

THE Energy Field

FALL 2026

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Building on Our Strengths: The ACEP of Our Design

By Dawn Eidelman, PhD



What if the most important chapter in the history of Energy Psychology is not behind us, but just beginning?

For more than a quarter century, ACEP has helped shepherd an emerging field toward maturity. Our founders and pioneers followed clinical observations where they led, often before the larger culture had language for them. Researchers asked difficult questions and built an evidence base. Clinicians tested, refined, taught, and carried these approaches into their work. Educators created pathways through which knowledge could travel. Humanitarian practitioners brought Energy Psychology into communities facing war, disaster, poverty, displacement, and trauma.

Over time, what began at the edges of conventional thinking developed roots.

ACEP became a respected interdisciplinary home where rigorous inquiry could coexist with curiosity; where science could remain in conversation with the wisdom of the body; and where people from many professions and perspectives could meet across the boundaries that so often divide professional life.

Now we are asking a more consequential question: How do we build upon the extraordinary intellectual and human capital this community has cultivated since 1999 so that it can travel farther, serve more people, and sustain the organization entrusted with carrying it forward?

The world around us has changed. Trauma reverberates through families and communities. Mental health systems strain beneath escalating demand. Clinicians wrestle with burnout. Schools, veterans, first responders, humanitarian organizations, and communities in crisis search for approaches that can complement existing resources and strengthen resilience.

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At the same time, Energy Psychology has matured. Those two trajectories—the growing need around us and the maturation of the field within us—are converging with urgency.

I believe ACEP's next chapter lies at that intersection.

And as I read the articles gathered for this Fall issue of *The Energy Field*, I realized that this edition tells part of that story.

These pages carry the voices of people who have helped shape our field and people asking what its next expression might become. Debra Greene unveils ACEP's newly approved definition of Energy Psychology. Fred Gallo offers a framework for therapeutic negentropy and state deconstruction. Philippe Isler explores therapeutic presence as the ground of healing.

“We need both: roots deep enough to remember how we arrived here, and wings strong enough to carry what we have learned somewhere new.”

And in our conversation with Katherine Krupka of EMPA, led by ACEP Board President Kerri Husman, we turn toward another dimension of maturity: professional responsibility. As Energy Psychology reaches more people, ethical practice, clear boundaries, appropriate protection, and thoughtful risk management become part of the infrastructure of trust.

Taken together, these pieces refuse the false choice between honoring our inheritance and creating our future.

We need both: roots deep enough to remember how we arrived here, and wings strong enough to carry what we have learned somewhere new.

Gathering Again, and Building a Sustainable Way to Do It

That brings me to one of the commitments I know matters greatly to this community.

We are setting a strong intention for our next live conference: October 2027 in the western United States. We have not yet selected the venue, and I use the word *intention* deliberately. We are setting a direction while committing ourselves to the financial discipline necessary to reach it responsibly.

Our 2026 conference reminded us why gathering matters so deeply.

Something irreplaceable happens when we inhabit the same space—when we practice together, linger over meals, reconnect with old friends, encounter an idea that rearranges something inside us, or meet a future collaborator in a hallway.

Relationships forged through ACEP have blossomed into friendships, research collaborations, books, clinical innovations, trainings, humanitarian initiatives, and entirely new directions in people's lives.

We want to protect those encounters—and the organization that makes them possible.

One of our clearest lessons is that we need a conference model that preserves what our members cherish without asking ACEP to shoulder disproportionate financial risk to create it. So we are beginning earlier, examining venue structures more carefully, strengthening financial controls, and building sponsorship and underwriting into the architecture from the beginning.

Read what we heard from you: 2026 Conference Survey Results

This fall, we also expect to launch the Request for Proposals for our 2027 conference, giving our Education Committee, CE reviewers, presenters, and staff a longer runway to determine CE eligibility upfront and to allow presenters to review their website and brochure copy before we launch publicly.

A conference should be more than excellent presentations competing for squares on a grid. At its best, it should create an integrated learning journey through the questions that matter most to a field at a particular moment in its evolution.

Putting Membership at the Center

Meanwhile, less visible but no less consequential work is underway behind the scenes.

We are simplifying our technology into a more integrated ecosystem, including HighLevel, which brings CRM, learning management, marketing funnels, CE exams, and certificates into one place. Good infrastructure should recede into the background.

Better technology should produce better service, stronger relationships, and more room for people to do the work that only people can do.

ACEP members are emphatically not one audience. We are clinicians and coaches, researchers and educators, students and authors, humanitarian practitioners, modality specialists, emerging professionals, and senior leaders.

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That is why we will soon invite members to complete an expanded ACEP member profile. We want to understand what you are learning, whom you serve, where you want to grow, and what you hope to contribute, so that we can create more meaningful pathways toward education, mentorship, research, collaboration, service, thought leadership, and professional opportunity.

Because beneath all the programs, conferences, publications, continuing education, research, and humanitarian work lies a simple truth:

ACEP is first and foremost a membership association—the premier professional membership association in Energy Psychology since 1999.

Belonging should help people become more connected, more capable, more visible, better informed, better supported, and more effective in the work they are here to do.

Technology can help us make those connections. But technology will never replace relationships. Technology's highest purpose is to remove the impediments that keep humans from connecting and collaborating at their best.

Building an Ecosystem That Creates Opportunity

Imagine an ACEP membership that helps practitioners deepen their skills, earn CEs from national credentialing boards, build sustainable practices, develop thought leadership, meet collaborators, and become easier for people and organizations seeking their expertise to find.

Imagine a researcher finding collaborators across continents; an emerging practitioner finding the mentor whose work first inspired her; a health system discovering qualified professionals for a pilot program; a humanitarian organization finding practitioners with the right training, language, and cultural experience.

Imagine, too, mission-aligned organizations helping to underwrite parts of that infrastructure because it helps them solve problems they are already trying to solve: expanding access, strengthening workforce resilience, supporting research, serving underserved communities, or bringing useful resources into schools, health systems, and humanitarian settings.

A different economic engine for ACEP begins to emerge.

Membership creates opportunity. A larger professional

community strengthens education. Education brings new people into relationship with the field. Strategic partners help support infrastructure, access, research, scholarships, and service. Greater financial resilience gives ACEP more freedom to invest in its mission.

And our annual conference can increasingly become the flagship gathering of a flourishing ecosystem rather than an event upon which the financial health of the organization depends.

