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## **How did we get to modern energy psychology?**

“Most of my psychiatric colleagues are still giving electroshock, still poisoning their patients with drugs, and still devoting years to life-energy depleting psychotherapy. In their hearts they know it is not really working. But they are too frightened to change, too frightened to explore the wonderful new ways that are available.” [John Diamond MD. 1986. p 70]

On first encounter, for those steeped in conventional verbal forms of psychotherapy, the procedures of energy psychology are likely to seem so utterly astonishing – even bizarre – that it may seem impossible to imagine how anyone could have dreamt up such a preposterous method. Did some unusually creative person wake up one day with the thought that perhaps asking people to tap on their body, whilst humming and counting, might cure them of anxiety and other distress? Was there a single eccentric genius to whom we owe eternal thanks for this gift to mankind of energy psychology? The reality is more mundane – and all falls into place when the history is appreciated. All of it was developed one step at a time, each person building on what had been done before. No single person grasped the whole picture in one fell swoop. A number of notable individuals did make substantial contributions, but many practitioners all around the world have played a part in developing the versions of energy psychology that we know today.

Understanding the history and evolution of energy psychology is important because through that understanding it is possible to grasp essential points about its nature that can otherwise be missed. We need to understand, for example, that the whole field is originally derived from muscle testing, each step having been tested in that way. This is easily overlooked when people are exposed predominantly to those energy psychology methods, such as Emotional Freedom Technique, that have jettisoned muscle testing. Indeed muscle testing is not essential to the work, but it is essential to know about it in order to understand the field.

There are broadly two roots of modern energy psychology. Kinesiology is one – the study of muscle strength and weakness as a form of body language providing a guide to diagnosis and treatment. Muscle testing provided a window into the body – and then the mind. It tells us what is wrong, what to do, and provides immediate feedback on the results of our efforts. The other root is the ancient knowledge of the energy pathways in traditional Chinese medicine (subsequently broadened to include the chakra systems of Hindu and other eastern thought).

It is necessary first to explain a little about the origins of muscle testing and its initial use in essentially non-psychological applications.

### **Detroit Chiropractor, George Goodheart.**

It was 1964 when Chiropractor George Goodheart made an observation marking the beginnings of what he came to call Applied Kinesiology, which, in turn, led to energy psychology. As a chiropractor, Goodheart naturally focused upon structural imbalances in the body, to do with postural problems, false alignment of bones etc. He did not, up to this point, test muscles. However, he had a particular patient whose presenting problem was that one of her shoulder blades stuck out from the body. This appeared to reflect a muscle weakness on one side, although there was no indication that the muscle was less developed on that side. Goodheart was startled to discover that when he rubbed certain nodules where the tendons held the muscle to the ribs, the muscle immediately functioned with more strength and the shoulder blade moved into a normal position. Further details of this particular case need not concern us – but the important point is that a muscle was found to display a weakness that was immediately corrected when Goodheart carried out a simple massage. This led Goodheart to begin to study an existing, but, at the time, not widely known, tradition of muscle testing. From these rudimentary beginnings, the vast potential of muscle testing as a language of the body, and as a means of interrogating the body-mind system, eventually unfolded.

### **The beginnings of muscle testing**

#### **Goodheart – links disease, muscle response, and neurolymphatic reflex**

Manual muscle testing was first developed by Boston orthopaedic surgeon, R.W. Lovett in the early 20<sup>th</sup> century. He used muscle testing to trace spinal nerve damage because muscles that tested weak often had a common spinal nerve. His work, describing five levels of muscle testing, was published in 1932. Henry and Florence Kendall modified and systematised Lovett's ideas and published a pioneering book: *Muscle testing and function*. [1949]

Kendall and Kendall's work inspired Goodheart, who went on to discover further ways in which certain muscles would test weak when associated with particular diseases. He then linked his work with the ideas of an early osteopath, Frank Chapman, who had observed that many symptoms seemed to have an origin in sluggish lymph flow, the fluid that carries nutrients to organs and carries toxins away. Chapman found that many points on the bodies of people showing symptoms of diseases would be tender when palpated or massaged – but regular massage of these places would result in improvement in the disease condition. He called these Chapman Reflex Points and published his findings in the 1930s. Goodheart made the link between the Chapman Reflex Points, muscle weaknesses, and particular disease conditions. He found that rubbing the Chapman Reflex Point would result in strengthening of a particular muscle associated with the disease.

Another chiropractor, Terence Bennett had developed his own model of restoring health based on proper blood flow. This was based on similar ideas to those of

Chapman regarding the lymph flow. Bennett developed his own set of reflex points, most of which were on the head and upper body. He found that applying light pressure to these points would stimulate increased blood flow to the associated tissues and organs – with ensuing improvements in the disease condition. Goodheart also incorporated Bennett's work.

### **Goodheart - Applied Kinesiology incorporating Chinese Medicine**

As Goodheart continued to explore the possibilities of muscle testing, he gathered a group of interested chiropractors (who came to be known as the Dirty Dozen) and developed the new field that he called Applied Kinesiology (Walther 1988). However, it was Goodheart himself who, in the 1960s, took the major step of exploring and integrating ideas that were filtering into the West regarding traditional Chinese medicine. He found that when muscle strength was not restored by stimulating either the Chapman or Bennett reflex points, he could do this by running his hand along a particular energy meridian in the direction of flow. In 1966 he wrote a manual on strengthening muscles by holding acupuncture points called Tonification Points. Goodheart began to appreciate the complex relationship between muscle response and imbalances in the lymphatic system, the vascular system, the energy system, and particular organs (in Chinese medicine, particular meridians are associated with particular organs). Goodheart's achievement was to have found a way of accessing the subtle energy systems of Chinese medicine by using the immediate biofeedback of muscle testing.

Goodheart and his colleagues also recognised that muscle strength could also vary in response to different thought processes. Thus it was found that muscle testing could be used to give indications of areas of stress and emotional disturbance in a person's life, if the clinician monitored the muscle whilst enquiring about different subjects. It was this application to the study and treatment of emotional and psychological life that psychiatrist John Diamond pioneered, paving the way for the new wave of energy psychology methods. Diamond's work is discussed separately below.

