

CHAPTER 20

Energy Psychology in the Treatment of Eating Disorders

Phil Mollon

■ INTRODUCTION

Energy psychology (Gallo, 1999) comprises a body of knowledge and a family of therapeutic modalities that are concerned with the interface between mind and body, mediated by working with the body's subtle energy system (Tiller, 1997, 2007)—the hypothesized energy system that is used in acupuncture, traditional Chinese medicine, Chi Gung, and related practices (Mollon, 2008a; Oschman, 2000). There is thought to be a link between particular energy meridians or channels, bodily organs, and emotions (Diamond, 1985; Thie, 2005). The nature of the meridians and acupressure points is a matter of ongoing speculation and investigation, with theories including the primovascular system (Stefanov et al., 2013) and the peripheral nervous system (Longhurst, 2010). Energy psychology approaches mostly involve guiding the client to hold or tap with fingertips certain points on the body—"acupoints"—while thinking about a troubling memory, experience, belief, thought, or bodily sensation. The effect of this typically is that the intensity of distress, or the perceived emotional potency of the target memory or belief, is lessened (Clond, 2016), along with associated physiological changes (Church, Yount, & Brooks, 2012). Further relevant cognitive and emotional material may then emerge, which is in turn addressed using the same energy psychological approach. In this way, psychotherapy is often found to be enhanced in its speed, depth of exploration, and efficacy (Marzillier, 2014).

■ THERAPEUTIC COMPONENTS AND MODE OF ACTION

The mode of action of energy psychology modalities is not fully understood. It appears that tapping on acupoints has a calming and emotion-regulating effect and seems to facilitate the flow of energy and information (Church & Feinstein, 2017). Whether this is best understood in terms of purported subtle energy systems or within more conventional cognitive and neurobiological terms is a matter of continuing consideration (Mollon, 2008b). Most of the energy psychology modalities to some extent may be described as exposure methods (targeting memories, emotions, and cognitions) with additional somatic components. Although the mechanism is uncertain, research indicates that such methods do work, bringing about emotional, cognitive, and physiological changes rather faster than would be expected with purely talk-based psychotherapies (Feinstein, 2012). Despite early skepticism (e.g., Gaudiano & Herbert, 2000), research has now more than

validated the initial enthusiasm of the pioneers. At the time of writing, there have been well over 80 studies of energy psychology published in peer-reviewed journals, including 48 randomized controlled trials, four meta-analyses, and five systematic reviews (see the research pages at www.energypsych.org and www.eftuniverse.com). Dismantling studies have indicated that the effects of energy psychology are not solely because of placebo or nonspecific factors and that acupoint tapping is an important and active therapeutic ingredient (Church et al., 2016; Fox, 2013).

Another important component used by some (but not all) practitioners is that of “energy testing”—sometimes known as “muscle testing,” although it is not the muscles *per se* that are tested, but small variations in muscle tone are considered to provide information about both psychological and energetic states (Diamond, 1979/1997). In this procedure, the practitioner presses lightly on the client’s wrist of the outstretched arm while he or she speaks certain words (such as “I want to be a healthy weight”), or focuses on a specific experience or thought. In response to some statements, the muscle tone will be strong, with a subtle, “locking” feeling (indicating a “yes”), whereas to other statements, the muscle tone will be weak or spongy (indicating a “no”). In this way, the clients’ unconscious anxieties and motivations that might be opposed to their conscious goal can rapidly be ascertained. Within certain modalities (such as advanced forms of Thought Field Therapy; Callahan, 2001), the method can be used to identify the most relevant acupoints to tap and in what sequence. Although this kind of energy testing data should not be viewed as infallible, and the procedure is an art requiring some skill, many practitioners find it can provide useful information to guide the work of the session.

In this writer’s practice of Psychoanalytic Energy Psychotherapy (PEP; Mollon, 2005, 2008c, 2014a), much of a psychotherapeutic session would appear like any other conventional talking and listening consultation. The client speaks of what is on his or her mind in relation to the target problem. At a certain point in the session, we move into energy work. I sit alongside the client so that I can energy test him or her by pressing on an outstretched wrist. The emerging information may raise questions and issues for further enquiry. I then guide the client to tap on a sequence of acupoints, while he or she focuses on a particular thought or memory. At the same time, I ask the client to “speak of whatever comes to mind.” This includes noticing somatic sensations of pain, tension, or discomfort. In this way, we follow the flow of both information and energy through the client’s mind and body. The work is a mixture of structured enquiry and free-associative discourse.

