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THE ANTHROPOLOGICAL AND SCIENTIFIC CASE FOR PSYCHO-ENERGETIC HEALING

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Abstract

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

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

Overview

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

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

We will survey theoretical and technical aspects of the main psycho-energetic psychotherapy schools, including:

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

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

2. The development of psychodynamic psycho-energetic principles and practices.

Psychodynamic energy theory develops from the concepts of neurosis in classical psychoanalysis and reaches a controversial maturity in Orgonomy and its offshoots.

Psychodynamic psycho-energetic practices develop from mainstream Freudian analysis and character analytic vegetotherapy, including Bioenergetic treatment (Lowen), Core energetic treatment (Pierrakos), energy practices involving spirits ([REFS] Brennan?

3. Post-psychodynamic psycho-energetic therapy or Confluent Somatic Therapy (CST) of Steven Vazquez ([REF]): Conceptual and practical components.

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

The final section will present new research into psycho-energetic psychotherapy (in a later issue of *IJHC*). A phenomenological investigative study explores the experiences of three psycho-energetic therapists who practice or draw upon one of the above therapeutic energy schools[**]. The nature of psycho-energetic experiences common across therapists is developed from the data and a proposed technical vocabulary defines these experiences and suggests further study.

LITERATURE REVIEW

Introduction

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

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

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

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

Anthropological evidence

The existence of bioenergy has captivated religious and medical thinkers across history and across many cultures. The healing energetic experience has occupied the minds of mystics, theologians, scientists, shaman and healers from antiquity to the present. As early as 800 B.C. Aryan priests speculated that vital, energetic substances interact with human beings in a way that is central to their health.

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

(Nielsen, et al, 1983, p. 103)

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

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

These include the idea of Kundalini, or the Serpent Fire, from India in which a subtle energy mounts the spinal column and circulates through the body. An image which resonates with that of the Kundalini is found in the Taoist alchemy of China; here a fire is generated within the lower part of the body and mounts and circulates through various cardinal points. The idea of energy circulation for continued health is also facilitated in practices as diverse as acupuncture and Yoga. A blocking or interference to this energy circulation is believed to give rise to imbalance, disharmony and disease... It is truly remarkable that the image of... Tantric fire within the lower abdomen and of an energy which circulates and transforms, should be found in so many cultures... People have also written and spoken of a connections between the subtle energies of the East, the alchemy of Europe and the Near East, and *Waken* of the Sioux, *Orenkda* of the Iroquois... the *Manitu* of the various Algonkian speakers, and even to *Num* or boiling energy of the !Kung of the Kalahari (Peat, p. 3-4).

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

Energy, Science, and Medicine

A general consensus exists among those who investigate energy scientifically (in its conventional conceptualizations) and those who experience it directly (as bioenergy) that

energy may not be a discrete phenomenon. A possibility exists that under the construct of energy fall several forces, some of which have yet to be discovered. The purpose of this section is not to argue that healing energy has been proven by science and medicine to be a unified natural entity, but to suggest that science, medicine, and reliable anecdotal information undergird the validity of a construct defined to be a subtle energy which affects health.

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

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

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

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

Scientific Theory of Psycho-Energetic Healing

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

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

Measuring the Body's Energy

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

the field measured outside the body. Simply put, modern technology makes it possible to think of the health-state of a person as being encoded in the field around the body.

Bioelectromagnetics

A series of observations from bioelectromagnetic research helps to establish that certain detectable energies have biological effects and suggests support for the electromagnetic hypothesis to explain the healer phenomenon.

Becker (1992b) writes

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

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

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

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

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

Near that same time Delagro (1982 in Becker 1992b) reported that chick embryos exposed to EM fields less than the strength of fields produced by television sets showed nerve function irregularity and significant incidence of developmental abnormalities. In 1990 the US Navy sought to duplicate Delagro's findings and found a "significant increase in the incidence of developmental defects in exposed embryos" (p. 60). In 1992 a news release from the California Institute of Technology confirmed that several research scientists had "identified magnetite particles in the human brain identical to those previously found in many other organisms" (p. 61), further supporting the argument for human nervous sensitivity to electromagnetic energy. Further, repeated Russian research (Aleksandrovskaia & Kolodov, 1966; Balaban &

Bravarenko, 1990 in Becker 1992b) supported Becker's observations that perineural cells mediate electromagnetic effects between nerve cells and the environment.