### **The emergence of Touch for Health**

Another member of Goodheart's 'Dirty Dozen', was chiropractor Dr. John Thie. Like Goodheart, he became immersed in principles of Chinese medicine and developed a method for the general public to balance their energy on a regular basis as a means of maintaining health. This became known as 'Touch for Health' – a therapeutic movement that began in the 1970s and is popular in over 50 countries. One Touch for Health method is that of Emotional Stress Release. In this technique, the person thinks of a stressful event whilst applying gentle finger pressure to the frontal eminences, the broad bumps on the forehead above the eyes (which are also the Gall bladder 14 acupoints) – and this may be combined with holding the base of the back of the skull with the other hand. This seems to help restore blood flow to the frontal lobes, which are important in thinking and new learning. When a person is stressed, blood may be withdrawn

from these areas and directed towards the lower survival centres of the brain (limbic system) – hence the impaired thinking shown by people under stress. Using Emotional Stress Release, the emotional charge associated with the stressful situation is reduced or eliminated.

John Barton, a health practitioner in California also saw the possibilities of kinesiology for a popular holistic approach, which he developed in the 1970s under the name Biokinesiology

### **Beardall discovers the thumb-finger energy loop.**

One of Goodheart's protégés, Dr. Alan Beardall, made several additional important discoveries. One of these (in 1983) was that when a patient touched a painful area with an open hand, the muscle being monitored became weak, but when the same area was touched by the patient holding thumb and little finger together, the muscle strengthened. It thus appeared that the thumb and little finger had energy flows that somehow related to the energy flow of the meridian system, and that muscle monitoring provided a means of assessing these flows. Gradually, Beardall established the following: thumb to index finger responded to structural stresses in the body; thumb to middle finger responded to nutritional stress; thumb to ring finger responded to emotional stress; thumb to little finger responded to energetic stresses such as meridian imbalance.

### **The broadening scope of kinesiology**

As kinesiology developed further from these beginnings, all manner of new insights and applications emerged. To summarise some of the overall conclusions, it was found that a muscle may test weak in response to: [1] a physical factor; [2] a disturbance in a related organ system (with restricted lymph or blood flow); [3] a disturbance in an associated meridian; [4] a disturbance of emotion or thought. It is the latter aspect that became the basis of the emerging field of energy psychology. Kinesiology, through muscle testing, was found to offer a means of 'eavesdropping' on the unconscious mind, and of accessing emotions that might be at odds with the person's conscious view.

### **Neurological disorganisation – applications to education**

Dr Paul Dennison suffered from severe dyslexia, and after becoming aware of Touch for Health, began to see the value of 'cross crawl' or cross patterning, that had been developed by kinesiologists as a treatment for neurological disorganisation, as well as the Emotional Stress Release method. He saw the potential for understanding many kinds of learning difficulties and behavioural disorders in children as expressions of neurological disorganisation, a lack of coordination of brain activity. Out of this work, initially called Educational Kinesiology, came the approach called Brain Gym, now used in many educational contexts.

Another related educational application was that of Three-in-One or One Brain Kinesiology, developed by Gordon Stokes, Candice Callaway, and Daniel

Whiteside. This approach gave greater emphasis to the role of unresolved emotional problems in learning difficulties – and gave rise to a deeper and more focused stress relief method called Emotional Stress Defusion.

## **The work of John Diamond MD.**

[Dr. Diamond has told me that he no longer endorses all that he wrote in his earlier books. Nevertheless, they are relevant as an important part of the history and evolution of what has come to be called ‘comprehensive energy psychology’. Aspects of Dr. Diamond’s current work can be found at his website <http://www.drjohndiamond.com/>. Dr. Diamond cautions against the use of muscle testing by those with insufficient training]

John Diamond was the first to make the link from the largely physical health focus of Applied Kinesiology to its applications in relation to emotional, psychological and psychiatric problems – although he is truly holistic in his approach, attending to the multiple levels of a person’s physical, emotional, mental, and spiritual health. Indeed, Diamond, who received the Distinguished Pioneer award at the 2006 ACEP conference, may justifiably be regarded as the father of all the many contemporary approaches based on using muscle testing to identify and subsequently treat the meridian basis of psychological distress or dysfunction.

Diamond found that it is possible to muscle test for a person’s response to almost any kind of stimulus – whether this be a particular food, a facial expression, a visual symbol, a kind of music, and so forth. This work was outlined in his 1979 book *Your Body Doesn’t Lie*. Exploring a person’s ‘life energy’, he found that the thymus gland, in the centre of the upper part of the chest, is a key to the strength or weakness of this – and developed ways to enhance this, including the ‘thymus thump’. He went on to discover links between the different meridians and particular emotions. Using muscle testing, he was able to identify which meridians were unbalanced and were thereby linked to a person’s emotional state. He discovered also that certain affirmations would correct the weakness in particular meridians. By working through layers of weak testing meridians, he could clear the different levels of emotional disturbance that lay behind a presenting symptom or problematic state of mind. Diamond’s work draws upon many different traditions of knowledge, but is particularly interwoven with allusions to psychoanalysis. If his insights are followed, the therapeutic work can indeed be, in certain ways, much deeper than that afforded by conventional psychoanalysis in many of its forms.

### **The thymus gland**

In his 1985 book, *Life Energy*, Diamond emphasises the importance of the thymus gland:

“The thymus gland monitors and regulates energy flow throughout the body’s energy system, initiating instantaneous corrections to overcome imbalances as they occur so as to achieve a rebalancing and harmony of life energy. Further, it is the link between mind and body, being the first organ to be affected by mental attitudes and stress. A healthy, active thymus gland makes for vibrant and positive health.” [p 15].

Diamond would muscle test whilst the person placed their fingers of one hand in the vicinity of the thymus gland. Frequently he would find that whilst the indicator muscle (e.g. the deltoid muscle tested with the subject’s arm outstretched) would test strong, it would test weak when the person touched their thymus gland area. He found he could check that the procedure was testing the thymus gland by having the person chew a tablet of thymus extract, which would then result in a strong muscle test when the thymus area was again touched whereas previously it had tested weak. He came to view the thymus as the “master switch, the master controller, of the acupuncture energy system of the body” (1985 p 20), since actions that enhance the functioning of the thymus will automatically correct imbalances or weaknesses in other parts of the energy system. Diamond found that feelings of fear, anger, hatred, and envy would undermine the strength of the thymus gland.

### **The cerebral hemispheres**

Diamond (1985) writes of the differential functions of the two cerebral hemispheres and their interdependence for optimum creative activity. Thus, although this is an oversimplification, the right hemisphere is concerned with music, rhythm, imagination, intuition, humour, and dreams – and the sympathetic nervous system; the left hemisphere deals with logic, arithmetic, and ordered sequential relationships – and the parasympathetic nervous system. The two hemispheres relate to different acupuncture meridians. By performing a simple test of cerebral hemispheric dominance at any one time, Diamond found he could identify more quickly which of the meridians were out of balance. When in a state of stress, it is common for a person’s cerebral hemispheres to become unbalanced.