Most of the published research on energy psychology for eating disorders (EDs) has made use of the relatively simple method known as Emotional Freedom Techniques (EFT)—a derivative of Thought Field Therapy, as originally developed by psychologist Roger Callahan in the early 1980s (Callahan, 2001), but then modified by Gary Craig (Church, 2013). EFT does not involve energy testing, but simply guides the client to tap through a standard set of acupoints for each element of distress. The focus might be on a thought, the narrative details of an experienced event, sensory details of such an event, an emotion, or a physical sensation. This is also combined with a statement of self-acceptance according to the formula: “Even though ... (filling in the details of the problematic event or experience) ... I completely accept myself.” The skill of this method is not in the acupoint work, but in the application to the most relevant elements of distress, usually aiming to target the origins of the problem as well as its current symptomatology. EFT has been found in research studies to reduce cravings for food, improve self-esteem, and normalize dietary restraint (e.g., Stapleton, Bannatynne, Chatwin, et al., 2017; Stapleton, Bannatynne, Porter, Urzi, & Sheldon 2016; Stapleton, Chatwin, et al., 2016; Stapleton, Sheldon, & Porter, 2012a, 2012b; Stapleton, Sheldon, Porter, & Whitty, 2011).

■ TARGETS OF ENERGY PSYCHOLOGY IN RELATION TO EATING DISORDERS

When incorporating energy psychology modalities into the psychotherapeutic work, we can target, for both exploration and resolution, specific issues, experiences, thoughts or beliefs, and psychodynamic conflicts. For example, we might use energy testing (pressing lightly on the outstretched arm) to ascertain the person's less conscious response to statements such as: "I want to be well"; "I want to be a healthy weight"; "I want a healthy relationship with food." We can also test whether such potential goals or desires feel safe, whether the person feels he or she deserves them, or whether they would violate the person's identity (e.g., "I will still be me if I am a healthy weight"). Using energy testing, we obtain rapid and clear responses to these questions or statements, provided the person's energy system is functioning coherently.

Very commonly, we might find that the response to any of the statements tested (in relation to wanting to be free of the presenting problem) is "no," indicated by the arm being tested becoming slightly spongy (as contrasted with the firmer "locking" feeling that indicates a "yes"). We can then ask the client why that might be, for example, "Any idea why you might feel it is not safe (or you do not deserve) to be a healthy weight?" Typically, the client will respond initially with something like, "I've no idea. I *do* want to be a healthy weight!" This is often followed shortly by highly relevant information that does indeed provide the reason. These internal objections, which are also expressed as reversals in the energetic direction, were originally called "psychological reversals" by Dr. Callahan (Callahan, 1985). Callahan found that simply tapping the side of the hand (an acupoint on the small intestine meridian) would often help to resolve these reversals, but finding the motive behind them can obviously be a great help in the psychotherapeutic process.

Another method of exploration of the psychological reversals, favored by this writer in his PEP (Mollon, 2008c, 2014b), is to use the phrase "the roots and origins and causes of not feeling it is safe (or not deserve, etc.) to be a healthy weight (or other desirable target)," while guiding the client to tap a relevant sequence of meridian acupoints. At the same time, the client is invited to "speak of anything that comes to mind." In this way, we are taking the reversals, or unconscious internal objections to achieving the consciously desired goal, as the target. Usually this leads to very important and relevant experiences and psychodynamic material relating to childhood—very much like the free-associative process in classical psychoanalysis.

Once crucial formative experiences or traumas have been identified, these can be targeted by having the client hold them in mind while he or she taps the relevant sequence of meridians. Tapping on acupoints will usually remove the emotional charge of traumatic experiences quite easily, providing there are no internal objections ("psychological reversals") against doing so. If psychological reversals are active, no amount of tapping will make much difference. Fortunately, the energy psychology modalities allow these reversals or objections rapidly to be identified and resolved in the manner just described. Very often, the work with the reversals/internal objections is the most crucial factor, with change of emotions, cognitions, and behavior occurring rapidly once these have been addressed.