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

Michael Levine (1993) of Harvard Medical School writes

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

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

Medical Science and the Energy of Healers

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

Treatment of bacterial and fungal infections may be facilitated by healing... Healing can selectively enhance or retard growth of particular cell cultures in the laboratory... Healing may retard the growth of cancer cells in vivo... Healing may enhance body defenses... Healing increases hemoglobin levels in vivo and retards hemolysis in vitro... Healing given by a healer may enhance self healing... Healing reduces pain... Healing improves healee's attitudes to their illnesses... Research shows that healing reduces anxiety... Healing enhances reparative activities of the body... Healing can enhance recuperation from cardiac decompensation... Healing may be applied as a preventative treatment.... [and] studies of healing in selectively wakening one of a pair of anesthetized mice more quickly that the untreated control suggests that healing might be effective in reducing the duration of anesthesia in surgery (Benor, 2001a, p. 373-374).

These findings create a research base for the argument that people can impact psychological and biological systems, just as a powerline can. Based on the available evidence, enthusiasts like Benor argue that the energies of healing should be accepted into the mainstream of the helping professions. He observes that there are 191 controlled studies of healing, of which two-thirds demonstrate significant results. He finds little interest in pursuing further the question of *whether* healing works. He states, "If healing were a drug I believe it would be accepted as effective on the basis of the existing evidence." (p. 376)

Conclusion

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

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

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

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

Pre-Psychodynamic Psycho-Energetic/Christian Healing

Introduction

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

Like Estebany, a number of pre-psychodynamic/Christian therapists believe that certain spiritual interventions can decisively impact the mental and physical health of their clients. These interventions are prayer and the laying on of hands. Inherited from the Christian religious tradition, these healing practices are utilized by theologically-minded psychologists and counselors to move some force, usually conceptualized as the grace or power of God, into the client's psychological wound. Once a Christian healer introduces God's grace to the wounded psychological area, it begins to re-order in such a way that it conforms to God's image of mental health for that person. In this chapter I will trace the development of pre-psychodynamic healing and discuss its theory and practice. Naturally, any such discussion begins with Jesus of Nazareth.

Jesus of Nazareth: Healer

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

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

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

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

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

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

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

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

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

The Development of Pre-Psychodynamic Healing After Jesus

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

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

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

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

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

The Development of the Christian Tradition

In the centuries following the Ascension, church fathers and many saints solidified the position that the healing *dynamis* flows through healers and cures physical and psychological

pathologies. They viewed a person's ability to heal others as a present from God, often bestowed to the believer at the time of baptism (McDonnell and Montague, 1991). The great spiritual geniuses of the early Church wrote enthusiastically about such power.

Justin Martyr wrote in AD 165, "In our city, many Christian friends have been healed and have healed other sick persons in Jesus' name."

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

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

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

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

Healers in History

Healing became part of the Church's tradition and healers emerged from Church history. St. Patrick healed the blind. St. Bernard made the lame walk, the dumb speak, and the deaf hear. Edward the Confessor, King of England from 1042-1066, healed scrofula by touching his afflicted subjects. In the mid 1600s Valentine Greatrakes gained notoriety in England for his ability to cure the sick. "[He] found to his amazement that he could cure epilepsy, pains... and fevers, so that the people 'went home rejoicing and praising God'" (Major, 1940, p. 169). Explaining his power Greatrakes remarked, "God gave my hand this gift" (p. 169). In historical records of Christian healings this experience of energy is often implied, but frequently under-reported.

