to intercede with me, especially St. Raphael.

C= {see Qualification Data under item 4}.

Discussion

A, who experiences demons figuratively as "demons," encounters angels in a literal sense, their auras having been witnessed by others while A worked. B's experience of angels is as vivid and real as her experience with demons. During the course of her therapy, she asks angels to help her petition God for help in the healing process. As stated above, C's experience of these entities is as a figurative representation from the client.

Tentative Term

Angelic Presence: the therapist's sense of angelic beings during healing.

6. I experience spirits.

A=50; B=10; C=10; Insignificant Item.

Qualification of Data

A= {response not qualified}.

B= {response not qualified}.

C= {see Qualification of Data under item 4}.

Discussion

At this point it is safe to say that A and B experience literal spirit entities and C interacts with figurative representations. Only A often experiences spirits often. This insignificant Item receives no term.

7. I experience energy as coming through me from a source other than myself.

A=90; B= {no response}; C=100; Tentative Item.

Qualification of Responses

A= I often experience a flood of energy that feels to be much more than I alone can generate.

As I answer this question, I feel this "hot flash" throughout my whole body.

[A filled in a blank that "universal energy" is the source of his energy.]

B= {response not qualified} ["Jesus Christ" listed as energy source].

C= {response not qualified} ["God—usually in the form of [Christ Consciousness'—the presence of Jesus as an energy" listed as energy source].

Discussion

Qualification Data shows all therapists locate their energy source outside of themselves. For A energy lacks a personality; it is merely universal. For B and C energy comes from the Christian God, the source specifically associated with the second person of the Trinity.

Tentative Term

Transcendent Source Belief: the belief that healing energy comes from a source that transcends the therapist; sources might be universal energy or God.

Responses to *Spiritual* items

Spiritual refers to experiences during the course of Psychoenergetic Therapy in which events occur that have ultimate kinds of implications pertaining to God and the universe.

When engaged in psychoenergetic healing,

1. I believe that there are spiritual dimensions to the experience.

A=90; B=100; C=100; Significant Item.

Qualification of Responses:

A= I do believe that there are spiritual dimensions to the experience. Altered states allow me to access spiritual dimensions that are not linear constructs.

B= The human person is a unique combination of body, mind, soul, heart and spirit. Since these things are linked together in some mysterious fashion, I believe that anything we experience in one area of our being is also communicated to all others. So I can't divide myself or my client into compartments. *Every time I pray with another there is a spiritual dimension to the experience* [italics mine].

C= {response not qualified}.

Discussion

All therapists have spiritual experiences in the course of energy work. A locates spiritual experience in altered states of consciousness and B in prayer. C's response was not qualified.

Proposed Term

Spiritual Dimension Response: refers to the positive response among therapists that psychoenergetic therapy has a spiritual dimension.

2. I find that encountering energy is in itself a spiritual experience.

A=90; B=100; C=100; Significant Item.

Qualification of Responses

A= Most of the time it feels like encountering energetic processes is in itself a spiritual experience. It feels mystical, meaning direct contact with the infinite in which time is still and spatial boundaries dissolve.

B= I may not always feel it as a spiritual experience, but it is spiritually affecting me and the client.

C= {response not qualified}.

Discussion

All therapists strongly agree that during therapy the experience of energy is in itself a spiritual experience. For A the spiritual aspects of energy manifest in the dissolution of the temporal boundaries of time and space. For B there is the awareness that spirituality is implicit in the work, even if spiritual "experience" is lacking. C did not qualify her response.

Proposed Term

Because this item is so similar to Spiritual Item 1, *Spiritual Dimensions Response* will be used to denote the responses in this item, as well.

3. I experience energy as coming from God.

A=80; B=100; C=100; Significant Item.

Qualification of Responses

A= The term "God" linguistically defines and confines an experience to socio-cultural meanings. It certainly feels like love, infinite power, and God, depending upon one's definition.

B= {response not qualified}.