This is not growth for growth's sake. It is scale with integrity: expanding ACEP's reach precisely so that we can protect the rigor, relationships, scholarship, professional standards, and humanitarian commitments that made the organization worth growing in the first place.

Now we have to give that vision numbers, and invite all of us to make them real.

"Imagine twice the connections among practitioners, researchers, teachers, students, mentors, authors, innovators, and humanitarian leaders; a wider circle through which knowledge can travel..."

ACEP currently numbers approximately 1,400 members worldwide. I believe we can welcome our 2,000th member by New Year's Eve and grow to 2,800 members—twice our current community—by the time we gather again in October 2027. This reduces our financial risk and, more importantly, brings ACEP to a larger community of practitioners globally.

Imagine twice the connections among practitioners, researchers, teachers, students, mentors, authors, innovators, and humanitarian leaders; a wider circle through which knowledge can travel; and thousands more people carrying credible Energy Psychology approaches into the communities they serve.

If ACEP has strengthened your work, expanded your understanding of healing, introduced you to people who matter, or given you a professional home, invite someone else into the circle. Our most powerful membership campaign will not begin with advertising. It will begin with us.

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At the same time, we are launching [The Ripple Effect Campaign](#) to raise \$150,000 by year-end and grow ACEP to 2,000 members. Together, these goals will strengthen our financial foundation, safeguard our October 2027 conference, and support the capacity of our small but mighty team to serve members and mission well.

Some of us will build this future by joining. Some by inviting. Some by giving. Others by teaching, researching, volunteering, mentoring, opening doors, or bringing forward partnerships we have not yet imagined.

This is what distributed leadership looks like when it becomes action.

From a Maturing Field to a Larger Public Contribution

None of this can be accomplished by staff or Board leadership alone.

The ACEP of our design asks us to become better at distributing leadership, allowing knowledge, responsibility, initiative, and imagination to travel throughout the organization.

ACEP possesses extraordinary human capital in its Board, committees, staff, volunteers, faculty, researchers, and members. When knowledge travels, leadership multiplies. When leadership multiplies, capacity expands.

What contribution can this increasingly mature field make to the mental health challenges confronting our world?

We belong there because ACEP has spent more than a quarter century bringing research, ethics, professional standards, clinical experience, continuing education, and responsible inquiry to innovative approaches that deserve serious consideration.

Our academic and research foundations are not vestiges of an earlier ACEP to be set aside in pursuit of scale. They are what make responsible scale possible.

The ACEP of Our Design

I see an ACEP whose financial health no longer rises and falls with the fortunes of a single conference or program because membership, education, partnerships, philanthropy, research, and public service strengthen one another.

I see our pioneers honored not by preserving ACEP in amber, but by carrying forward the qualities that allowed them to pioneer in the first place: courage, curiosity, intellectual

honesty, generosity, and a willingness to follow important questions beyond familiar borders.

I see researchers finding collaborators. Practitioners finding colleagues and clients. Authors finding readers. Teachers finding students. Students finding mentors. Humanitarian practitioners finding one another across borders.

I see members finding one another.

But increasingly, I want to replace *I see* with *we are building*.

Because this cannot ultimately be the ACEP of my design, or the Board's design, or the staff's design.

It must become the ACEP of our design—as the premier professional association in our space since 1999.

Sustainable transformation seldom arrives with trumpets. More often, it accumulates through hundreds of thoughtful acts: a stronger system built, a partnership forged, a risk avoided, an invitation extended, a new leader trusted, two people connected who might otherwise never have found one another.

That is how institutions change. That is how fields mature. And that is how possibility acquires form.

What might become possible if the remarkable people within this community could find one another more easily, learn from one another more deeply, and carry what we know more courageously into a world that needs it?

That is the ACEP we are all invited to build together.

Not simply a larger ACEP, but a stronger and more generative one: academically grounded, financially resilient, technologically capable, humanly connected, intellectually adventurous, and mature enough to grow without losing the qualities that made it worthy of our stewardship.

Rooted deeply in what generations before us have built. And spreading our wings toward what comes next.

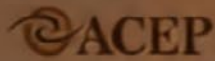
Welcome to this Fall edition of *The Energy Field*. I hope the ideas and voices gathered here kindle your own.

With deep appreciation for all you do and are,

Dawn Eidelman, PhD

Executive Director

Association for Comprehensive Energy Psychology

ACEP

**SAVE 30% ON
YOUR FIRST YEAR
OF MEMBERSHIP!**

Welcome to the home of energy psychology.

Since 1999, ACEP has brought together the practitioners, researchers, educators, and thought leaders advancing the field.

Join the community shaping what's next.



FIND YOUR PEOPLE

Join a collaborative community of energy health and energy psychology professionals. You're no longer a lone voice.



GROW YOUR REACH

Present workshops and trade ideas with the thought leaders shaping this field, expanding awareness of energy healing methods.



STAY ON THE LEADING EDGE

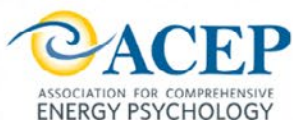
Access current research advancing the science of energy healing and energy psychology and conduct your own studies with ACEP's support.



PROTECT YOUR PRACTICE

Access standard of practice, a code of ethics, and general liability insurance tailored specifically for energy healing professionals.

Plus discounts on every ACEP training and CE/CNE credit when you need it.



energypsych.org/join-today

Our Professional Community Includes... Energy Health Practitioners, Psychologists, Coaches, Nurses, Counselors, Marriage & Family Therapists, Social Workers, Chiropractors, Acupuncturists, Educators & More!

Energy Psychology Evolving: ACEP's New Definition of EP Is Unveiled

By Debra Greene, PhD



In May 2026, the 15th Annual Research Symposium at the ACEP conference in Reston, VA, featured a keynote panel, *Energy Psychology Evolving: Confusion, Controversy and the Call for a Clearer Definition*.

Addressing the topic in person at the symposium resulted in a dynamic, real-time discussion that allowed for valuable audience participation. With extended dialogue before and after, and some unexpected turns along the way, I'm happy to say that we arrived at a new definition. More importantly, the panel's definition was submitted to the ACEP Board of Directors and received formal approval.

The panel was inspired by a discussion that emerged last year during the Research Committee luncheon at the 2025 ACEP conference. Several new conference attendees were asking whether ACEP might be their "home" and could accommodate their research interests. Their questions about the domain of energy psychology—what falls within its purview and what doesn't—catalyzed a discussion in which differences of opinion among members of the committee quickly became evident.