Diamond’s test for hemispheric dominance is as follows. The person is first muscle tested ‘in the clear’; then he or she places the palm of the right hand two to four inches from the left side of the head, opposite the ear, and the muscle test is repeated. If the person tests weak with their hand in this position against the left side, this indicates left hemisphere dominance. If he or she tests weak with the right hand held against the right side, this indicates right hemisphere dominance.

- Right hand against left hemisphere – muscle test weak = left hemispheric dominance.
- Right hand against right hemisphere – muscle test weak = right hemispheric dominance.

Diamond found that most people test as left hemisphere dominant: “They are caught in a verbal and intellectual struggle with their environment and have sacrificed the aesthetic and intuitive aspects of the right hemisphere.” [1985 p 88]

Each hemispheric weakness/dominance is associated with a particular set of meridians. Six meridians run down the midline of the body and another six run bilaterally down either side – and each has a particular test (or ‘alarm’) point, these points having been previously established in Applied Kinesiology. If the person is left hemisphere dominant, the meridians with midline test points are tested to find which is out of balance. If he or she is right hemisphere dominant, the meridians with bilateral alarm points are tested.

- Right hemisphere dominant – test the bilateral alarm points.
- Left hemisphere dominant – test the midline alarm points.

### **The meridians, emotions, and affirmations.**

Diamond’s testing and treatment procedure is described below, after an outline of the meridians, their associated emotions, test points, and affirmations.

Diamond writes extensively about the emotional qualities associated with each meridian. Brief summaries are provided below, along with indications of the test points and the affirmations that Diamond found would help to correct imbalances in each meridian. Diamond’s 1985 book provides photographs illustrating the test points (which are also illustrated in other texts, such as Feinstein 2004, p 261).

The following meridians have test points bilaterally (either side) of the body:

- Lung,
- Liver,
- Gall bladder,
- Spleen,
- Kidney,
- Large intestine.

### **Lung Meridian.**

**Test point:** the hollow of the shoulder: “the first intercostal space on the anterior paraxillary”. [Diamond 1985 p 102]

Diamond calls this the meridian of humility. Negative emotions linked to the lung meridian include: disdain; scorn; contempt; haughtiness; false pride; intolerance; and prejudice.

**Affirmations:** I am humble/tolerant/modest.

### **Liver Meridian.**

**Test point:** an inch or two below the nipple: “in line with the nipple at about the costal border, usually just above it” [Diamond 1985 p 112]

Diamond calls this the meridian of happiness. The negative emotion linked to the liver meridian is unhappiness.

**Affirmations:** I am happy/have good fortune/am cheerful.

### **Gall bladder meridian.**

**Test point:** an inch or so up from the base of the ribs at the front, under the nipple but an inch or so to the side: “at or just below the junction of the ninth rib and the costal border.” [Diamond 1985 p 118]

Diamond calls this the meridian of adoration. Negative emotions include rage and fury.

**Affirmations:** I reach out with love/with forgiveness.

### **Spleen meridian.**

**Test point:** on the side, where the waist bends: “tip of the eleventh rib” [Diamond 1985 p 123].

Diamond calls this the meridian of confidence. Negative emotions are to do with realistic anxieties about the future.

**Affirmations:** I have faith and confidence in my future; My future is secure; I am secure.

### **Kidney meridian**

**Test point:** in the vicinity of one of the kidneys: “tip of the twelfth rib” [Diamond 1985 p 129]

Diamond calls this the meridian of sexual assuredness. Negative emotions are to do with sexual indecision.

**Affirmations:** I am sexually secure; My sexual energies are balanced.

### **Large intestine meridian**

**Test point:** an inch or so under the navel, and a couple of inches or so to one side: “approximately six centimetres lateral to the umbilicus and two centimetres below” [Diamond 1985 p 133].

Diamond calls this the meridian of self-worth. The negative emotion is guilt.

**Affirmations:** I am basically clean and good; I am worthy of being loved.

### **Midline meridians.**

The following meridians have test points down the centre of the body:

- Circulation-sex/heart protector
- Heart
- Stomach
- Thyroid/Triple heater
- Small intestine
- Bladder

### **Circulation-sex meridian**

**Test point:** centre of the chest level with the nipples.

Diamond calls this the meridian of relaxation and generosity.

Negative emotions include: regret and remorse; sexual tension; jealousy; stubbornness.



**Affirmations:** I renounce the past; I am relaxed; My body is relaxed; I am generous.

### **Heart meridian**

**Test point:** just under the ribs in the centre under the chest: “tip of xiphoid process below sternum” [Diamond 1985 p 149]

Diamond calls this the meridian of forgiveness.

Negative emotion is anger.

**Affirmations:** I love; I forgive; There is forgiveness in my heart.

### **Stomach meridian**

**Test point:** in the centre, around the area of the stomach: “halfway between the xiphoid process and umbilicus” [Diamond 1985 p 154]

Diamond calls this the meridian of contentment and tranquillity.

Negative emotions include: disgust; disappointment; bitterness; greed; emptiness; deprivation; nausea; hunger.

**Affirmations:** I am content; I am tranquil.

### **Thyroid/triple heater meridian.**

**Test point:** an inch or two below the navel: “one third down an imaginary line between the umbilicus and symphysis pubis” [Diamond 1985 p 164]

Diamond calls this the meridian of hope.

Negative emotions include: depression; despair; grief; hopelessness; despondency; loneliness; solitude.

**Affirmations:** I am light and buoyant; I am buoyed up with hope.

### **Small intestine meridian.**

**Test point:** “two-thirds down an imaginary line between the umbilicus and symphysis pubis.” [Diamond 1985 p 178]

Diamond calls this the meridian of joy.

Negative emotions: sadness and sorrow.

**Affirmations:** I am full of joy; I am jumping with joy.

### **Bladder meridian.**

**Test point:** just above the pubic bone: “just above the symphysis pubis” [Diamond 1985 p 182]

Diamond calls this the meridian of peace and harmony.

Negative emotions: restlessness; impatience; frustration.