■ CASE ILLUSTRATION 1

For those readers who are unfamiliar with energy psychology, it will be best to ignore the technical procedures as far as possible, and instead allow the emerging clinical material to speak for itself. The therapist's interpretations or theoretical constructions are minimal.

Acupoint sequences were derived using a variant of the Callahan procedure taught in thought field therapy workshops.

First Session

Jessica, a 48-year-old, obese woman with a long-standing pattern of chaotic eating, approached me, because she wanted to explore the potential of energy psychology to help her achieve a healthy weight. She had a twin sister who had always been “small,” whereas Jessica was “big.” Both parents had tended to be overweight. She was aware of “comfort eating” to manage her emotions, also noting a compulsion in her eating: “Once I start, I can’t stop.” In addition, she noted that she would become very anxious if she felt there was not enough food and often felt compelled to cook two portions for herself.

We energy tested the statement “I want to be a healthy weight.” This registered as “no.” “It is safe to be a healthy weight” registered as “yes,” but “I deserve to be a healthy weight” registered as “no.” I asked for her thoughts as to why this might be so. She said she did not know, but spoke of feeling sad and of wanting to hide.

We then used the following targeting phrase: “the roots and origins of feeling you do not deserve to be a healthy weight,” energy testing to find the precise acupoint tapping sequence underpinning the problem. I guided her to tap on the relevant points and to speak of whatever came to mind. The first acupoint was the chin point on the central vessel/meridian, often linked to feelings of shame and rejection. As she tapped there, she spoke of an old sense of not belonging in the family, and of her sister being preferred. She believed her parents had “only wanted one,” and her sister had been born first. Further tapping of the evolving sequence of meridians evoked more feelings of shame, rejection, and feeling unloved within her family.

We moved on to using the phrase “the earliest trauma behind your feeling of not deserving to be a healthy weight.” The first acupoint in this emerging sequence was again the chin (central vessel), and this evoked yet more shame and feelings that her sister had been preferred and thoughts that her depressed mother found it difficult to cope with twins. Tapping the middle finger (heart protector) led to her recalling her childhood feeling that she would be left to starve to death because there was not enough food and not enough love for her. She had felt she did not belong in the family and should not exist.

We then made a subtle shift of focus, from tapping acupoints primarily to obtain information, to tapping while replaying the themes with the aim of both evoking and clearing the emotional charge of the relevant issues. In this mode, I guided Jessica to tap the emerging sequence of points, while giving her words relating to her fears of starvation of both food and love, her feeling her mother wanted to be rid of her, and her view of her existence as a mistake.

Jessica appeared calmer but expressed doubt that any weight loss would be lasting. Therefore, I energy tested her to the statement, “I want to be a healthy weight and for this to be lasting,” which indicated a muscle response of “no.” Further brief testing of the statement, “I will still be me if I become a healthy weight,” revealed this ambivalence to be on the basis of a problem of identity. Because her difficulties in relation to food and her weight had been part of her experience since childhood, it was understandable that having an ED had become part of her identity. To address this aspect of the problem, I guided her to tap the side of the hand while offering her words intended to reframe her identity as a person whose ED was in the past. She then energy tested strong to being ready to be free of her ED.

We then made use of a special energy center under the collarbone that I call the *Blue Diamond*, which can usefully be thought of as an access point to a person's deeper source of wisdom and healing (Mollon, 2016). Activating this point appears to bring about an altered state of consciousness that is responsive to intention and command, using "energized words"—phenomena that can be linked to the extensive research by Stanford materials scientist William Tiller on the measurable and persisting effects of intention during meditative states (Tiller, 2007). After instructing her in activating this point by placing two fingers under the collarbone, I guided her with imagery of spinning energy fields, expelling "waste" information and bringing in fresh energy and information, in a process called "deleting the lies" (Mollon, 2017)—a process intended to delete all forms of lies or corrupted information that had been put into her or that may have arisen within her. This was followed by another procedure called "desynchronizing the energy fields" (Mollon, 2017). This draws upon the work of physicist Claude Swanson (Swanson, 2011), using his theory of the synchronized universe as a metaphor for an intention-based process of dissolving all coherence and information held in the problematic energy fields (Sheldrake, 1988), which, in Jessica's case, were the energy fields of her ED.