The seeds for the panel, however, were planted a long time ago. I have been involved with ACEP for more than 20 years and, over the years, when I've talked with colleagues and friends about how rewarding and fulfilling the conference is, hoping to inspire them to attend, the reply was often the same: "I don't do tapping. Why would I attend that conference?" And thus began my task of trying to explain that Energy Psychology (EP) is much more than Tapping. But what exactly is it?

At this time, Emotional Freedom Techniques (EFT, aka "Tapping") has accumulated substantial research evidence and is the most widely recognized EP technique.

It is understandable that EP gets conflated with Tapping, contributing to definitional confusion. In an effort to explain its mechanisms of action, several sources have attempted to frame EFT as a cognitive-somatic modality. That runs the risk of placing Tapping within the scope of Somatic Psychology, an established field in its own right, and downplays its energy component. The rich EFT research base shows that acupoint stimulation is an active ingredient in that modality's effectiveness. But is the "energy" in energy psychology confined to acupoints? Or to the biofield?

Any emergent field struggles with defining itself to determine what falls within its scope of practice and research, and what distinguishes it from other disciplines. Quality research requires investigating well-defined phenomena, and operating a successful organization requires ongoing decisions about what falls within its purview. Boundaries are needed. Yet boundaries drawn too tightly risk being unnecessarily exclusionary, while boundaries that are too loose risk becoming meaningless.

The well-established field of psychology focuses on the mind, but EP is particularly challenged given the nature of the term energy (i.e., is it measurable EME, "subtle energy," prana, chi, scalar waves, quantum fields, or something else?). Since the vast field of psychology exists without ever defining the term "mind," the panel chose a similar solution. Rather than confine EP to a strict definition of the word energy, we opted to describe what it does rather than what it is.

The Research Symposium panel represented the first time that prominent researchers and ACEP organizational leaders came together to formally examine and share perspectives on EP as a field of study and practice, with the intention of addressing definitional challenges and moving toward greater clarity.

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The Panel

David Gruder, PhD, is the sole surviving co-founder of ACEP. He served as ACEP's first president, co-authored ACEP's original code of ethics, and became one of the four original architects of its Comprehensive Energy Psychology Diplomate and certification programs. In his current role as a global leadership advisor, he brought both historical perspective and field-shaping experience to our panel.

Kerri Husman, MD, serves as the current president of the ACEP Board of Directors and co-facilitates ACEP's North Central regional meetings. She is a triple board-certified psychiatrist and a Life Fellow of the American Psychiatric Association. Her clinical offerings are supported by several certifications in energy psychology methods, hypnosis, psychedelic-assisted therapy, and breathwork.

Eric (Rick) Leskowitz, MD, is a longtime member of ACEP and received the ACEP Service Award in 2021. He served as a psychiatrist with the Pain Management Program at Spaulding Rehabilitation Hospital in Boston for over 25 years. He is a Research Affiliate with Harvard Medical School and has published over 50 articles in peer-reviewed scientific journals. His latest book is *The Mystery of Life Energy*.

I served as the panel instigator and moderator. When panelist Peta Stapleton, PhD, was unable to attend the conference due to unforeseen international travel complications, I stepped in to fill her place on the panel.

Many considerations were addressed by the panelists. We explored previous definitions of EP; the definition of energy in EP; the role of Eastern modalities and cultural influences in defining EP; and the role of tapping techniques and seeking APA approval in defining EP. We examined the role AI could play in defining EP, as well as our own role, addressing the question, "Who gets to decide the definition?" We also

considered whether research and organizational definitions needed to match and, if so, to what extent. Over the course of the year—from the panel's inception through the completion of its task—these questions and others that arose organically guided the discussions.

And now...the moment you have been waiting for. We are proud to present the fruits of our labor. Here is the newly devised, ACEP-sanctioned definition of EP:

Energy Psychology (EP) is an integrative discipline encompassing evidence-based and evidence-informed methods that use multidimensional interventions to support psychological restoration, wellbeing, self-regulation, resilience, and optimal functioning. Many EP modalities focus specifically on energy pathways, energy centers, and/or the biofield. Other approaches acknowledge an impact on the energetic system while including other levels: somatic, emotional, cognitive, and/or spiritual. Many EP protocols incorporate a combination of these, although energy dynamics are assumed to be their final common pathway.

Energy psychology is an emergent field with a growing research base and expanding global appeal. It will likely undergo changes to its definition as the field continues to evolve. We believe the new definition can confidently carry ACEP forward into the future with more clarity and coherence.

Debra Greene, PhD, has been an innovator in energy-based therapeutic approaches for over 30 years. She combines ancient wisdom with modern science in her private practice, writings, presentations, and trainings. Author of *Endless Energy: The Essential Guide to Energy Health*, she has lectured extensively, worked with thousands of clients, and taught hundreds of workshops. Visit her at www.YourEnergyMatters.com.

The Architecture of Therapeutic Negentropy: A Comprehensive Framework for State Deconstruction and Value-Based Re-patterning

By Fred Phillip Gallo, PhD



Introduction: The Thermodynamics of the Mind

In contemporary clinical practice, we often encounter clients who are trapped in “frozen” psychological states. Whether manifesting as chronic anxiety, the heavy inertia of depressive schemas, or the recursive loops of trauma, these states share a common structural characteristic: they are highly organized, rigid energy patterns.

From the perspective of psychological thermodynamics—the study of how energy and information flow within the mind—these stubborn states represent a form of low-energy stagnation.

Psychological thermodynamics is the study of how the mind manages mental and emotional energy, looking at how easily our thoughts and feelings can fall into chaos (anxiety or confusion) or organize into order (peace and clarity). In the clinical realm, a psychological state can become too organized—so tightly bound by neural habit and protective defenses that it blocks out new, adaptive information. It becomes a closed system, playing the same painful tape on repeat.

Life, at its core, resists total stagnation by keeping things dynamic, adaptable, and beautifully complex. In physicist Erwin Schrödinger’s landmark 1944 work, *What Is Life?*, he proposed that living systems maintain their health and vitality by exporting disorder—what later came to be called negentropy (flexible, living order).

The term “entropy” refers to disorder, or the dispersal of energy within a system. In physics, it describes how much thermal energy is unavailable to do useful work.

The term “negentropy” refers to the active process of creating, maintaining, or increasing complexity in a system. The goal here is to facilitate the client’s capacity to support and thrive amid greater complexity.