Christian Healing and the Experience of Energy in the Twentieth Century

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

The renowned healer Kathryn Kuhlman clearly had a gift. Medical case studies compiled by Casdorff (1976), show that some of those medically verified as healed by Kuhlman experienced energetic sensations described as "electrical" during her services. For example, a bank executive diagnosed with kidney and bone cancer experienced "a sensation like electricity running through his body during the service" (p. 99). Examining his, befuddled physicians noted "healing" of his cancer. Similarly, a seventy-eight year old Ph.D. speech therapist with a well-documented history of rheumatoid and osteoarthritis attended a Kuhlman service. She "had the feeling of an electric current going down the outside and the inside of my leg to the knee... I was

virtually in a trance. It was the most peaceful, joyful experience” (p. 109). Feeling healed, she discarded her leg braces and soon received a clean bill of health from her doctor.

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

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

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

... as soon as his hands were placed on my head I experienced a sensation of power in the form of a gently flowing electric current which flowed through his hands and through my skull. I also became aware of the most vivid and beautiful color blue... even though my eyes were closed - and the color and the electric sensation persisted until his hands were removed... I also experienced the most amazing feelings of strength and warmth passing, in a tingling sensation, through my fingers and into my wrists and arms... I felt that I had been reborn into God's service and able to administer His healing power too (p. 33-34).

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

Two seminal influences on Christian psycho-energetic psychotherapy

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

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

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

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

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

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

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

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

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

... the light and life of God through our own minds and bodies. For this purpose the laying on of hands in the sacramental way, upon the head, is most valuable... I do not try to explain the actual radiation of life and light that comes from through the human being, as light shines through the light bulb, for their minds [the minds of disturbed people] are too confused to understand. I do not explain that as my words reach their conscious minds, so God's words flow through my body and my hands into their bodies and reach the unconscious mind that is the storehouse of the emotions (pp. 43-44).

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

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

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

pray, the life, the love, and the healing power of Jesus can be transmitted to the sick person... It's like God's radiation treatment (p. 37-39).

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

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

Who practices pre-psychodynamic psycho-energetic healing today?

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

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

In the dominion that God has given us and in the ordering of the line of authority, a way in which to begin to take authority over what is out of order [in the client] emerges. The line of authority through which *life energy* communicates our proper "being" is Godhead (Trinity, Holy Spirit (within the Trinity), to human spirit, then throughout our being (spirit, mind/emotion, and physical body). Within each [aspect of human being]... *life energy* flows connecting all to all, instructing and ordering. In an area that is restricted for any reason, and the message [of the life energy] is not received correctly... function... and order can be disrupted (italics hers, p. 15).

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

Conclusion

Pre-psychodynamic psycho-energetic healing has its origins in the Christian tradition. Healing prayer, at times accompanied by energy experiences, are recorded in the New Testament. Jesus Christ felt power or energy flow from him in the course of healing the hemorrhaging woman. The apostle James recommended a healing touch, combined with prayer to remove

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

Psychodynamic psycho-energetic healing

Introduction

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

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

Freud: Psychoanalysis

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

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

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

Freud would argue that Masters and Johnson induced a temporary actual neurosis in this woman, complete with all the bodily and emotional discomfort associated with it. When she

masturbated, the energy associated with her symptoms discharged; her energy metabolism stabilized and her health returned to normal.

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

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

Reich: Orgonomy

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

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

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

the psychoneurosis, because structurally the character neurosis is predicated upon the psychoneurosis. In the above example, the resistant passive character neurosis rests upon and defends the Oedipal psychoneurosis.

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

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

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

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

Reich's theory became radically energetic. Orgone therapy involved techniques from vegetotherapy in addition to other innovations. He and his disciples believed that mere exposure to orgone would break down character and muscular armor, thus restoring the energy metabolism upon which mental and physical health are predicated. As Reich (1949) put it "The cosmic orgone energy functions in the living organism as a specific biological energy" (p. 358). To curatively conduct orgone against armor and restore the free flow of energy, organomists

used the technique of channeling orgone into their clients through touch. An eyewitness to this technique noted that the intervention quieted an inconsolable infant instantly when an orgonomist placed his hands flatly upon the wailing child (Wieand, 1994). The parallels between this psychodynamic psycho-energetic healing treatment and the psychodynamic psycho-energetic healing (Christian) method are unmistakable. Reich also invented a device to channel the psychosomatically beneficial orgone, called an orgone accumulator. The idea was to cure the mind and body by accumulating orgone from the atmosphere with the device and then expose patients to the energy.