**Affirmations:** I am at peace; I am in harmony; Conflicts within me have been resolved; I am balanced.

### **The Conception/Central and Governing Vessels.**

These are not organ-related meridians, but are regarded more as vessels collecting energy that has passed through the organ meridians. Diamond links the governing vessel to embarrassment and the central vessel with shame. However, he believes these are more like secondary emotions rather than the

more fundamental ones based around love and hate, and he finds the governing and central meridians tend to correct themselves when the more fundamental underlying emotional state is resolved.

**Test point for governing vessel:** “slightly above the midpoint of the upper lip” [Diamond 1985 p 188]

**Test point for conception/central vessel:** “slightly below the midpoint of the lower lip” [Diamond 1985 p 190].

### **Diamond’s testing and treatment process**

The following is, schematically, the procedure Diamond [1985] describes for ascertaining and correcting the predominant emotional state of a person at the time of testing.

- The person is muscle tested whilst he or she touches the thymus.
- If the thymus tests weak, the hemisphere test is performed.
- If this test indicates left hemisphere dominance, the midline meridian points are tested; if right hemisphere dominance, the bilateral meridian points are tested.
- The meridian that tests weak is located.
- The person repeats several times, with feeling, the appropriate affirmation.
- On retesting, the previously weak-testing meridian may now be found to test strong; the cerebral hemispheres are balanced; and the thymus also tests strong. If not, then another meridian may now need balancing.
- The procedure is continued, treating each weak-testing meridian with an appropriate affirmation until the thymus tests strong.
- NB. Normally only one meridian will test weak at a time. Diamond found that occasionally more than one might test weak, but only one of these would be important – the other being more like static in the system, easily eliminated by taking a couple of relaxing breaths.

Diamond recommends a daily programme for life energy, whereby the affirmations for each meridian are repeated whilst the person touches each test point (although he finds that just saying the affirmations alone is also effective).

### **The significance of ‘layering’ of meridian imbalance**

Diamond realised that the layering of meridian imbalance reflected an underlying layering of emotional disturbance. They are revealed one at a time, just as in traditional psychoanalytic therapy layers of emotion are gradually revealed as the more unconscious levels move to the surface. However, Diamond makes another interesting point, that the last or deepest meridian to be corrected before the thymus tests strong is the most important or most basic one. Often he finds that this is the lung or thyroid meridian – and, of these two, the lung meridian is traditionally seen as the fundamental route of Chi into the energy system through the breath, and thus is regarded as the primary meridian. Diamond relates the lung meridian to Melanie Klein’s primary paranoid-schizoid position, driven by envy, and the thyroid to her depressive position.

### **Diamond's treatment of fears and phobias.**

Diamond's procedure for treating a specific fear or phobia is as follows.

- The person is asked to think about the feared situation as vividly as possible.
- He or she is then tested to find which meridian registers as weak.
- The appropriate affirmation for that meridian is used.
- The person repeats the affirmation prior to and during the feared situation.

Diamond finds that often the circulation-sex meridian is involved in phobias.

### **When the indicator muscle tests weak *without touching the thymus*.**

Diamond adds a crucial point that at times when a person thinks of a stressful situation, his or her indicator muscle will test weak without touching the thymus gland. Then, when the person touches the meridian test points, one will be found that registers strong. Note that this is different from the situation previously described where the search was for the meridian that registered weak (when the indicator muscle registered strong). If the indicator muscle is registering weak when the person thinks of the stressful situation, then what is sought is the meridian that makes the muscle register strong. Diamond explains this as being like a 'double negative' – hence the seemingly paradoxical result that the problematic meridian registers as strong.

### **The basic problem: hatred of the mother**

In a number of Diamond's writings, he states that the fundamental emotional problem for human beings is often hatred of the mother, and, most basic of all, a doubt of the mother's love:

"The single most important fact I have learned in my years in psychiatry and preventive medicine is that love is the great healer. And yet we all know that there is something inside ourselves that prevents us loving fully, completely opening our hearts and making a total commitment. The basic reason for this lies in our inability to totally love our mothers. This problem begins in the first minutes of life as a result of the unnatural manner of our births." [Diamond 1986, p 1.]

He finds that simple muscle tests demonstrate this. For example, if a woman thinks of comforting her upset child or husband, she will often muscle test weak. If a man thinks of putting his head in his wife's lap for comfort, he will often test weak. Looking at a woman's lower belly will often lead a person, of either sex, to test weak. Looking at a card with one's mother's name, plus the word 'mother', will usually cause a person to test weak, whilst the mother's name on its own does not. Moreover, Diamond finds that almost everyone will test strong to the statement "I want to kill my mother":

"This desire to kill your mother is the most primitive destructive force in you. It is not just hate. It is the murderous impulse and it is the recognition of this that led Freud and Melanie Klein to postulate the death instinct." [Diamond 1986 p 19]

Diamond explains that when he tests people for this level of murderous hatred, he prefaces it by pointing out that there are parts of us that love our mother and parts that hate her and that the test is to determine which part is affecting the person at that point:

“It is not to say that all of you hates her, or necessarily to imply that all of you loves her. But there is a part of you that hates her, and that part is ruling your life at the moment and is causing you to test strong when you say ‘I want to kill my mother’. You may protest that this is an extreme statement. You may admit that you have some difficulties with her, and that, yes, you dislike her, but kill her, no. That is going too far. And I reply that the unconscious does not work that way. The unconscious does not have modifiers and qualifiers. It deals in black and white – you love or you hate ... The unconscious is a binary system. And of course as it is the unconscious that rules us, it is the unconscious that is revealed by the testing.” [Diamond 1986 p 19]

It is this attunement to the deeper layers of human destructiveness – and indeed the eternal tension between life and death instincts - that makes Diamond’s work so congruent with psychoanalysis. Just as Freud (1900) revealed how dreams may function as a ‘royal road’ to the unconscious mind, Diamond has shown how muscle testing functions as another, and more direct, window to hidden motives and emotions.

### **Reversal of the body morality.**

Diamond noticed that sometimes a person will display a reversal of normal responses, such that good (or love) will test as bad, and bad (or hate) will test as good. The person may test strong to ‘I want to be ill/to die’ and weak to ‘I want to be well/to live’ [Diamond 1988]. In such conditions healing cannot occur.

Diamond does not offer quick fixes for profound problems. He finds that many difficulties, including those found in fundamental reversals of the body’s morality, are very deep rooted. Recovery from illness requires effort. Moreover, he recognises the element of choice in whether a person embraces a positive attitude and becomes well:

“The start of all illness is the loss of the inherent will to be well. In fact, I believe that the illness itself is this loss of the will to be well, just differently manifested depending on various lesser etiological factors.” [Diamond 2002 p 71]

For Diamond, illness and health are physical, emotional, and also spiritual matters, fundamentally to do with our relationship with love.