To move a client toward health, the practitioner must facilitate a transition through two critical phases. First, we must promote entropy (disorder) within the rigid, negative state. This doesn’t mean we are promoting total disorder; it is not a descent into chaos, but rather a loosening of the structural bonds that hold the distress in place. Second, once the state has been deconstructed, we must guide the system toward negentropy (negative entropy)—a higher-order, flexible organization that is life-affirming and value-congruent.

This article explores sensory, existential, and behavioral mechanisms we can use to facilitate this transformative arc.

The Three Worlds of Intervention (Dasein)

This kind of transformative process from entropy to negentropy must occur on multiple levels and must address three distinct areas of a client’s life: the physical, relational, and internal levels.

Existential phenomenology describes this in terms of three fundamental dimensions of human existence known as Dasein’s three worlds, a framework developed by Swiss psychiatrist Ludwig Binswanger, expanding on Dasein (“being there”), which Martin Heidegger introduced as the unique mode of human existence.

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1. Umwelt: The Biological and Physical Around-World

The Umwelt represents the world of objects, biological drives, and sensory inputs. In the context of a negative state, the Umwelt is where the distress is “encoded.” This is how the distress actually feels in the body—as Bessel van der Kolk’s phrase “the body keeps the score” suggests.

To intervene at this level, though, we must distinguish between the Primary Sensory Representation and the Intervention Input.

PRIMARY SENSORY REPRESENTATION

The client has a habitual, familiar way of perceiving, experiencing, and expressing the “frozen” state, which is part of the structure of that state.

To begin, we have to teach the client a different way of perceiving, describing, and expressing what they are feeling. When the client describes their distress in their familiar language, we have them describe it as a physical object, or form. For example, when a client says, “I am anxious,” the clinician asks for the location of that state or feeling (e.g., the solar plexus), the intensity of the feeling (e.g., SUD 8/10), the degree of fusion* (e.g., SUF 8/10), its shape (e.g., a jagged knot), and its movement (e.g., a rapid spinning). This turns a vague emotion into a physical object that can be manipulated.

Clients may initially think that they are unable to describe it in some or all of these terms because it is unfamiliar to them, but with the right guidance they usually can. The clinician can ask questions such as: “Where is it? How intense is it? Does it spin, burn, or feel like a tight knot?”

INTERVENTION INPUT

Once the emotion or state has been described in this way, we now intervene with sensory input. Remember that we are talking specifically about “stuck” energy patterns. The Intervention Input involves utilizing one or several sensory systems—visual, auditory, tactile, kinesthetic, vestibular, interoceptive, proprioceptive, olfactory, and gustatory—to disrupt the encoding of the pattern.

We may choose to “blast” the state with high-intensity energy (such as rapid bilateral tapping or sudden olfactory shifts) to scramble the pattern, or we can “starve” the state of energy by shifting the client into peripheral vision, which physiologically dampens the sympathetic nervous system’s ability to maintain the narrow focus required for anxiety.

2. Mitwelt: The Relational With-World

The Mitwelt is the world of “being-with” others. In therapy, this is the domain of the therapeutic alliance.

Research consistently identifies the quality of the therapist-client relationship as the most robust predictor of treatment success. Breaking down old, familiar defense mechanisms and rigid energy structures can feel terrifying for a client; they may experience a sense of groundlessness. The therapist uses deep rapport, active listening, and a calm, grounded presence to create a safe “holding container” so the client feels secure enough to let the old patterns dissolve.

Within the Mitwelt, I utilize the RILITA Model that I developed (Rapport, Inquiry, Listening, Inspiration, Teaching, and Adjustments) to provide the necessary “holding environment.” This allows the client to “pass through” the state rather than retreating into old defenses. The Mitwelt acts as a co-regulatory field where the therapist’s regulated nervous system helps stabilize the client’s transition.

3. Eigenwelt: The Internal Own-World

The Eigenwelt is the client’s relationship with themselves and their internal experience. This is the domain of the Observer Self. To achieve negentropy, the client must develop a “meta-awareness” and step into the role of an Observer Self—watching their thoughts and feelings rather than being consumed by them.

The primary tool for the Eigenwelt is Self-Compassion. When a client reacts to a negative state with harsh judgment, they inadvertently feed energy back into the pattern, reinforcing the rigid loop. Conversely, self-compassion creates a “warm neutrality.” By treating the sensation of a “jagged knot” in the

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chest with the same kindness one would offer a wounded child, the client stops feeding it energy and reduces internal friction. This compassionate observation is the physiological basis for negentropy, as it allows the system to reorganize without the interference of shame or self-criticism.

Sensory Deconstruction: Blasting and Starving the State

Now we actively intervene to deconstruct the pattern by changing the physical sensation. The mechanics of deconstruction rely on the strategic application of sensory inputs to disrupt the “Default Mode Network” (DMN) loops associated with the state.

The “Blast” Strategy (Overload). Using multisystem inputs, we overwhelm the negative pattern. For example, the hybrid Gallo Process that I have developed and presented may involve having the client tune into the negative sensation while simultaneously performing bilateral tapping (tactile stimulation), moving the eyes in specific patterns (visual stimulation), repeating “Tonglen slogans”** (auditory/cognitive/compassion), and releasing directives (anoetic access).***

This multi-modal bombardment forces the brain to re-allocate resources, effectively “scrambling” the rigid neural encoding of the distress. In neurobiological terms, a traumatic or distressing memory is maintained by a highly synchronized, rigid network of neurons. By simultaneously introducing intense tactile, visual, auditory, and cognitive inputs, the “Blast” strategy acts as a massive neural disruptor that overloads the brain’s limited working memory capacity. Because the brain cannot process this overwhelming influx of sensory data while simultaneously holding the distress pattern in focus, the synchronized firing of the old traumatic memory network is broken apart. Consequently, when the brain re-consolidates (re-stores) the memory immediately following this intervention, it does so in a structurally modified, degraded, and permanently weakened state, stripping the memory of its emotional charge.

The “Starve” Strategy (Deprivation). This involves pulling energy away from the state. For example, if an anxiety schema relies on a “tunnel vision” focus on a future threat, we utilize Peripheral Vision and Deep Proprioceptive Awareness of the feet on the floor. By expanding the sensory field, we deprive the localized negative state of the focal attention it requires to survive.

By alternating between these strategies, the clinician promotes a state of fluid entropy—a state of greater openness, flexibility, and adaptation. This helps the client be more in the “Observer Self” than in the state and recognize that the state is not a fixed reality, but a temporary response, a configuration of sensory data.