As the dysfunctional energy fields are dissolved, it is important to bring in a new and benign information-holding energy field that contrasts with the previous field. In facilitating this process, my procedure is to give voice to whatever words and phrases occur to me spontaneously in the moment (within the *Blue Diamond* activation), as a description of the new field. For Jessica, this was "the new field of knowing your true inner appetite, and expressing this freely and truthfully, and choosing what is truly nutritious." At the end of this session, Jessica reported feeling "really relaxed" and surprised at this outcome.

Second Session (a Week Later)

In our second meeting, Jessica reported significant shifts in relation to food and eating. She had experienced much less urge to eat excessively. She mentioned having been given chocolate eggs for Easter. She had eaten a little, but then had not wanted anymore and had given the rest of the eggs away. Moreover, she had felt generally more comfortable with herself. Energy testing revealed healthy attitudes toward food, appetite, health, and well-being. On the other hand, she had noticed herself feeling more anxious, along with periods of feeling very negative. Both Jessica and I now understood that her ED had been functioning to ward off her anxiety, and it was this that we now needed to target.

We then used energy testing to find the acupoint tapping sequence for the following phrase: "all the roots and origins of my anxiety." After tapping middle finger (heart protector meridian) and little finger (heart meridian), Jessica reported thoughts of "all the faces of the people on the train looking critical" and then expressed fears that she might be "getting this wrong," referring to the therapeutic process, and that I might become critical of her.

The next acupoints were collarbone (kidney meridian), under nose (governing vessel), and collarbone again. She spoke of thoughts of the fountains in the town that she passed on the way to my consulting room, imagining being in the fountain and being swept down the hole (an image that acquired more meaning later in a memory about quicksand). She then talked of being overwhelmed with feelings of inadequacy and shame. We shifted to finding and tapping the acupoint sequence for the phrase "all the roots and origins of my feelings of shame." She spoke of comparing herself with her sister and with all the other clients who came to see me.

As she tapped on the eyebrow point (bladder meridian, often a focus for specific traumatic events), I asked if any specific events came to mind. She immediately replied that two events occurred to her. Regarding the first event, she said: "I was quite little. My brother wanted to go up a hill, but I needed a loo (toilet) since I had an upset stomach. I went to the loo behind every bush," a recollection associated with shame. The second memory was from age 6, walking somewhere as a family: "I was scared, because my brother said if I stepped on quicksand I would sink and never get out. I was terrified, so I stopped walking. My father got annoyed and pushed me into the quicksand. I was screaming!" I commented: "You thought you were going to be sucked away and would die, like your earlier thought of being sucked into the fountain hole. You thought your father was murdering you." She agreed.

As she continued tapping the evolving acupoint sequence, she spoke of how she would express anxiety in her body, through irritable bowel syndrome. She then wondered what it would be like not to have so much anxiety. We energy tested the statement that it is safe to be free of excessive anxiety and this tested weak, meaning she did not feel this was safe.

I then guided her to tap the side of the hand point (small intestine), while prompting her to repeat some of the words and themes she had used, for example, "Even though it is never safe to relax, and I must be anxious all the time, because my childhood was not safe, they were always trying to get rid of me, they wanted to drop me in the quicksand, and I would never be seen again, so I had to be on my guard the whole time, I completely accept myself." She then energy tested strong for wanting to be free of excessive anxiety and for this to be safe. This illustrates how tapping the side of the hand (small intestine meridian) point, while putting the anxieties into words, will often clear the internal objection/psychological reversal (although we do not yet know why!).

We then used the phrase "all my anxiety," and followed the emergent tapping sequence. This was side of hand, under eye, eyebrow, and outside eye (gallbladder meridian). The gallbladder meridian is often associated with rage, so I contributed the words "all your rage, and fears of your rage showing." She then spoke of an awareness of rage and how much she avoided showing rage. At that moment, she recalled a dream from a few days prior: "I was really angry, maybe with my mum. I wanted to hit her. I woke up crying." She spoke of instances of walking along a busy footpath and people bashing into her. She felt rage and wanted to push them away. She remarked, "Rage terrifies me."