C= [God's energy] and energy from the universe are the same thing.

Discussion

All therapists experience energy as coming from God. A and C, however, take care to qualify their responses by broadening the concept of God from traditional Judeo-Christian ideas. As a Christian therapist, B does not do this. She does not even qualify her response. For her the energy simply comes from God.

Proposed Term

God Source: the psychoenergetic therapist's experience that the source of energy is found in God.

4. I experience energy as coming from the universe.

A=80; B=0; C=100; Tentative Item.

Qualification of Responses

A= I experience energy as coming from the universe in terms of quantum physics principles.

The Interactional flow between matter and non-matter, between space and time and the continuum of all resources.

B= {response not qualified}.

C= [God's energy] and the energy from the universe are the same thing {as above}.

Discussion

For A the experience of the source of energy pertains to quantum physics principles. C maintains that the source is a God/universe. B's unqualified response makes it clear that, in her experience, the universe is definitely not the energy source. From her response to Spiritual Item 3, we know that God always supplies her energy.

Tentative Term

Universal Source: the psychoenergetic therapist's experience that the source of energy is from the universe.

5. I gain greater insight into the religious traditions as a result of contact with energy.

A=90; B=90; C=100; Significant Item.

Qualification of Responses

A= I do think I have gained greater insight into the religious traditions as a result of contact with energy because religions make an attempt to linguistically describe experiences that are not amenable to language. Religious language is often filled with symbols, images, stories and other illustrations that attempt to portray a reality that is non-linear, ineffable.

B= I certainly understand the writings of Christian mystics in a deeper way since I became involved in healing prayer.

C= The only way religion is an insight, at least in my own sessions, is as a bridge to reconnect the client to true spiritual life: To love and to beauty. Sometimes I receive instructions in Judaism (one was to instruct a client to read the binding of Isaac and do a "Midrash") another was a specific message from the Holy Mother. I am neither Jewish nor Catholic, but in both instances, the clients were motivated beyond religion to receiving God's (the universe's) love, as a healing energy and trusting it.

Discussion

For A and C energy seems to be something essential to which the religious traditions point.

Energy has something transcendent about it which religious symbols embody. B finds that the experience of energy informs her understanding of the mystics in her own tradition.

Proposed Term

Religious Insight Effect: the experience among energy therapists that exposure to energy helps them to gain insight into the meaning of religious traditions.

6. I have a spiritual experience.

A=90; B=100; C=100; Significant Item.

Qualification of Responses

A= I do have a type of spiritual experience in terms of mystical direct contact with a pervasive peace and a timelessness during phases of healing. Joy and ecstasy often occur when the subject experiences a life-changing event.

B= {response not qualified}.

C= {response not qualified}.

Discussion

For A the spiritual experience is tied up in helping the client via the energy work. B and C did not qualify their responses. This item converges on ground similar to that contained in Spiritual Item 1, so the term *Spiritual Dimension Response* will be applied to this item as well.

Responses to *Technique* items

Technique refers to the way psychoenergetic healing is conducted.

When engaged in psychoenergetic healing,

1. I keep my hands a distance from the client's body.

A=60; B=0; C=50; Tentative Item.

Qualification of Responses:

A= {response not qualified}.

B= {response not qualified}.

C= {response not qualified}.

Discussion

Only A and D practice psychoenergetic healing by placing their hands a distance from their clients' bodies.

Tentative Term

Hands Away from Body Technique: the technique of holding hands a distance from the client's body during the course of psychoenergetic healing.

2. I lay my hands on the client's body.

A=40; B=100; C=50; Significant Item.

Qualification of Responses

A= {response not qualified}.

B= When praying with others I always lay my hands on the person's body because this is what Jesus taught us to do. Not only is it scriptural, but it is often very comforting to the person.

C= {response not qualified}.

Discussion

All therapists lay hands on their clients, at least some of the time, during the course of psychoenergetic healing. B uses this technique all of the time, because it is scripturally mandated.