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

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

Ironically, it was the orgone accumulator - what Reich considered his most advanced therapeutic achievement - that led to his death. The Food and Drug Administration, by court order, ordered Reich to stop shipping orgone accumulators across state lines on the grounds that, since there was no such thing as orgone energy, shipping the devices in interstate commerce was fraudulent. Poorly advised and feeling an obligation to perpetuate his new science of energy therapy, Reich disobeyed the order. He was therefore arrested and convicted of contempt of court. He died of cardiac disease in Lewisburg Prison in 1957 (Lowen, 1975; Scharaf, 1983). Despite the circumstances of Reich's sad end, he will be remembered as a pioneer who incorporated psycho-energetic theory and technique into psychoanalysis.

Lowen: Bioenergetics

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

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

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

Pierrakos and Brennan: Core Energetics

A disciple of Reich's and an initial collaborator with Lowen, Pierrakos (1976; 1990) eventually broke with Lowen to found *core energetics*. Core energetics retains all the thought and theory of

bioenergetics but redevelops orgonomy. Core energetics restores the idea of energy as a subtle substance to non-mainstream psychodynamic theory. It amends the orgonomic idea of this energy by embroidering it with Eastern mysticism. Appellbaum (1979), a psychoanalyst connected with the Menninger Foundation for over twenty years, sought out Pierrakos in 1975 and made the following observations about the psychiatrist and his energy theories.

I learned from Pierrakos' lectures... that for him... energy is concrete: it can be measured and photographed... Pierrakos claims to see auras, colored emanations from the body; but he says he sees actual figures in the auras as well. These figures and their activities give him diagnostic information... They afford Pierrakos information as to chronic physical and emotional conditions... Pierrakos showed photographic slides that purported to show auras... and he conceptualized the body as a constant sender and receiver of energies. The energy is freely transmittable and results in excitement when there is free interchange, boredom when there is not. Energy is organized, as described in Eastern mysticism, in chakras, which according to Pierrakos are bell shaped funnels about two to four inches in length. When a person is blocked, these chakras collapse and no longer serve as centrifugal and centripetal energy. When blocks are dissolved, the energy is free to ascend the chain of chakras, providing liberating secular experiences, going on up to liberating mystical experiences and psychic capacities. *Ideally, these upper levels should be available to all of us as we free energy through bodily and psychological intervention.* (p. 182; italics mine)

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

Pierrakos' most famous pupil is Barbara Brennan. A former physicist and research scientist for NASA, Brennan is the founder of the School of Healing which has become famous among energy healers. In her manual, *Hands of Light* (1987), she completes the evolution of energy theory from psychoanalysis to the New Age. Her techniques have as much in common with Eastern healers as with psychodynamic therapists. For example she prescribes yoga exercises to open chakras and she advocates drawing on the wisdom of spirit guides to determine what part of the client's mind or body needs a supply of energy. Once learning of the afflicted area from the spirit, Brennan then lays on hands and channels energy from the universal energy field to the afflicted area. In a way, the therapist becomes a kind of orgone accumulator. Brennan's psychodynamic psycho-energetic healing transcends her predecessors with esoteric theories and instructions, although retaining the concepts of actual neurosis, psychoneurosis, character and muscular armor, and even auric armor complete with dysfunctional charkas.. While much of psychodynamic psycho-energetic healing is controversial, the paradigm in which Brennan

employs the therapeutic use of energy extends these concepts to the point that they severely stretch conventional credulity. Many of her claims sound odd within accepted scientific frameworks and are therefore difficult to assess, particularly as they lack research to substantiate them.

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

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

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

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

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

Summary:

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

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

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

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

Brennan expands core energetics, believing that the therapist channels orgone against neurotic armor and that spirits assist in diagnostic and energy channeling processes. While far from the

mainstream, some of her observations may eventually be useful to object relations therapists and future psychodynamic psycho-energetic therapists.