The Path to Negentropy: Locking in the Change With Values and Action

Deconstruction is only half the task. Breaking a maladaptive pattern is not enough; it must be replaced.

Once the system is in a state of entropy—pliable and receptive—the clinician must guide the client toward a new, more adaptive organization. This is the establishment of negentropy.

Action locks it in. A new mindset or trajectory only sticks if it is followed by physical action. Behavior is therefore the “engine” of negentropy, which requires a trajectory, a conscious orientation, and that trajectory is provided by the client’s Values. Values are not mere goals; they are directions for living. While a goal (e.g., “getting a job”) can be achieved and checked off, a value (e.g., “being productive”) is an ongoing orientation. When the rigid negative state is disrupted, when the old anxiety or depression is “loosened up,” the client is asked: “Without this fear, how do you actually want to show up right now?”

Every value-aligned action—no matter how small—acts as a physical anchor for the new, healthy neural pattern. If someone values deep connection but has been trapped in a depressive pattern of isolation, the healing is not fully locked in until they take a physical action toward connection. These intentional behaviors make the new way of living energetically easier and more natural than the old distress.

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Strategic Integration and Clinical Application

The following table outlines the integration of these concepts into a clinical flow:

Phase	Existential World	Sensory Mechanism	Clinical Goal
1. Mapping	Eigenwelt (Self-Relating)	Interoception: Identify location, shape, intensity, and movement.	Establish the "Observer Self" and de-identify with the state.
2. Disruption	Umwelt (Biological)	Multi-system "Blast" or "Starve" (Bilateral tapping, peripheral vision).	Promote Entropy : Break the rigid neural encoding of the distress.
3. Regulation	Mitwelt (Relational)	Co-regulation: Use of the RILITA Model and therapeutic rapport.	Maintain safety and prevent the system from collapsing into fear during the transition.
4. Re-patterning	Integrated Dasein	Value-Based Behavior: Execution of life-affirming, value-congruent actions.	Instill Negentropy : Secure the new, healthy, and flexible psychological order.

Conclusion: The Mastery of Presence and Practice

This process, "therapeutic negentropy," is not a cold, mechanical process. It is a deeply human endeavor that requires the clinician to be as proficient in "being" (Mitwelt) as they are in "doing" (Umwelt). By combining high-resolution sensory disruption with a deep respect for the client's existential worlds and core values, we do more than simply "fix" a problem. We facilitate a fundamental reorganization of the self.

Advanced energy psychology is a comprehensive, integrative approach that is not limited to tapping, but harnesses the effectiveness of various sensory modalities, depending on the individual practitioner's and client's strengths. By mastering what I call the Spectrum of Highly Effective Interventions, we empower our clients to pass

through their negative states and emerge into a life defined not by their history, but by their chosen values and the vibrant, negentropic flow of a healthy mind.

The author would like to express deepest appreciation to Philippe Isler for his invaluable suggestions and assistance throughout the development of this article.

Fred P. Gallo, PhD, DCEP, coined the term Energy Psychology with the publication of his first professional book in 1998. Author and co-author of nine books, including *Energy Psychology*, *Energy Tapping for Trauma*, and *The Tapping Toolbox*, he has founded Energy Diagnostic and Treatment Methods, Energy Consciousness Therapy, and the Identity Method (IM). He offers training internationally and maintains a group clinical practice specializing in treating trauma/PTSD, chronic pain, depression, and anxiety. He served six years on the ACEP Board, including as president from 2015 to 2016. fredgallo64@gmail.com | www.energypsych.com

*Fusion refers to the degree to which a person is trapped in, or identified with, a state—such as anxiety, panic, distressing thoughts, or a limiting belief. The opposite is the "Observer" perspective: standing back from, or disidentifying with, the experience. The distressing thought remains, but one observes it rather than standing smack-dab in the middle of it.

For example, as the "Observer," instead of "I'm a lousy therapist," the experience is more like, "I notice that I'm running the thought that I'm a lousy therapist."

**Tonglen (Tibetan for "sending and taking") is a traditional Buddhist meditation practice focused on transforming suffering into compassion. Instead of turning away from pain, the practitioner uses the rhythm of the breath as a tool for radical empathy.

Atisha's slogans, also known as Lojong or mind training, are a set of 59 powerful, counterintuitive aphorisms introduced to Tibet by the Indian Buddhist master Atisha (982–1054 CE). Designed to transform everyday challenges into stepping stones for compassion, they provide a practical blueprint for awakening the heart. Slogans are used in the Gallo Process (e.g., "Other people feel this way, and let this be a path to the open heart.")

***Tulving, E. (1983). *Elements of episodic memory*. Oxford University Press.

"Anoetic" means "without knowledge"—and therefore unconscious—as compared with "noetic" and "autonoetic," which involve knowledge in consciousness to varying degrees.

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Consciously Tending the Field: Therapeutic Presence as the Ground of Healing

By Philippe Isler



It was a happy “co-incidence” to discover that Fred Gallo’s article, *The Architecture of Therapeutic Negentropy*, appearing just before mine in this issue, concludes by mentioning the importance of the clinician “to be as proficient in ‘being’... as

they are in ‘doing’”; for this was exactly the topic I had chosen to write about in this issue.

There is a great deal implied by the phrase “proficient in being”: the presence a practitioner brings to a client and to the work in the present moment; the ongoing practices through which we cultivate awareness and conscious presence; the power and importance of therapeutic presence; and the balance between doing and non-doing.

Gallo goes on to say, “We do more than just ‘fix’ a problem. We facilitate a fundamental reorganization of the self.” He is reminding us that there is a bigger picture here than becoming proficient in methods and techniques. We are facilitating an innate process of which we are only partly aware, and although we often get caught up in focusing on the methods we use as being the “thing” that is having an effect, our methods and techniques are only one part of the story.

In other words, it is not simply a desirable addition to technical competence. It is one of the primary conditions through which competence becomes responsive, relational, and healing. Our methods give therapeutic work form; presence provides the energetic field, the container; it allows us to perceive what is needed, attune to the person before us, and use those methods in a way that serves the unfolding process rather than imposing one upon it.

What Does It Mean to Be “Proficient in Being”?

And why is it so important? Both of those questions deserve more than passing attention. It is something we tend to think of

as a separate consideration from assessment and intervention skills as practitioners. We tend to think of presence, of things like “proficiency in being,” as good qualities that enhance coaching or counseling or psychological treatment.

What if they are more critical to the outcome of your work than the method you are using?

