## Energy Psychology

EPSY 820: Theories of Counselling Presentation by: Kourtney Gorham, Myrina Rutten-James, and Taylor Vanchu



#### **Overview of Energy Psychology**

- Considered part of energy medicine with acupuncture, homeopathy, craniosacral therapy, and therapeutic touch
- Combines contemporary clinical methods with ancient healing systems (with Eastern origins)
- Claims manually stimulating acupuncture points through touch, tapping, massage, humming, etc. will move vital energies and reduce hyperarousal
- Often done in combination with CBT techniques
- Treats depression, anxiety, food cravings, pain, trauma and PTSD
- Started with Thought Field Therapy (TFT) in the 80s; from that, the Emotional Freedom Technique (EFT)was created
- Reiki and Eye Movement Desensitization Reprocessing (EMDR) also fall under the energy psychology umbrella



#### **The Basic Philosophies**

- Bilateral stimulation (tapping, eye movements, etc.) creates energy and balances the body because disturbances stem from energy imbalance.
- Balances chakra energy system.
- Radiant energies awaken psychic abilities and healing energies.
- Need to connect with earth, often called "earthing."
- Bilateral stimulation allows for the interference with working memory, safety responses, relaxation, links to REM sleep, distraction, reduces emotional intensity thus allowing for processing, and stops avoidance.

#### **Key Concepts: EMDR**

- Eye Movement Desensitization and Reprocessing (EMDR) involves eye movements and other bilateral stimulations to deal with energy imbalances.
- Bruce Perry (2012) notes that children who have experienced trauma have poor organization and functioning in the lower parts of the brain: brainstem and diencephalon.
- EMDR changes this stress-response system through patterned, repetitive activity.
- Tapping and eye movement can recreate the image and short-circuit the trauma to memory.
- This therapy has connections to CBT, narrative, and psychoanalytic.



#### **Therapy Goals: EMDR**

- The goal is to evoke our emotionally distressing memories, images, and thoughts because if we are conscious of these rather than blocking them out we can change the negative beliefs to realistic ones.
- Integration of the emotional right side of the brain with the language-oriented left side of the brain will allow for new memory pathways to be made and a new story to form so that the client does not have to keep re-experiencing the trauma and can see it as nothing more than an unfortunate memory.
- Insight may occur as a result but is not the overall goal.

#### The Therapeutic Relationship: EMDR

- A trained therapist is essential.
- The atmosphere must be safe and the therapist must be empathetic so that the client can uncover their unconscious feelings.
- Transference may occur.
- The therapist may point out defense mechanisms and triggers.
- They help the client dispute irrational beliefs.
- The therapist uses comments sparingly and does not introject.
- Attention is given to each side of the body and the client performs bilateral stimulation, such as eye movements or tapping. The therapist may assist with this by tapping for the client.

### **Techniques of Therapy: EMDR**

#### **Types of Bilateral Stimulation:**

- Auditory Stimulation: stereo headphones with alternating beats/sounds in either ear
- **Tactile Stimulation:** therapist or client taps alternative sides of the body (hands, knees, shoulders)
- **Kinesthetic Stimulation:** move sides of body alternatively (walking, etc.)
- Visual Stimulation: light bars, eye movements

\*The type does not matter but individual preference/choice does!

#### **Process of Therapy: EMDR**

- 1. Client sets up a safe place in their mind.
- 2. They think of their distress: scene, memory, emotion, body sensation, negative statement, etc.
- 3. They rate the severity of their distress on a 10-point scale called the *Subjective Units of Disturbance* (SUDS).
- 4. Client and therapist discuss the client's negative cognitions, body sensations, emotions, etc. The therapist helps them dispute these.
- 5. Apply bilateral stimulation, such as eye movements, while paying attention to the thoughts, feelings, and images.
- 6. After 2-3 minutes, the therapist will ask "What comes to mind now?" or a similar question to entice free association/discussion of thoughts, feelings, and images that came to mind.
- 7. Continue with bilateral stimulation until SUDS rating is lowered.
- 8. Do a final body/mind check and restart the process if needed.

### **Applications of the Approach: EMDR**

- Brief therapy often used in individual counselling.
- Recommended to use in addition to CBT or another evidence-based strategy.
- Showing promise with PTSD, depression, and anxiety.