We then shifted to using the phrase "the roots and origins of my rage," tapping the emergent sequence. Jessica spoke of feeling rage at "anything unfair, injustice, abuse of power," but then talked of the "futility of rage" and of how she expressed her rage at inanimate objects, such as by smashing her favorite mug. She likened her behavior to that of John Cleese beating the car for its misbehavior in a famous episode of the comedy program, *Fawlty Towers*. She then remarked that she once had a childhood dream of killing her sister and had subsequently felt guilty for months. She had woken in panic and went to check that her sister was OK.

As she continued tapping the sequence, she recalled that she did once hit someone at school who had been bullying her sister. She was protective toward her sister, feeling it was her role to be so. She clearly expressed her childhood ambivalence toward her sister: hatred and rage toward her on the one hand, loving protection on the other.

We had addressed crucial contributors to her childhood conflicts and associated anxieties and feelings of shame, so it seemed feasible to consider a further step of more fully dissolving the energy fields of anxiety, shame, rage, and fears of rage. She energy tested positive to wanting to be free of these. We used the Blue Diamond procedure of

desynchronizing these energy fields, welcoming in a new energy field of “fully embracing myself.” She spoke of feeling very calm, listening to the sound of birds singing outside. Energy testing revealed these energy fields to be no longer present, as Jessica tested “no” to the presence of anxiety, shame, or rage.

Third Session (a Month Later)

Jessica reported “a very significant change in my eating pattern,” finding herself making healthy dietary choices, no longer experiencing cravings or compulsions in relation to food. She talked of more reality-based worries about her future, work, and finances. Her general level of anxiety was much reduced.

Fourth Session (After Another Month)

Jessica reported that her pattern of eating had remained improved, and she had lost weight. However, she had noticed some anxiety about food in the evening. As we explored this with tapping, she recalled as a child she would sometimes be sent to bed hungry if there had been an argument with her mother, and she remembered how she would lie awake hungry and crying. This had led to a stance of “I must eat now or later I starve.” We continued addressing these experiences and associated fears, using tapping and Blue Diamond work, installing an alternative perspective of abundance. She reported feeling calm and positive. At this point, Jessica considered we had completed enough work for the time being and that she would contact me when she felt she needed to.

When I subsequently wrote to Jessica after a further 2 months, asking her to confirm her consent to my writing about the work with her, she agreed and added, “I’m still eating more naturally and healthily and am steadily losing weight. I feel very differently about food without having to try, and am no longer fearful of being hungry and there not being enough.”

■ CASE ILLUSTRATION 2

[For ease of reading, the particular sequences of acupoints used are not detailed in this illustration, but these were all derived by variants on the Callahan energy testing procedures.]

First Session

Eva sought help for her ED, consisting of alternating anorexia and bulimia, because she had come across the energy method called EFT and had used it to help her pass her driving test. She wondered whether similar methods might help her gain a pattern of healthy eating. Over many years, she had tried a large number and variety of therapies, including cognitive behavioral therapy (CBT) provided by her local National Health Service (NHS) Eating Disorder Service, without success. Eva had been happily married for 20 years, and had eight children. She felt she had had babies to “fill the gaps.” An additional significant and chronic health problem for Eva was her Ehlers–Danlos syndrome (EDS), which gives rise to pervasive systemic symptoms, including painful joints that easily dislocate.

Energy testing revealed various confusions and dysfunctional beliefs about weight. Her system indicated a belief that it was *not safe* to be a healthy weight. When asked why this might be, Eva replied that when she was *overweight*, people did not like her,

and that “Nothing will work if I am overweight.” Energy testing also indicated that her body was confused about what was a healthy weight and did not know how to be a healthy weight. These indications were apparent from testing statements, such as “My body knows what is a healthy weight” and “My body knows *how* to be a healthy weight,” where her muscle tone response indicated “no.” Thus, in energy psychotherapy, we are sometimes addressing the *absence* of required information or resources, as well as the *presence* of dysfunctional or traumatic information. To counter this absence, we used a simple principle found in a number of energy psychology approaches of “downloading” the necessary resources from higher parts of the person’s being. Such a procedure forms the core of the method known as “Ask and Receive,” developed by Sandi Radomski and Tom and Pamela Altaffer (<http://askandreceive.org>). Although somewhat perplexing in its mode of action, many practitioners attest to the effectiveness of this procedure. Following this, Eva tested strong to her body knowing how to be a healthy weight.