I received one of my greatest lessons in this in the course of a teaching by the Dalai Lama. I was attending a weekend initiation teaching/ritual, and I had great expectations about the kinds of special, enlightening teachings we would receive, along with the transcendental experience of ritual and ceremony.

Instead, the Dalai Lama spent two days subverting all expectations, delivering very dry teachings—through an interpreter—that did not seem directly pertinent to the matter of the initiation, or the purpose and meaning of the whole thing. At the end of the first day, I had a massive headache trying to follow the teachings, and so, on the second day, I decided I would surrender my expectations and just sit in the room and enjoy his presence.

This proved to be quite nourishing in itself; I would have pretty much received what I needed and been satisfied just from that. The practice of being present put me in a state of wellness in the present moment, rather than the state of needing something. And it allowed me to be open to the quality of the Dalai Lama’s presence, which somehow resonated within me to augment or facilitate my connection with my own inner state of peace.

But sitting in presence and awareness also allowed me to become aware of the energy in the room: the slow building of feelings as people’s expectations were not met of the form that this weekend initiation ritual would take. (In fact, those expectations were being actively subverted: there was never any mention of the initiation ritual, no information about when or how it would happen.)

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With perhaps fifteen minutes left on the second day, he said something to the effect of, “I guess we should do this ritual before we finish.” He explained that normally there would be a figure of the Buddha present, but instead he had a plate of cookies, so we would have to imagine that the cookies were the Buddha. And normally there would be a statue of the deity Avalokiteshvara, but instead there was a vase of flowers, so we would have to imagine the flowers were Avalokiteshvara.

He then directed us to some verses that were printed in our programs and asked us to repeat after him. As I repeated the words while staying focused on and open to his energy, I had a transcendent, healing experience that changed something in me forever.

This healing experience occurred in a context where all outward trappings and forms (formal processes and procedures) were stripped away. What facilitated the transcendent experience, the healing experience, was essentially presence and intention; being present and open to the Dalai Lama’s healing presence and intention, and repeating words with a focused intention. Had I still been focused on form and any ideas of how this should unfold, I don’t believe that I would have been open to what actually occurred.

I had already had training in intuitive energy work using my hands, in which presence is a key component of attuning to the client and channeling energy; this experience taught me that one’s energetic presence matters profoundly, and that methods and techniques may be vehicles through which something larger in the therapeutic encounter is expressed and facilitated.

Although it isn’t generally talked about in terms of energy and healing, there is a recognition in psychotherapy that the therapeutic alliance is a well-documented predictor of treatment success.¹ But the key here is that this depends on the client’s perspective and experience, not the practitioner’s.

And the key factor in the therapeutic alliance is presence.² Again, it is not our thinking or intending to be present to the client that has a significant impact; it is the client’s experience of our presence.

But it is not just the practitioner’s presence that is necessary; it is the client’s presence as well. And the practitioner who practices presence helps the client to be present.

Presence Is Not What You Think

We were talking about “being present,” and my client said to me, “I think I’m fully present.”

I replied, “And that is your signal that you’re not!”

And when it comes to that, there is absolutely no difference between us as practitioners and our clients.

But first, we need to define presence.

When we use the word presence, we tend to think of being focused and attentive, being mindful; or we think in terms of charisma, making our presence felt. Those of us who practice presence can also think that because we intend to be present, and think we are present, we are.

Like a bumper sticker I once saw that said, “Meditation is not what you think,” presence is also not what you think. Presence is an embodied state, not a mental one. Being present is about being; it is a felt experience.

Presence involves awareness, attention, and, most importantly, self-acceptance. It involves being embodied and present to ourselves, and a degree of detachment—not in the sense of a disconnect, but in the sense of being less attached to our thinking processes, our preconceptions, our beliefs, our habits, our opinions, and our sense of ourselves. All the things we identify with.

This quality is captured in the Buddhist concept of “beginner’s mind”: a state of openness and perception without immediately categorizing, analyzing, or reducing things to what is already familiar. “In the beginner’s mind there are many possibilities, but in the expert’s there are few.”³

There is a dimension of not knowing that leaves us open to more information, to intuition, to different connections, and to using our techniques differently.

What Presence Makes Possible

ATTUNEMENT

Practicing presence in this way results in greater attunement with the client. This attunement is sensed by the client and perceived in our responses, behaviors, and words, which secures them and allows them to be more open to accepting and engaging in the process and the experience. The experience of attunement itself is a healing experience. As humans, feeling that someone else is attuned to you can be healing in and of itself.

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INTUITION

When we are practicing presence, we are less bound up in our usual thoughts and more open to intuitive perceptions, nonverbal information, subconscious signals, and subtle resonances with other experiences or sources of learning. These may lead to insights or interventions uniquely suited to the moment in front of us.

AUTHENTICITY

Practicing presence involves being open to oneself, honest with oneself, accepting of oneself, and aligned with oneself. In other words, it reduces internal dissonance and conflict. As a result, we become more authentic. That authenticity can help establish safety for the client while also modeling a greater degree of alignment.

ETHICS

Presence also has an ethical dimension. It helps us become more self-aware and take fuller ownership of our presence in our work at any given moment. It reduces the chances that our own needs, projections, expectations, or countertransference will unconsciously shape the work, negatively impacting the client.

FLOW, FLEXIBILITY, AND CREATIVITY

When we practice “being,” we are less “in our heads” and more in our bodies. There is more stillness. Our own patterns, whether of insecurity and self-doubt, of people-pleasing, or of performance, are quieted. We feel more centered and less compelled to do, fix, or control. We become freer to respond to intuition, to loosen rigid adherence to protocol, and to act creatively in alignment with the unique situation before us.

Ultimately, the result is a better experience and better outcomes for the client, less struggle in our work, and a greater sense of alignment and authenticity in ourselves.

Consciously Tending the Field

Think of practicing presence as involving three overlapping fields of attention:

Field	What the Practitioner Attends To
Inner Field	Thoughts, emotions, bodily state, motives, expectations, and personal activation
Relational Field	What is occurring between practitioner and client—contact, distance, resonance, tension, safety, and movement
Larger Energetic Field	Intention, quality of consciousness, coherence, and what appears to be emerging through the encounter

Conscious Embodiment

The work of presence is the work of “being,” and therefore it is simultaneously personal, spiritual, and professional work. It is the place that we can truly integrate those aspects of who we are and of our growth and development. This is what I call the practice of Conscious Embodiment.