#### Key Concepts: EFT

- Emotional Freedom Technique (EFT) (or "tapping") involves the stimulation of energy pathways (meridian acupoints) to send signals to the amygdala to reduce arousal. (Bakker, 2013, Feinstein 2018, Mollon, 2004)
- Based on the idea that "talk therapy" is insufficient because trauma is stored in the somatic memory, which makes it "relatively impervious to change." (Van der Kolk in Feinstein, 2018)
- Some proponents believe that tapping reduces cortisol production, (Feinstein, 2018) and "breaks the cycle of sympathetic nervous system hyperarousal more rapidly than other forms of desensitization." (Vural & Aslan, 2019)



### **Therapy Goals: EFT**

Has a narrower focus than EMDR; examines a specific aspect or experience. It can be used to:

- alleviate physical pain (if required)\*
- treat people with PTSD and anxiety (Feinstein, 2018)
- reduce the fear and stress associated with childbirth
- alleviate grief, addiction, anger & help with creativity (Vural & Aslan, 2019)

https://www.smarterhealing.com/acupuncture-points-2/

#### The Therapeutic Relationship: EFT

It is essential for the therapist to:

- develop rapport
- discuss the problem with the client
- take a history, particularly as it relates to origin of the problem
- help the client find a metaphor to describe the problem
- assist the client in breaking down the problem into various components, each to be addressed individually

### **Techniques of Therapy: EFT**

After the initial consult(s), the therapist will ask clients to rate their distress using SUDs (subjective units of disturbance)\*

The following set up statement is often used, "even though.., [the problem or aspect]... I deeply and completely accept myself"

According to Mollon (2004), tapping occurs in the following areas, which correspond to acupoints used in acupressure. These include:

- side of hand
- eyebrow
- side of the eye
- under the eye

- under the nose
- chin
- beginning of the collarbone
- under the arm

# Tech

### **Techniques of Therapy: EFT**

- After a round is complete, the SUD rating is taken again.
- More rounds continue, with the goal of reaching zero.
- Clients are encouraged to continue this process on their own.
- Once the problem subsides, it is common to have another deeper aspect of the problem emerge. Therefore, it is necessary to repeat the cycle with another set up phrase.

Other important aspects:

- Tapping is required on one side of the body only.
- Tapping should be done with 2 figures at a speed of 2- 4 taps per second. 7 taps per point is recommended. (Mollon, 2004)
- Variations of the approach are also used (i.e. tapping while visualizing a stressful scene that was previously experienced)

#### **Applications of the Approach: EFT**

- As mentioned, it is used to help clients with an array of ailments. (Bakker, 2013, Feinstein 2018, Mollol, 2004)
- Perceived as being quicker than other approaches (like CBT) yet yielding similar short-term and long-term results (Feinstein, 2018)
  - Considered highly effective for PTSD veterans (Feinstein, 2018) and pregnant women with birthing fears (Vural & Aslan, 2019)

#### **Key Concepts: Reiki**

- Everything is made up of energy: Manipulating the body's energy. field to impact your physical health.
- Everything has an aura--electromagnetic field that surrounds the human body, every organism and object in the universe.
- Chakras are energy centers of the body: Vortex or wheel.
- Hands on technique used to balance energy system.
- Ability to heal self and stay balanced.
- Non-Traditional Usui Reiki
- Healing modality



#### **Therapy Goals: Reiki**

- Focus on Aura and seven major chakras
- Reduces stress
- Lower or regulates blood pressure
- Regulate heart and respiration rates
- Reduces pain
- Raises blood cell count and enhances immune system function
- Alleviate insomnia
- Calms anxiety
- Reduces nausea
- Reduces surgical complications

### The Therapeutic Relationship: Reiki

- Reiki Master with whom you feel comfortable in contacting to ask questions.
- Each Reiki Master is different, it is important to find someone you trust.
- Canadian Reiki Association Code of Ethics.
- Canadian Reiki Association--Only 8 registered in Regina.
- Similar to Humanistic approaches...compassion, empathy and unconditional support.
- Reiki master should listen rather than give advice.
- Reiki master may ask for detailed account of medical history.

### **Therapy Goals: Reiki Principles**

- Just for today, I will gave thanks and be grateful for my many blessings.
- Just for today, I will not worry.
- Just for today, I will not be angry.
- Just for today, I will do my work honestly.
- Just for today, I will be kind to every living thing.