### **On holistic practice**

Diamond is truly a holistic practitioner. In this respect he defies categorisation. Something of the quality of his stance is revealed in the following quote:

“Forget the medical diagnosis. It is only a name. It is only an Orion’s belt in the whole firmament of the universe of the sufferer. The therapist must

breach the narrow confines that most institutions want him to work within. He must think of the totality of the sufferer. To see him as anything less, to reduce his existence to a diagnosis, is an insult. To see him in his totality is to worship him as a Being.

Holistic therapy really implies the absence of using any diagnostic label. The best label is the name of the patient, because we each suffer from the disease which is ourselves. The diagnostic label for John Smith is 'John Smith'. [Diamond 2002 p 17]

### **Crucial components of John Diamond's contribution**

Diamond's work has proceeded in many directions, resulting in a vast and complex network of observations, insights, and methods. Only a small area of this has been summarised here. However, it may be worth highlighting those components of his contribution that seem particularly important in the evolution of the field of 'energy psychology' (a term, it should be said, that Diamond neither likes nor uses). As I perceive it, the crucial steps that Diamond took are as follows:

- He extended the field of muscle testing, exploring emotional truth, as well as the impact of all manner of stimuli upon the human system.
- He identified the links between specific meridians and emotions.
- He discovered how muscle testing of meridian test/alarm points could be used to identify the meridian imbalance underlying an emotional state.
- He discovered how meridian imbalance may occur in layers, and how these may correspond to layers of emotions. Thus, he used muscle testing to identify the sequence of meridians that required treatment in relation to a particular emotional problem.
- He discovered how meridians that are out of balance can be corrected by specific affirmations.
- Thus he discovered an efficient way of identifying how the meridian system is out of balance in relation to an emotional problem, fear or phobia, and how to correct this.
- He also identified profound obstacles to healing, such as the reversal of the body's morality.

### **Roger Callahan and the emergence of Thought Field Therapy**

Dr. Roger Callahan is a clinical psychologist – originally a pioneer cognitive therapist, a colleague of Albert Ellis - who had been working with some of Goodheart's group, including John Diamond. His breakthrough that led to TFT came in 1979. By this point, many ingredients and possibilities were in place on the basis of the discoveries and methods developed by Goodheart and Diamond and others. These included: [1] links between meridians and emotions, including fear; [2] muscle testing for diagnosing meridian imbalance in relation to particular states of mind, using meridian test/alarm points; [3] the knowledge of layers or sequences of meridian imbalance in relation to particular emotional states; [4] ways of treating meridians, by stimulation with needles or tapping or touch

(Goodheart) or by the use of affirmations (Diamond). What Callahan learned to do was similar to all of these, but subtly different and startlingly effective.

### **Mary**

Callahan had been working for about eighteen months with a woman called Mary Ford, who had a long-standing and severe phobia of water. She could not bear to be near water, bathed and drank as little as possible, avoided venturing out if it rained and did not like to see water on television or in views of the ocean or rivers. This had troubled her for as long as she could remember. It was a true phobia, in that there appeared to be no traumatic antecedents. Using conventional cognitive and behavioural and hypnotherapeutic methods of the time, Callahan had enabled Mary to make sufficient progress to tolerate sitting with her feet dangling in his swimming pool, but she would do this and feel intense distress – she had learned to tolerate her anxiety but the phobia was as strong as ever. On the basis of muscle testing, Callahan knew that there was a problem in Mary's stomach meridian – but he did not know quite what to do about this. One day, acting on a whim, he suggested to her that she tap on a point at the end of the stomach meridian. This procedure of tapping on the first (or last) point of a meridian was not in general use. To his amazement, Mary leapt up, declaring "it's gone!" and ran exuberantly to the swimming pool. Callahan describes how he thought she had gone mad and called after her not to jump in – but she called back to reassure him that she was fully aware she could not swim. She subsequently explained that what she meant by "its gone!" was that the anxiety she had always experienced in her stomach had suddenly been released and she no longer experienced any anxiety. Her phobia had disappeared in an instant – and never returned. Callahan was astonished, but, fortunately, rather than dismissing this event as just some strange fluke, he persisted in exploring what it meant and how he could use the same principles to help other patients.

### **Sequences of tapping**

He found that many patients required more than one point to be tapped and that these needed to be done in a particular sequence – just as Diamond found that meridian imbalance emerges in layers. Callahan used a similar procedure to that described by Diamond, except that instead of having the patient make affirmations to correct each meridian (as Diamond had done) he had them tap the beginning or end of the meridian. An exception to the general principle of tapping a beginning or end of a meridian is the kidney meridian, which is tapped at the K27 points under the collar bones. In an early outline of his method for treating phobias (Callahan 1985), he described having the patient tap on the big toe (for the spleen meridian) and the second toe (for the stomach meridian) – points which are no longer routinely used.

Callahan's muscle testing procedure for diagnosing sequences of tapping for the particular individual in relation to the particular target problem cannot properly be learned from a book. The interested reader is best advised to obtain the 'Step A' material from Dr. Callahan [[www.tfrx.com](http://www.tfrx.com)] and to take a 'Step B' diagnostic

workshop with Dr. Callahan or other authorised trainer. Once grasped, the TFT causal diagnostic method is enormously effective and simple – and can be applied to any state of psychological or physical distress. It reveals the meridian coding for any dysfunctional state.

### **Callahan's v Diamond's diagnostic procedure for meridian sequence.**

There was one difference between Callahan's diagnostic procedure for determining the meridians requiring treatment and that described by Diamond. Both of them used the same test/alarm points (described above in the account of Diamond's work), and both would usually press on the arm, thus using the deltoid muscle as an indicator. However, the impression from Diamond's writings (1985) is that, after the initial investigations muscle testing with the patient touching the thymus, he would continue by muscle testing 'in the clear' with a strong muscle – and would then look for the meridian test point that made the muscle weak, which he would then correct with an affirmation. By contrast, Callahan would ask the patient to tune into the target problem, which would normally make the muscle test weak. He would then search for the meridian test point that made the muscle strong – and then treat this meridian by having the patient tap on the appropriate meridian point. Diamond did mention in passing that sometimes thinking of a stressful situation would make an indicator muscle test weak, and that then he would search for the meridian test point that made the muscle strong – a 'double negative', as he called it – but this did not, according to his published account, form the normal basis of his procedure as it did for Callahan. The basic principle here seems to be that if we start with a weak muscle we look for the meridian that makes it strong, and if start with a strong muscle (but know from other data, such as the thymus test that there is a meridian problem) then we look for the meridian test point that makes it weak.