The challenge is to go beyond connecting with the inner self through the breath and practicing acceptance. It also involves active work: noticing and healing what interferes with connection; learning to witness thoughts without automatically following them; becoming aware of our patterns and dismantling them; loosening attachment to outcomes; maintaining boundaries; and learning to distinguish intuition and insight that arise from alignment from the other forms of thinking and awareness that continually move through us.

Presence is not something we master and then possess. We cultivate it moment by moment. We are more or less present, moment by moment. It requires regular, consistent practice because we are hardwired and conditioned to be reactive to the world and to our inner states; to be identified with our thoughts, our personality, and personal reactions. We are hardwired and conditioned to “do”—whether that doing involves action, thinking, or speaking.

Key Elements of Practicing Presence

- Connecting with inner self through the breath
- Clearing (healing) that which interferes with the connection; dissociated parts
- Detaching from thoughts and thinking (witnessing)
- Being aware of patterns and working on dismantling them
- Letting go of attachment to outcomes
- Having boundaries
- Learning to differentiate awareness, insight, and intuition that come from a place of alignment from other forms of thinking and awareness
- Letting go of ideas and beliefs about the past, present, and future
- Connecting with inner Self

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The methods, approaches, skills, and techniques of our work represent the “doing.” The active intervention. They are essential to what we do and responsible for much of the good we accomplish.

But the extent of what becomes possible is also shaped by the ground of “being.” This is the “non-doing” aspect of our work: the quality of presence, the energetic state which we bring to the encounter.

We are often taught, and tempted, to separate our personal and professional selves. Practicing presence asks us instead to take responsibility for the whole person who is sitting with the client.

If we recognize this, it opens up a dimension of possibilities and an area of exploration where our own personal, spiritual, and professional growth are aligned and integrated. It also helps us to maintain humility in the recognition of the unknown: what we don’t know personally and professionally, as well as the larger unknown, the “mystery” that is the backdrop, container, and context of life.

Finally, at a much simpler and more basic—but no less profound—level, perhaps more than at any other time in history, there is an almost desperate need for genuine, authentic, and healing presence among people in general. It is more important than ever that we practice this for ourselves and our clients.

Philippe Isler is a licensed psychologist with 30 years’ experience in private practice. He is the author of *Listen to Your Heart* and writes and teaches about Conscious Embodiment, Presence, and Logosynthesis. philippe@philippeisler.com | www.awakenauthentic.com/practitioners

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1. Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). Routledge.
2. Geller, S. M., & Greenberg, L. S. (2023). *Therapeutic presence: A mindful approach to effective therapeutic relationships* (2nd ed.). American Psychological Association.
3. Suzuki, S. (1970). *Zen mind, beginner’s mind: Informal talks on Zen meditation and practice* (T. Dixon, Ed.). Weatherhill.



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Energy Psychology Research Update: 2025-2026

By Marg Hux

The body of research on energy psychology continues to build. Following an overall review of the 2025 literature, this mid-year update highlights selected studies published in late 2025 and 2026. It begins with three papers that strengthen our understanding of the mechanisms of action and active elements of EFT, moves through two systematic reviews that broaden the clinical evidence base, and then turns to some new indication-specific clinical trials for EFT.

Mechanisms and Theory

Comprehensive Review Consolidates Two Decades of Tapping Research

David Feinstein's 2025 paper is a wide-ranging synthesis of the tapping literature, drawing together more than two decades of research on both outcomes and mechanisms. This paper addresses the elephant in the room: energy psychology has struggled to be recognized. Feinstein notes that it has been dismissed by

prominent psychologists as pseudoscience and that, despite a petition signed by 11,000 practitioners and supporters, Wikipedia has continued to ignore the substantial body of evidence.

Feinstein summarizes the clinical evidence: at the time of his review, approximately 300 clinical trials, 11 meta-analyses, and 11 systematic reviews showed medium to large, durable effects across a range of conditions. He traces how accumulated evidence for PTSD and depression now meets APA criteria that heavily weight meta-analyses and reviews of clinical studies. He also leans on the principle cited in the Cochrane Handbook that takes into account smaller, independently run studies converging on the same result.

The paper then turns to mechanisms of action, drawing on biomarker studies, neurobiological findings, and memory reconsolidation research to propose a five-step physiological cascade. Acupoint tapping signals brain regions activated by the painful memory, and a combined signal calms the amygdala and engages the prefrontal cortex. A mismatch between

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the client's felt sense of calm and expected distress triggers memory reconsolidation for durable change. Dismantling studies, he notes, indicate that the tapping component itself is an active ingredient rather than an inert or placebo element.

For ACEP readers, the significance lies less in any single finding than in how this paper organizes the field's evidence into a coherent, professionally credible account of how tapping works.

Reference

Feinstein, D. (2025). How tapping works: Physiological and psychological mechanisms in energy psychology. *Frontiers in Psychology*, 16. <https://doi.org/10.3389/fpsyg.2025.1660375>

A Conceptual Framework for the Active Ingredients of Clinical EFT

Robert Schwarz and Peta Stapleton address what the therapist actually does in a Clinical EFT session that makes it work—and how that fits alongside other established therapies. Their paper directly addresses critics' arguments and proposes a conceptual framework of active ingredients of Clinical EFT.

In response to the “purple hat” argument claiming EFT's effects come entirely from borrowed elements like CBT exposure, Schwarz and Stapleton present dismantling trial evidence showing that the tapping contributes to clinical benefit. They also counter that EFT's titrated exposure to emotional crescendos within a client's window of tolerance is meaningfully different from sustained habituation-based exposure. EFT also layers in self-compassion, mindfulness, and cognitive restructuring in a distinct combination, itself a legitimate clinical innovation.

To address the “pseudoscience” argument that meridians have never been anatomically confirmed, they cite growing anatomical research. The third argument from critics—worth flagging for ACEP readers—is the claim that EFT (along with mindfulness-based interventions and other somatic approaches, including EMDR) doesn't qualify as a “psychological intervention” under a newly tightened APA Division 12 definition. Schwarz and Stapleton note that only five treatments currently qualify as being “empirically supported” under this new definition—showing this definitional gatekeeping has broad collateral damage.

From there, the paper gets constructive. It proposes seven

“active ingredients” of Clinical EFT—including acupoint tapping, titrated exposure, self-compassion, and something borrowed from Ericksonian hypnosis called “utilization.” This is using whatever the client brings (resistance, metaphor, a stray comment) as material. They also make the point that EFT (like EMDR) does its heavy lifting within the session, so it may sidestep the well-documented CBT problem of poor homework compliance. These seven ingredients are then mapped onto four proposed mechanisms—reduced dysregulation, reduced emotional avoidance, cognitive restructuring, and memory reconsolidation.