We then found the emerging meridian tapping sequence relating to her fears and conflicts about food and weight. After tapping a number of points, Eva spoke of an image of spaghetti Bolognese. She said her mother used to make it for her quite often and, as a child, she liked it, but found it contributed to her being overweight. Following a few more tapping points, she spoke of an image of ballet shoes. She had wanted to be a little ballerina, but she had never felt like a “little girl,” because she was overweight and her mother would cut her hair short. She went on to speak of how her mother had many problems and had been selfish, not looking after Eva emotionally, but giving her food “to shut me up.” Her mother would tell her there was something wrong with her, so that she felt herself to be “odd, strange, and blamed.” As a result, Eva became quite disturbed as a teenager, leaving school and home at age 14, and turning to drugs.

We concluded this session with the “deleting the lies” procedure, using intention and imagery with the Blue Diamond (described earlier in the case of Jessica).

Second Session (a Week Later)

Eva reported that following the first session, she had kept picturing the spirals (used in the Blue Diamond exercise) and that her eating pattern had become much better. She had been able to eat every few hours and felt an absence of what she had earlier called her “anorexic wall.” However, she still felt an internal pull toward her old patterns, which she felt were “so strong and entrenched.” She also reported feeling very anxious.

We energy tested her again in relation to a goal of healthy eating and a healthy weight. This time her system indicated that she felt she did not *deserve* a pattern of healthy eating. We followed the emerging meridian sequence to the phrase “the roots and origins and causes of feeling I do not deserve to have a pattern of healthy eating.” She talked of her earlier teenage relationship with an abusive and violent older man who broke her nose. Fortunately, she had managed to escape from him and soon after met Tom who became her husband. They have been happily together ever since. Tom had appeared to her very desirable, with an attractive slim and muscular body, while she was still overweight. She had decided to go on a diet and became obsessed with losing weight and going to the gym. As a result, she had felt much more confident. One day, however, she “got too hungry, started binge eating, and it all got out of control.” She began bingeing and purging, a pattern that had then continued. Thus, her feeling of not deserving a pattern of healthy eating reflected her sense of being to blame for her own disordered eating. After tapping through these issues, she no longer tested strong to not deserving a pattern of healthy eating.

We concluded this session by installing a program for healthy eating, again using the Blue Diamond position.

THIRD SESSION (2 WEEKS LATER)

Eva reported that she was no longer experiencing a reluctance to eat, but her pattern had become more bulimic. She noted that when she was in an anorexic phase, she felt no emotion, but when she was in a bulimic phase, she experienced a lot of emotions, as well as panic and chaos. She had found some photos of herself as a child, which reminded her of childhood feelings of being overweight, uncomfortable in her body, ugly and unpleasant, and of being in pain from her EDS. She was called “lazy,” because of her undiagnosed EDS-related physical discomfort. When she later lost weight, she had been strongly reinforced for doing so, by compliments on her appearance. Consequently, dieting and losing weight seemed like a solution to all her problems. She would feel “in control and not stupid.”

Energy testing revealed that she believed it was not safe to resolve her emotional problems. After a moment’s thought, Eva concluded that she probably thought that this would result in becoming overweight. Therefore, we energy tested the following statement: “I want to resolve my emotional problems *and* be a healthy weight.” This tested “yes.” Such reframing and negotiating to find a goal that is acceptable to the client can often be an important component of energy psychotherapy. As we followed the emerging meridian sequence for her emotional problems, Eva began to refer to feelings of panic, upset, sadness, and regret at all that she had missed out on during her childhood and later. She felt her ED and her EDS had blighted her life.