### **Common sequences - algorithms**

Callahan found that very often the same sequences would emerge when different people were muscle tested for similar mental states. Thus *anxiety* would usually involve the following meridian sequences: [stomach] under eye, [spleen] under arm, [kidney] collar bone; *claustrophobic anxiety and spider phobia* might involve: [spleen] under arm, [stomach] under eye, [kidney] collar bone; *trauma* might involve: [bladder] eye brow next to the nose; [kidney] collar bone; *anger* might involve [heart] little finger; *rage* might involve [gall bladder] side of the eye. Extensive lists of these common sequences, or 'algorithms', have been published in books such as Dr. Callahan's *Tapping the Healer Within* (2001) and Suzanne Connolly's *Thought Field Therapy: Clinical Applications* (2004). The important point that Callahan found was that sequence is usually crucial. Incorrect sequences would not work.

Good and effective work can be done using TFT algorithms. These do not involve knowing how to muscle test. Thus, algorithms can readily be incorporated into other forms of psychotherapy without any need for physical contact with the client. On the other hand, the diagnostic muscle testing procedures allow the

practitioner a much deeper and clearer knowledge of what is going on in the energy system on a moment-to-moment basis.

### **Quantum drops in the subjective units of distress**

Using the Callahan methods, the practitioner works with the client until the 'subjective units of distress', a widely used Likert scale of 0-10, have collapsed to zero – the point when the client can no longer locate any distress at all when thinking of the target problem. Usually the distress drops in significant 'quantum' jumps – of at least two points, and sometimes more. The effect is normally quite startling, on first encounter.

### **Psychological reversal**

Callahan discovered two complications in the work with some patients: psychological reversal, and neurological disorganisation. He noticed that some patients, the ones who did not initially respond to the tapping method, would display a paradoxical muscle test response when asked to make certain statements. Normally, a person will muscle test strong to the statement 'I want to be over this problem' and weak to 'I want to keep this problem'. Some patients showed a reverse reaction, testing strong to wanting to keep the problem and weak to wanting to be free of it. For a time, Callahan did not know what to do about psychological reversal; it completely blocked treatment, whether by tapping or conventional therapy. One solution he found worked was to have the patient ingest a small amount of Bach Flower Rescue Remedy. A problem with this was that some patients did not like to take a seemingly strange herbal concoction and were suspicious of it. Subsequently Callahan found that having the client tap on the side of the hand, on the small intestine meridian, whilst thinking of the problem, usually corrected the reversal. Initially he combined this with having the patient make a statement of self-acceptance – a strategy he developed from the work of Carl Rogers - but subsequently he found this to be unnecessary, although it is an effective correction for reversal in its own right (Callahan 2001d). More recently, as Callahan and colleagues have explored the ways in which psychological reversal is actually manifest as electrical voltage changes on the surface of the body, measurable with a simple voltmeter (Callahan 2006), he has a renewed enthusiasm for the remarkable effectiveness of Rescue Remedy in correcting reversals. Thus Dr. Callahan discovered, through trial and error, three corrections for psychological reversal: [1] Bach Rescue Remedy; [2] a statement of self-acceptance; [3] tapping the side of the hand on the small intestine meridian.

Callahan also found that there could be different layers of psychological reversal. Commonly, after a person's subjective units of distress have dropped quite low (perhaps to 2 or 3), further dissipation of distress will appear to stall. When the person is muscle tested to the statement 'I want to be *completely* over this problem' he or she will test weak. Callahan called this a 'mini-reversal' and applied the same correction of having the patient tap the side of the hand, this time whilst thinking of being completely over the problem. He also identified



reversals relating to the future, expressed in the testing statement 'I *will* be completely over this problem'. Sometimes reversals would occur recurrently, so that a few minutes, or even seconds, after a correction the reversal would reappear. Callahan eventually realised that these recurrent reversals were often an indication of the action of 'individual energy toxins', chemical substances (in food, the environment, or grooming products) that directly disrupted that person's energy system. The discovery of individual energy toxins was possible only as a result of the development of a highly potent and efficient therapeutic method such as TFT and the use of muscle testing which allows a direct observation of the effects of certain substances; when using less effective methods, the role of energy toxins would never become apparent. Fortunately, in the last few years Dr. Callahan has developed a simple method of neutralising energy toxins, known as the '7 second toxin treatment' [training material known as the 'toxin pack' is available from [www.fttrx.com](http://www.fttrx.com) or from a Callahan Techniques licensed trainer].

### **Neurological disorganisation and the collar bone breathing technique**

The second complication that Callahan identified was that of 'neurological disorganisation', long-recognised within Applied Kinesiology as subtle forms of incoherence in the neurological and energy systems. This would make both diagnosis and treatment within TFT more difficult. Like psychological reversal, it may sometimes be a result of individual energy toxins. Callahan devised an effective and efficient treatment for this, known as the collar bone breathing technique – which appears to be derived partly from the 'respiratory challenge' combined with various components used in Applied Kinesiology to correct 'switching' (Frost 2002, p 70 & 86-89). This involves sequenced breathing of five steps ([1] breathing in fully, hold; [2] breath out halfway, hold; [3] breath out all the way, hold; [4] breath in halfway, hold; [5] breath normally), whilst the client holds finger tips to the K27 collar bone point and at the same time tapping on the 'gamut' thyroid meridian point between the knuckles of the little and ring finger of the back of the hand. The fingers are then moved to the other collar bone point, and then the knuckles (in effect, the back of the hand) are held to the collar bones. This is repeated with the other hand. Thus the 5-stage breathing and tapping procedure progresses through 8 different finger/knuckle positions – a total of 40 different steps. It is an essentially simple procedure that is best learned through direct tuition in a Callahan Techniques workshop.