Proposed Term

Laying on-of-Hands: the psychoenergetic healing technique whereby therapists lay their hands directly upon their client's body.

3. I work with client's chakras.

A=90; B=0; C=50; Tentative Item.

Qualification of Responses:

A= {response not qualified}.

B= {response not qualified}.

C= {response not qualified}.

Discussion

A and C report working with chakras. B does not, possibly because chakras are not a part of the Christian healing tradition.

Tentative Term

Chakra Work: the practice among psychoenergetic therapists of working with chakras.

4. I send energy to my client by simply intending to do so.

A=90; B=70; C=50; Significant Item.

Qualification of Responses

A= {response not qualified}.

B= {response not qualified}.

C= {response not qualified}.

Discussion

All therapists agree that they send energy to clients by intention frequently throughout the course of psychoenergetic therapy sessions.

Proposed Term

Intention Technique: the practice of sending energy to clients simply by intending to do so.

5. I pray for my client.

A=80; B=100; C=100; Significant Item.

Qualification of Responses

A= {response not qualified}.

B= {response not qualified}.

C= {response not qualified}.

Discussion

All therapists agree that they pray for their client frequently throughout the course of therapy sessions. One is reminded of the biblical injunction to pray without ceasing.

Proposed Term

Prayer Technique: the practice of praying for clients during the course of therapy, presumably to facilitate the effectiveness of energy work and related phenomenon.

6. I unruffle disturbed parts of the client's energy field associated with psycho-somatic distress.

A=60; B=50; C=0; Tentative Item.

Qualification of Responses

A= {response not qualified}.

B= {response not qualified}.

C= {response not qualified}.

Discussion

Only A and B work with ruffled or disturbed aspects of the client's energy field. This is a practice common to practitioners of Therapeutic Touch as well.

Tentative Term

Unruffling: the practice of smoothing disturbed parts of the client's energy field associated with Psycho-somatic distress. (This term is also used by Macrae, 1987.)

7. I work with client's meridians.

A=40; B=0; C=50; Tentative Item.

Qualification of Responses

A= {response not qualified}.

B= {response not qualified}.

Discussion

Meridians represent specific areas of energy flow, according to Chinese energy theory. B may

not work with meridians, because they are not a part of (or needed in) her explicitly Christian paradigm.

Tentative Term

Meridian Work: the practice of working with meridians during the course of psychoenergetic therapy.

8. I facilitate healing by (please state the name of your psychoenergetic healing technique):
A= Confluent Somatic Therapy; B= The Gift of Healing which emanates from the Holy Spirit;
C= "Listening" (with hands, third eye, and heart chakra). Then doing what is requested of me. I employ TT, craniosacral therapy, and sometimes crystals or stones [during interview therapist also mentioned drawing on oronomy and some of Barbara Brennan's work].

Responses to *Sixth Sense* question

I believe that emotions and cognitions can be transmitted from one person to another through a route other than the five senses.

A= Yes; B= Yes; C= Yes.

APPENDIX 2

Psychoenergetic Healing Questionnaire (Expanded) Charles Zeiders, Psy.D.

Instructions

Please circle the number that best quantifies your response to the question.

Definitions

Energy: A subtle force or power that may circulate in and emanate from the body; though mysterious, it may have import for the psychological, physical and spiritual health of people. Synonyms: bioenergy, chi, orgone, life energy, bioplasma, prana.

Psychoenergetic healing: Any healing technique that allows a healer to intervene in another's energy situation to affect psychological, physical, or spiritual healing. *Examples*: laying on of hands, shiatsu, therapeutic touch, interventions from Confluent Somatic Therapy.

How to use the scale: Think of each number on the scale as a percentage of time for the average psychoenergetic healing session (a psychoenergetic healing session is defined as that period during which you consciously engage in energy work with a client present). *Example*: If you circle 50 for the first question, you mean that when engaged in psychoenergetic healing, you experience your client's energy on or through your skin 50% of the time.