She then moved to feelings of anger, saying she had felt angry all the time until she became anorexic. She recognized that, in becoming anorexic, she had been taking her aggression and anger out on herself by starving and purging. Her focus then shifted to feelings of shame and helplessness. She spoke of feeling blamed by her mother and father, being told she was the problem, and her mother telling her she was “awkward, difficult, fat and lazy.” Her physical difficulties and pain resulting from her EDS were dismissed and interpreted as laziness. She noted that it was easy to join in the blaming (identifying with the aggressor), punishing herself by starvation while enjoying the praise for becoming thin. This had seemed to her like the “perfect” (psychodynamic) solution!

FOURTH SESSION (A WEEK LATER)

Eva reported that she was feeling “a lot better” and that her eating was “massively better.” She described an experience of lying in bed at night and smiling, feeling better about her body, and much less shy with Tom. She felt this change was “like magic.” She remarked: “I feel completely different. All my anorexic behavior has gone, and I have put on half a stone (7 pounds). I feel I am finally getting somewhere after all these years.” Nevertheless, she said she still experienced a residual pattern of some bingeing and purging.

FIFTH SESSION (2 WEEKS LATER)

Eva reported that she had gained 10 pounds. She said it was no longer difficult to eat. The anorexic pattern and fear of eating had gone completely, which felt like “a miracle.” She felt she was “changing hugely” and that “loads of things are positive.” In general,

she felt much calmer, but was, however, still engaging in bulimic behaviors to some degree.

As we continued talking and tapping, Eva began to speak more of her anger with her mother and how she felt neglected. She recalled an image of herself as a child “with horrible short hair and a horrible jumper, feeling fat and ugly with unwashed hair, short like a boy’s. It was how my mother cut my hair, like a boy’s crew cut. I recall someone saying ‘Is your hair wet?’ because it was greasy.” As Eva tapped on the outside of the eye (a gallbladder acupoint often associated with rage), she connected with more intense feelings of anger—of not feeling listened to, of spending time in her bedroom crying, being in pain from injuries to her collarbone and knee, linked to her EDS. “I was told I was just making it up. I can really feel the anger now!”

Further energy testing revealed that Eva was afraid to be free of bulimia for two reasons: (a) Bingeing and purging had become her way of managing stress; and (b) she feared being starved of love and, because of this, had turned away from others, preferring to be alone with food as a substitute for love. With this clarification, we moved into the procedure for desynchronizing the energy fields of the fear of starvation of both food and love, and of not being accepted. This was replaced with a new field of feeling profoundly loved throughout the fabric of her being. She reported feeling very peaceful and positive following this.

SIXTH SESSION (3 WEEKS LATER)

Eva reported continuing improvement, gaining more weight and no longer feeling afraid of this. She remarked: “When I first came to see you, the anorexia was the worst it had been—I was thinking ‘Oh my God, I’m going to die!’ The NHS Eating Disorder team had been making me worse—going over and over old stuff.” However, she was aware of a continuing resistance to giving up her pattern of eating and purging in the evening. Eventually, through exploring her thoughts, and also enquiring with energy testing, we identified that she used purging as a means of regulating her emotional state. All kinds of aversive emotions could be “vomited out” in this way. She commented: “I realize now it is more about vomiting than about food. I never saw it like that before,” and she spoke of the urgency of resolving this because of the terrible effect on her teeth. Despite her conscious desire, energy testing revealed that she did not wish to give up vomiting, and she became aware of her fear that without this she might be overwhelmed with emotions. We worked on these fears with further acupoint tapping and Blue Diamond exercises.

SEVENTH SESSION (3 WEEKS LATER)

Eva said she was doing well: “I’m such a different person now, compared to when I first came to see you.” She spoke of feeling much less anxious, as well as more confident and at ease with her body. Nevertheless, she reported a continuing pattern of bulimia. She said: “I don’t eat enough during the day, then I get really hungry and eat lots in the evening. I just eat whatever is there, then I vomit and feel clean and in control.” In this session, we eventually identified a crucial further aspect driving her compulsion to vomit, linking to her EDS.