### **The '9 gamut' procedure**

When a person's distress has fallen to near zero, it sometimes needs a little more help to clear it fully. Callahan noticed that if a person is muscle tested at this point, he or she might register weak at when performing any one of the following 9 actions: [1] closing the eyes; [2] opening the eyes; [3] moving the eyes down right; [4] moving the eyes down left; [5] moving the eyes in a circle one way; [6] moving the eyes in a circle the other way; [7] humming a few notes; [8] counting a few numbers; [9] humming again. This observation, linked partly to the Applied Kinesiology tests for 'ocular lock' (Frost 2002, p 85), would appear to

indicate that certain brain activities, expressed in one or more of these movements, were still associated with a disruption in the energy system in a way that was linked with the target problem. It may also be regarded as a form of neurological disorganisation. This would be corrected by performing the action and tapping the thyroid meridian point on the back of the hand between the knuckles of the little finger and ring finger. One further odd observation was that step 7 could actually be *either* humming or counting, which would then be followed by counting or humming (whichever step 7 had not been) – but then step 7 might have to be repeated in step 9. It appeared that although step 7 might register strong initially, it might register weak after step 8. Like many other phenomena in this field, the precise reason for this is unclear, but the method is based on direct observation. Although it is simple enough to muscle test for each of these steps, it is actually quicker just to do the whole lot routinely if it appears needed (taking less than thirty seconds). Because a gamut of 9 different actions are conducted whilst tapping on the thyroid meridian on the back of the hand, Callahan called this the '9 gamut point'.

### **Why is it called Thought Field Therapy?**

Callahan points out that the TFT procedure is crucially dependent on the client thinking of the problem whilst the muscle testing and meridian tapping takes place. Although it does not matter to an acupuncturist what the client thinks of during the treatment, in TFT this is all important. He reasoned therefore that the *thought* is expressed within the energy *field* of the body. The thought is encoded in the patterning of the energy field, which is expressed in the *sequence* of meridians that require to be treated. This sequence is analogous to a code for a combination lock. It is not just a matter of a 'blockage' or 'imbalance' in a meridian, but of the *information* encoded in the energy system. This information – which Callahan calls a *perturbation* – generates the disturbance in the body that is experienced as the troubling emotion. When the perturbation – the active information in the field – is cleared, then the disturbance in the body collapses. Perturbations can be cleared very quickly since they contain little mass or inertia; they are *signals*, which can shift in an instant.

Callahan links his observations and theory with the ideas of biologist Rupert Sheldrake and the concept of the morphogenic fields that contain information guiding the form and behaviour of living organisms. These insights are suggestive of ways in which perturbations, such as phobias, might be inherited through the generational energy fields or the 'collective unconscious'. True phobias, without traumatic antecedents in the person's life history, usually relate to situations that might, at some time in the history of the species, actually have been very dangerous, when the fear would have been potentially life-preserving – for example, of snakes and spiders in certain parts of the world. Callahan considers how some fears are normally subsumed in the course of individual development – such as the fear of heights. Certain factors appear able to reactivate these fears that had previously been subsumed in the development of either the individual or the species. Moreover, it has been observed that

individual energy toxins may sometimes reactivate fears that had previously been successfully treated with TFT.

### **The 'apex problem'**

Callahan noticed an intriguing response shown by many clients, regularly observed by any effective TFT practitioner. This is that the client will experience a marked relief of the presenting problem or symptom, but will then appear not to believe this, or will confabulate some explanation so as to dismiss this effect. Sometimes a person will deny that he or she had a problem in the first place, or may assert that it has gone simply because they have been distracted by the tapping. Commonly a the client may suggest that he or she cannot feel any of the previous anxiety because it is so relaxing in the therapist's office, or because the therapist has such a calming voice or charisma. It seems that because the client's brain cannot track the process of emotional change, he or she is bewildered by it and resorts to a degraded form of thinking and spurious explanations. In Callahan's terms, the client retreats from the *apex* of his or her thinking – and hence Callahan referred to this as the 'apex effect'.

### **Heart rate variability**

One of Callahan's further innovative developments is his demonstration of how heart rate variability [HRV] may be used as an objective measure of the effects of TFT. HRV is the subtle variation in the heart rate, which can provide important indications of the health of the body, including the autonomic nervous system. In a state of health, the HRV remains within optimal limits, neither too high nor too low. A completely even heart rate is a very dangerous sign – and, indeed, a midwife confirmed to me that this is considered an emergency in a foetal heart rate. A person is not conscious of their HRV. It is difficult to influence. Callahan's attention was drawn to the effects of TFT by a cardiac specialist, Dr. Fuller Royal. Dr. Royal had been giving some of his patients very simple TFT treatments, basically the algorithm for phobia, and had done HRV testing before and after the TFT. He reported to Dr. Callahan as follows: "I can tell you that the effect on the autonomic nervous system is nothing short of phenomenal" and added that "Heart Rate Variability is the only test known that will not respond to a placebo effect" [quoted in Callahan 2001, p 57]. HRV measures have now become part of the routine repertoire of many TFT practitioners and Callahan and colleagues have continued to find that Thought Field Therapy helps normalise HRV in a way that other psychological therapies do not. Thus TFT appears, on this objective measure of the body's physiology, to work at a deeper level and more effectively than any other known therapy. The implications of this are clearly immense.

### **'Voice technology'**

This term refers to the capacity to diagnose meridian sequences by hearing the client's voice over the phone, thus enabling many clients to be treated much more easily. I cannot discuss this further because I do not know what it is. No-one has been able to tell me what it consists of. Dr. Callahan told me it was a

trade secret. Very few people have trained in the use of VT. Thus, whilst I can speculate, there is nothing I can usefully write about it.

### **Summary of some of Callahan's achievements in developing TFT**

- Discovery of an extremely effective and efficient method of treating emotional problems – contrasting starkly with the relative ineffectiveness of earlier talk-based therapies.
- Discovery of the way in which emotional distress is encoded in the energy field of the body.
- Development of an efficient way of diagnosing these encoded perturbations through muscle testing.
- Development of the algorithms of regularly occurring meridian sequences.
- Exploration of psychological reversal and its treatment.
- Exploration of how psychological reversal is manifest in voltage shifts on the surface of the body, measurable with ordinary voltmeters.
- Development of simple and efficient ways of correcting neurological disorganisation through collar bone breathing and the 9 gamut procedure.
- Discovery of the role of energy toxins in psychological disturbance, how their effects can be identified and treated within the framework of TFT.
- Exploration of the use of Heart Rate Variability as an objective indicator of the effects of TFT.
- Identification of the 'apex problem'.
- Development of a subtle theory of the 'thought field' – and elaboration of the many implications of TFT for understanding the mind-body interaction.