PERCEPTION QUESTIONS

When engaged in psychoenergetic healing, I

1. experience my client's energy on or through my skin.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

2. feel my energy field and my client's energy field intermingle.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

3. experience my client's energy field as a subtle pressure on my hands or skin.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

4. sense energy moving in or around my client's body.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

5. experience my client's body sensations in my own body.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

6. experience my client's energy like a subtle mass around their body.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

SENSATION

When I engage in psychoenergetic healing, I

1. feel healing energy flow **through** my body to the client.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

2. feel healing energy flow **from** my body to the client.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

3. feel heat on my hands during healing.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

4. feel heat somewhere in my body during healing.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

5. sense energy moving in or around my own body.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

6. feel electrical sensations that flow in the direction of the client.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

7. feel electrical sensations within myself, that do not flow outward to the client, and that I do not perceive as coming from the client.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

EMOTIONS

When engaged in psychoenergetic healing, I

1. feel joy.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

2. feel sexual excitement.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

3. feel love.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

4. feel anger.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

5. feel sadness.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

6. feel fear.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

7. feel my client's emotions.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

8. must keep my own negative emotions from contaminating energy that I send to my client.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

9. send my client energy encoded with positive emotion.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

MOTOR

When I engage in psychoenergetic healing, I

1. physically shake or vibrate.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

2. find myself taking involuntary, deep breaths.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

3. experience no out-of-the-ordinary body movements.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

ALTERED STATES OF CONSCIOUSNESS

When I engage in psychoenergetic healing, I

1. experience normal consciousness.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

2. enter into altered states of consciousness.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

EXTRAPERSONAL

When I engage in psychoenergetic healing, I

1. experience clear words or images about my client's problems that suddenly appear in my mind from paranormal sources.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

2. have ESP experiences about my client.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

3. experience a heightened intuitive knowledge of my client's problems.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

4. experience demons.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

5. experience angels.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

6. experience spirits.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

7. experience energy as coming through me from a source other than myself.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

Please name the source of energy _____. Thanks!

SPIRITUAL

When I engage in psychoenergetic healing, I

1. believe that there are spiritual dimensions to the experience.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

2. find encountering energy is in itself a spiritual experience.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

3. experience energy as coming from God.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

4. experience energy as coming from the universe.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

5. gain greater insight into the religious traditions as a result of contact with energy.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

6. have a spiritual experience.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

TECHNIQUE

When I engage in psychoenergetic healing, I

1. keep my hands a distance from the client's body.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

2. lay my hands on the client's body.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

3. work with the client's chakras.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

4. send energy to my client by simply intending to do so.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

5. pray for my client.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

6. unruffle disturbed parts of the client's energy field associated with psycho-somatic distress.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

7. work with my client's meridians.

NEVER 0 10 20 30 40 50 60 70 80 90 100 ALWAYS

8. facilitate healing by (please name and briefly describe your psychoenergetic healing technique):

SIXTH SENSE QUESTION

I believe that emotions and cognitions can be transmitted from one person to another through a route other than the five senses.

CIRCLE ONE: Yes No

QUALIFYING THE QUANTIFIED EXPERIENCE

Please note each item that you have marked as 20 or above. Please write a description explaining how you experience that item clinically. *Example:* If you circled 20 or more on the first item on the first page, you might write, “When I experience my client’s energy on or through my skin, I experience it as a tactile pressure, as though a subtle mass coming from my client is pressing up against me.”

Please take as much time as you would like to quantify your answers. Do it over several sessions, if needed. Feel free to include extra information. The more data the better!

THANK YOU FOR COMPLETING THE PSYCHOENERGETIC HEALING

QUESTIONNAIRE AND FOR TAKING TIME TO QUALIFY YOUR EXPERIENCES

IN WRITTEN FORM. YOU HAVE CONTRIBUTED TO SCIENCE!!!