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

Conclusion:

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

Post-psychodynamic psycho-energetic healing

Introduction

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

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

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

of psychotherapy... that are also effective. However, there are very few approaches that incorporate psychological interventions with the simultaneous use of subtle energy interventions. Confluent Somatic Therapy synthesizes these two approaches into a new hybrid (Vazquez, 1993, p. 5).

Recent developments in CST include the use of lights and the development of an intervention similar to Francine Shapiro's (Wolpe and Abrams, 1991) Eye Movement Desensitization and Reprocessing (EMDR). While Vazquez continues to expand CST's intervention arsenal, energy work remains among its principal interventions. Unfortunately, very little written material exists regarding this intriguing, developing therapy. Because of the enormous clinical demands under which Vazquez operates and his exhaustive schedule of international lectures, he has not been able to assemble the research and literature base requisite for promoting or validating CST's psycho-energetic healing interventions. However, Therapeutic Touch, developed by the nursing profession, shares theoretical and technical similarities with CST. Like CST, Therapeutic Touch contends that in states of health a person's energy "is flowing and abundant, whereas in states of disease, it is blocked or depleted" (Heidt, 1990, p. 180). A review of Therapeutic Touch literature will inform an understanding of CST.

Therapeutic Touch technique and theory

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

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

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

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

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

The theory that Krieger developed to account for how TT works is "rooted in Indian and Ayurvedic concepts of pranic life energy and yoga practice. In this perspective, *prana* energy is

transferred through TT” (Buenting, 1993. p.57), and the patient receives energy from the healer in such a way that her personal energy begins to flow smoothly; the patient’s energetic congestion breaks up, and energy deficient areas get replenished. In theory, the improved flow of energy within the patient’s energy system results in improved physical and mental health. In this model, channeled energy activates the healing. As Macrae (1987) put it,

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

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

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

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

Therapeutic Touch and scientific research

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

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

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

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

These experiments did not prove that a subtle energy created the changes, but they did make the energy hypothesis appear more reasonable.

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

Therapeutic Touch as a Psychological Intervention:

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

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

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

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

Although the literature did not discuss how or if the above study controlled for nonspecific treatment effects, Quinn (1982 in Quinn 1988) reproduced Heidt's findings, with healers holding their hands near to but not touching the healees' bodies, further supporting the notion that TT has measurable, positive psychological effects, and extending the evidence to include interactions between healer and healee through their energy fields. Unfortunately, neither Heidt

nor Quinn controlled for medications given to the healees which could have influenced their anxiety. This leaves some question regarding these two studies.

The above raises the possibility of using TT more explicitly as a psycho-energetic intervention to meet mental health needs. Because TT appears to calm and restore patients both physically and mentally, nurse practitioners employ it as a form of behavioral medicine. In an emergency room in New York nurses use TT to soothe "freak outs" in patients who overdose on psychedelic drugs, and some doctors prescribe TT to stressed patients instead of sedation (Gerber 1988). Because of TT's psychophysiological effects, some TT practitioners believe that TT may become an explicit and viable mental health intervention in standard medical care.

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

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

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

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

TT may thus become a self-healing technique.

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

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

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

Confluent Somatic Therapy (CST)

As mentioned earlier, the founder of CST, Steven Vazquez, often compares his method to Therapeutic Touch. The basic psycho-energetic intervention of CST is similar to that of TT: the CST therapist, like the nurse, holds his or her hands at a certain distance from the client and

looks for distortions in the field, breaks up energy blocks, and sends the client energy. Vazquez explicitly adapts interventions to the arena of clinical mental health counseling. The CST therapist invites the client to be active in bringing together the historical, somatic, and mental events that contribute to the disrupted energetic pattern.

CST Theory and Therapy

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

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

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

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

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

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

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

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

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

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

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

Other Aspects of CST

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

meditation a regular practice the therapist appears to enhance his capacity to forcefully conduct energy during psycho-energetic interventions.

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

Conclusion

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

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