### **The contribution of James Durlacher.**

Dr. James Durlacher, a chiropractor, became involved with Applied Kinesiology at the very beginning of its emergence in 1964, and was a Teacher Diplomat of the International College of Applied Kinesiology. Somewhat influenced by Callahan, whom he met in 1985, as well as others associated with Applied Kinesiology, he published a book in 1994 called *Freedom From Fear Forever*. Here he described the use of muscle testing to detect psychological reversal and also to find the particular meridian most involved in the target problem. However, the text implies that he generally focused on just the first meridian point that was found to make the arm strong – and he would have the client tap on this point until the SUDs dropped substantially. If they did not drop, he would check again for psychological reversal. He considered that where various meridians were involved these related to different aspects of the trauma or other problem. A further difference from Callahan's approach is that he would use the treatment/tapping points (as used by Callahan) also as the *test points* for 'therapy localisation' to find which meridian rendered the muscle strong when the client thought of the problem. Durlacher died in 2006.

### **Emotional Freedom Technique [EFT]**

In 1995, Gary Craig, a personal performance coach who had trained with Callahan, launched a simplified derivative of TFT, which he called Emotional Freedom Technique. One of the major differences from TFT was that the method relied on a simple standard tapping sequence – basically tapping all the meridian points. Muscle testing was also not involved. Apart from this, most of the ingredients of the algorithm level of TFT were retained. Craig incorporated a routine correction for psychological reversal by having the client tap on the side of the hand whilst making a statement that both referred to the problem and affirmed self-acceptance. The formula for this ‘opening statement’ was “Even though I have [X problem] I completely accept myself”, repeated three times. The client would then tap on all the points whilst uttering a brief ‘reminder phrase’ at each point. At the end of the sequence the 9 gamut would be performed and then the sequence would be repeated. The TFT ‘mini-reversal’ would be addressed by having the client tap on the points whilst saying “remaining ...X...”, thus instructing the energy system that the rest of the problem is now being targeted.

One of the advantages of this simplification was that the procedure became very widely and easily learned and available worldwide. Craig produced a free manual, downloadable from his website [[www.emofree.com](http://www.emofree.com)], written in simple language for the general public. In addition he prepared an inexpensive ‘EFT course’ on DVD, which provides quite extensive teaching on many aspects of the application of EFT, much of which is based on TFT – later followed by a number of more advanced teaching series. However, it must be acknowledged that in some of the examples on the ‘EFT course’, Craig is using TFT algorithms and even Voice Technology, rather than relying on a standard tapping sequence.

Used in a mechanical way, EFT is certainly helpful but appears not as dramatically so as TFT. This is not surprising since the crucial role of sequence of tapping is discarded. Craig argues that sequence seems not important, although in later DVDs [such as Steps Toward Becoming the Ultimate Therapist] he teaches the use of intuition and surrogate muscle testing in determining the best sequences to tap. Of course, simple sequences will be covered within a few rounds of EFT tapping, even though a number of unnecessary points may also have been tapped.

An indication of Craig’s stance toward diagnostic sequence is indicated by a few quotes from the transcript of the workshop Steps Toward Becoming the Ultimate Therapist (2002):

“Today is going to deal with diagnostics via muscle testing. But not via muscle testing in the standard way; that is one-on-one muscle testing where the practitioner tests somebody else’s arm ... This instead is going to be surrogate muscle testing, where we test ourselves as though we are the other person... [p 51]

[and, a little later, describing his own intuitive sense of which points need to be tapped] ... I just get an inkling, a notion, and I pay attention to it. This is a very, very important point ... I just had a couple of calls from

people in the last seminar asking me how to do that. It's like they were looking for a GONG, like a voice from God "Under the eye, stupid". And it doesn't happen that way. Some people get a strong sensation. I don't. I just get a notion, a sort of a knowing. And I pay attention to it. And it's different for different people." [p 59]

However, Craig has emphasised another aspect of precision and specificity – that of focusing on the many different aspects of a target problem. These aspects might be sensory details of a feared situation, temporal details of a trauma narrative, or different thoughts and emotions linked to the target. He has repeatedly pointed out that EFT does not work if applied too broadly or globally. Each detail of the target must be addressed in turn, and if the presenting problem is inherently global, then the underlying traumas, emotions, and thoughts must be addressed. Craig and other exponents of EFT have developed considerable skill in the use of language to locate and target the issues underlying the presenting problem. A rhythm of 'tapping and talking' develops, often with intense attunement between therapist and client, both tapping at the same time. Thus, where TFT practitioners emphasise the importance of meridian sequence, EFT practitioners make skilful use of language to tune into and evoke the relevant emotional details of the target problem. Whilst EFT is very linguistically oriented, TFT is relatively non-verbal during the specific treatment, since the client is asked simply to think of the problem. EFT is relatively unconcerned with niceties and details of the energy system, but is very concerned with what Craig calls the 'art of delivery', by which he means the skill with which it is targeted on the most relevant aspects of the problem.

A further important difference from TFT is in Craig's theory behind EFT. He states that EFT is like a psychological application of acupuncture and that "the cause of all negative emotions is a disruption in the body's energy system". Whilst this has a certain simple immediate appeal, as an explanation, it is somewhat less subtle than Callahan's account of the thought field, perturbations, and active information. Actually, of course, neither TFT nor EFT are actually *based* on theory. TFT derived from *observations*, as did the earlier discoveries within Applied Kinesiology. This basis in observation is part of its strength.

EFT has developed considerably since its first launch in 1995 as a sort of simplified TFT. Many practitioners around the world have developed innovative and useful applications with all manner of psychological and physical problems, and in a great variety of settings. Craig has always encouraged creative and imaginative play in the use of EFT. Dr. Callahan, perhaps not surprisingly, does not hold EFT in high regard. One of his persuasive criticisms is that, torn from its roots in TFT and muscle testing, EFT gives its practitioners little direct awareness of what exactly is going on in the client's energy system. From this point of view, EFT might seem like using a formula without understanding why or what the formula is based on. Others might feel that both TFT and EFT have their

strengths – and that EFT, initially a rebellious breakaway from TFT, has developed its own life and identity.

**Further developments in energy psychology.**

For some years Callahan was working largely alone in developing TFT. We have reason to be grateful for his persistence during those lonely years, which cannot have been easy. During the 1990s others began to use his methods, teach them and modify them. EFT certainly played an important role in this expansion. Then in 1998, the Association for Comprehensive Energy Psychology was launched, providing a network for practitioners to share ideas and observations, undertake research, and organise conferences. The field is now very lively and vibrant indeed.