Energy testing revealed that she did not want to “eat normally.” Initially, both of us were puzzled by this. She spoke of disliking the feeling of food in her body, of feeling “full up and bloated” and how she had always felt this way. Together we arrived at a new insight that the bloating feeling arose from her EDS, the collagen deficiency resulting in a lack of resilience in the tissue of her stomach and gut, so that they are too

“stretchy.” This understanding led to the awareness that a “normal” pattern of eating was not appropriate for her. A substantial meal would result in discomfort because of her EDS. Therefore, she needed to eat small amounts more frequently. This was a shocking yet relieving realization for Eva, because she had always felt she must aim to “eat like other people.”

As a child, her mother had pressured her to eat large meals, thus impeding her capacity to learn to select the foods and amounts that she could comfortably manage. She now energy tested strong to wanting to “listen to the wisdom of my body and eat in a way that is appropriate for me.” We reinforced this intention with Blue Diamond work.

By this point, Eva felt we had done a significant part of the required work for her to resolve her ED. She understood that she needed to eat small amounts more frequently, and she energy tested that she was willing to do this. In a subsequent session, she remarked that her view of herself had completely changed, she felt free of shame and self-criticism, and she was happily engaging with others in activities that interested her.

Discussion

These few introductory sessions with two clients suffering with chronic EDs illustrate how energy psychotherapy methods can form a useful component of treatment. Two specific functions of acupoint tapping are apparent: (a) The emergence of further relevant emotional, memorial, and cognitive material is facilitated, often rapidly; and (b) emotional distress is rapidly dissipated. Thus, the flow of information and energy is enhanced. In addition, the use of “energy testing,” involving manual monitoring of subtle variations in muscle tone while the person verbalizes statements regarding his or her feelings, fears, and motives, can indicate with some precision the nature of unconscious resistances to resolving the disorder and its various components. This procedure enables incorrect hypotheses to be discarded rapidly and facilitates the search for the most relevant and truthful psychodynamics behind the presenting problems.

In the cases of both Jessica and Eva, energy testing revealed significant internal objections (psychological reversals) to resolving their EDs. These are best regarded not as obstacles to recovery (although they are), but as crucial indicators of important psychodynamics. They can usefully be selected as targets for psychoenergetic exploration and processing in their own right, for example, by finding the emerging acupoint sequence to the phrase “the roots and origins of feeling it is not safe/I do not deserve/I will not be me ...,” while inviting the client to speak of anything that comes to mind. Such psychological and energetic explorations usually lead to important and formative childhood experiences.

Jessica displayed a belief that she did not deserve to achieve a healthy weight. Exploration of this revealed profound feelings of guilt about existing, feeling she was unwanted and a burden to her mother. Later, her anxiety came to the surface, which was found to relate to a childhood perception that her parents wanted to get rid of her. Energy testing with Eva also revealed deep feelings of being unwanted and unloved, expressed as not deserving to have a healthy pattern of eating. As a child, she had been overfed, and felt fat, ugly, and awkward. Chronic rage had been induced by the parental failure to understand or take seriously her physical pain and other difficulties associated with her EDS. When she later met her partner, she wanted to be slim and attractive, and found that an anorexic stance was psychodynamically very effective in diverting her rage onto herself, achieving a sense of control, and being rewarded by admiring comments on her appearance. The intense starvation then resulted in a breakthrough of intense eating, which in turn gave rise to an unstable oscillation between bulimia and anorexia.

In Eva's case, we arrived at a further understanding of the contribution of her EDS, which caused her to feel unpleasantly bloated after eating because of the defective tissue of her stomach and gut. Energy testing facilitated the emergence of this understanding because it arose from the puzzling finding that she did not "want to eat normally." She needed to eat in a way that suited her own body. This illustrates how physical conditions can interweave in complex ways with the psychological aspects of an ED. What is taken into the body, and when, and what is refused are profound expressions of autonomy.

Conclusion

Energy psychology modalities can form useful additional components of a psychotherapeutic approach to EDs, helping to alleviate the intensity of emotional distress and facilitate the flow of energy and information. The simple (albeit subtle) methods of energy testing can offer rapid indications of unconscious obstacles to achieving a conscious goal. Despite certain components (tapping and energy testing) potentially appearing somewhat strange to those trained exclusively in talking/listening therapies, the content of what emerges is entirely familiar—stories of trauma, emotional pain, dysfunctional schemas, and psychodynamic conflict. It is in working carefully with all the details and nuances of these that healing occurs.

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