#### **Techniques of Therapy: Reiki**



### **Applications of the Approach: Reiki**

- Helps clients with stress, anxiety, depression.
- Uses energy to balance chakra system.
- Healing modality vs. form of therapy. Would be beneficial to use as a technique.
- Beneficial to use in conjunction with another type of therapy.
- Not meant to replace current therapy or medications. Trust your body!

### Multicultural Applications and Limitations of Energy Psychology

- It combines contemporary clinical methods with ancient healing systems (Chinese & Japanese origins).
- We may be taking spiritual and traditional practices out of their context and trying to find practical applications for them.
- Some people may find there is cultural appropriation (for economic gain).
- There may be religious/ spiritual reasons not to engage.
- Clients have to be open to it.
- Exploitation may occur when clients are not sure what they have agreed to.

#### **Research Limitations of Energy Psychology**

- Some organizations support energy psychology while others do not.
- Research on energy psychology is controversial:
  - Bias/omission of unfavourable results
  - Non-peer reviewed
  - Lack of clear norm groups
  - Lack of a control group
  - Placebo effects
  - Other proven strategies used in addition
  - Bilateral stimulation may or may not be the impacting factor
- The theories behind energy psychology have not been proven.
- Overall, there is some promise for being an efficient strategy for PTSD, depression, and anxiety but more sound research is needed.



#### **Additional Limitations of Energy Psychology**

- The extent to which energy psychology is used in clinical setting is unknown.
- It is often used as a self-help method due to availability of online training and forms.
- It is both accessible online and seemingly easy to use, which poses a safety risk if the person implementing the therapy is not competent.
- Reiki Master's do not have to be registered by Canadian Reiki Association.

#### **Contributions of Energy Psychology**

- It has only been used in Western society for a short period of time.
- Due to a lack of research, the contributions of energy psychology are still to be determined.
- It may be used in conjunction with another evidence-based therapy.
- There are relaxation benefits.



#### **Works Referenced**

Association for Comprehensive Energy Psychology (ACEP) (2018). Meta-analyses, reviews, and theoretical articles on energy psychology. Retrieved from: <u>https://cdn.ymaws.com/www.energypsych.org/resource/resmgr/Theoretical\_Articles\_Reviews.pdf</u>

Association for Comprehensive Energy Psychology (ACEP) (2018). The science behind energy psychology: Quick facts. Retrieved from: https://cdn.ymaws.com/www.energypsych.org/resource/resmgr/research/Science\_Behind\_EP\_Quick\_Fact.pdf

Bakker, G. (2013). The current status of energy psychology: Extraordinary claims with less than ordinary evidence. *Clinical Psychologist*, *17*(3), 91-99.

Corey, G. (2017). Theory and Practice of Counselling and Psychotherapy (10th ed.). Belmont, CA: Brooks/Cole.

Feinstein, D. (2012). Acupoint stimulation in treating psychological disorders: Evidence of efficacy. *Review of General Psychology*, 16, 364-380.

Feinstein, D. (2018). Energy psychology: Efficacy, speed, mechanisms. EXPLORE, EXPLORE.



#### **Works Referenced**

Irmak Vural, & Aslan. (2019). Emotional freedom techniques and breathing awareness to reduce childbirth fear: A randomized controlled study. *Complementary Therapies in Clinical Practice*, *35*, 224-231.

Kress, Dawn (2013). Reiki 1st Degree Foundations to Holistic Healing.1-32.

- MacKinnon, Laurie (2012). The neurosequential model of therapeutics: An interview with Bruce Perry. *The Australian and New Zealand Journal of Family Therapy 33*(3), 210-18.
- Mason, E. (2012). Energy psychology and psychotherapy: A study of the use of energy psychology in psychotherapy practice. *Counselling and Psychotherapy Research*, *12*(3), 224-232.

Mollon, P. (2005). EMDR and the energy therapies psychoanalytic perspectives. London, New York: Karnac.

Sebastian, B & Nelms. (2017), The Effectiveness of Emotional Freedom Techniques in the Treatment of Posttraumatic Stress Disorder: A Meta Analysis. *Explore*, 13 (1), 16- 21.

Stein, Diane (1995), Essential Reiki: A Complete Guide to an Ancient Healing Art. 1-156.