The paper is candid about evidence limits—most evidence regarding mechanisms of action is still correlational, neuroimaging is small-scale, and genetic/epigenetic findings are still largely at the stage of pilot studies. This paper places Clinical EFT as a considered, integrative therapy within trauma-informed care and psychotherapy process research generally, rather than a stand-alone curiosity.

Reference

Schwarz, R., & Stapleton, P. (2026). Theoretical and clinical insights into the psychological mechanisms and active ingredients of emotional freedom techniques. *Frontiers in Psychology*, 17, 1672132. <https://doi.org/10.3389/fpsyg.2026.1672132>

What Should the Therapist Actually Say? A Framework for In-Session Language

David Feinstein and Shantini Rajah address a very practical question faced by most tapping practitioners. When the client is distressed and the tapping procedure is under way, what words does the therapist offer?

In this paper, the authors provide a genuine clinical framework for the language used in tapping. The paper is based on an earlier study of ten videotaped tapping sessions by Feinstein (2019), in which therapist language was sorted into 62 distinct functions. This paper consolidates those into 21 functions within three domains: Attune, Explore, and Lead. Attune comes first: naming the problem in the client's own words, softening harsh absolutes, even careful use of humor. Once safety and attunement are established, Explore brings in connecting past and present, challenging limiting beliefs, and working with metaphor. Lead then moves toward recognizing strengths, envisioning change, and consolidating gains.

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Feinstein and Rajah support the framework in two ways. First, conceptually: showing that mainstream psychotherapy process research keeps landing on the same three broad clusters (supportive, exploratory, directive), suggesting Attune/Explore/Lead reflects something previously established about therapeutic language. Second, empirically, they ran a computational analysis of 12 publicly available guided tapping videos, classifying 433 statements. Fifty-eight percent were Lead, 39% Attune. Only 3% were Explore, reflecting one limitation of using a pre-recorded script that is unable to respond interactively in the moment.

The paper closes with a discussion of “therapeutic resonance”: the idea that a skilled therapist sometimes seems to know what to say before consciously working it out. Feinstein connects this to recent research on therapist and client physiological attunement (such as synchronized heart rate, skin conductance, and even movement) that predicts rapport and outcome.

References

Feinstein, D., & Rajah, S. (2026). Finding the right words: A process-informed framework for therapist language in acupoint tapping psychotherapy. *Frontiers in Psychology*, 17, 1800386. <https://doi.org/10.3389/fpsyg.2026.1800386>

Feinstein, D. (2019). Words to tap by: The use of language in energy psychology protocols. *Energy*, 11(1). https://edenmethod.com/wp-content/uploads/2021/07/Words_To_Tap_By.pdf

Editor's note: At the time this issue was edited, the full Feinstein and Rajah article was not yet available. The DOI above was active for the abstract; the full article will be available at that link.

Broader Clinical Evidence

Systematic Review Supports EFT for Anxiety Disorders

Seong Hun Choi and colleagues, a Korean university-based research team, systematically reviewed EFT as a treatment for anxiety disorders, searching nine databases through February 2025 and including only parallel-group randomized controlled trials testing EFT as a standalone treatment.

Seven trials met the criteria, totaling 506 participants across clinical and non-clinical populations. All six trials comparing EFT to no treatment found significantly greater anxiety reduction. Five trials included an active control: EFT

performed similarly to, or better than, breathing therapy and progressive muscle relaxation, and the comparison with CBT showed no significant difference, although that finding rests on one small pilot study in adolescents likely not large enough to detect a real difference. Their conclusion is that EFT looks promising and safe for anxiety. There is a lot of heterogeneity in the trials, as populations included clinical and nonclinical groups, the number of sessions ranged from 1 to 56, and there was a wide range of control treatments. They conclude that more high-quality RCTs with standardized protocols and objective measures are still needed.

Reference

Choi, S. H., Sung, S.-H., & Lee, G. (2025). Emotional Freedom Techniques for anxiety disorders: A systematic review. *Healthcare*, 13(17), 2180. <https://doi.org/10.3390/healthcare13172180>

Network Meta-Analysis Ranks EFT Among the Top Interventions for Fear of Childbirth

Jing Zhou and colleagues compared 17 non-pharmacological interventions for fear of childbirth across 32 RCTs and 3,187 pregnant women. In the postnatal period, EFT produced the largest clinical effect of any intervention studied: a standardized mean difference (SMD) of -3.13, meaning the average reduction in fear of childbirth was more than three standard deviations greater than usual care, which is considered a “very large” effect size.

This clinical effect is well above the next-best interventions: counseling (-1.81), haptonomy (-1.78), CBT (-1.42), and motivational interviewing (-1.28). Cluster analysis grouped EFT alongside haptonomy, motivational interviewing, CBT, and counseling as the most effective non-pharmacological options overall. Notably, this network meta-analysis comes from a team with no evident prior connection to energy psychology, is published in a mainstream indexed journal, and ranks EFT above several well-established comparators on a clinically meaningful outcome.

Reference

Zhou, J., Zhu, Z., Li, R., Guo, X., & Li, D. (2025). Comparative efficacy of non-pharmacological interventions on fear of childbirth for pregnant women: A systematic review and network meta-analysis. *Frontiers in Psychology*, 16, 1530311. <https://doi.org/10.3389/fpsyg.2025.1530311>

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Selected Indication-Specific Trials

Virtual Group EFT Converges with In-Person Delivery Over Time

Elizabeth Boath, Dawson Church, and Peta Stapleton compared 172 participants from four-day virtual Clinical EFT trainings to a previously published group of 203 participants who completed the same training in person. Both groups showed significant improvement across various indicators, including PTSD, anxiety, depression, pain, and happiness (all $p < .001$), with most gains sustained at six-month follow-up.

Three outcomes (PTSD, happiness, pain) were measured with identical instruments across both cohorts. Formal between-group tests showed that for PTSD and happiness, face-to-face delivery produced significantly better results immediately after training, but by six-month follow-up, there was no significant difference between delivery modes. Anxiety and depression could not be directly compared statistically, since the two cohorts were assessed with different instruments.

The authors note the study was well-powered to detect each group's improvement but only modestly powered to rule out small true differences between modalities. Since outcomes from virtual and in-person delivery converge by six months, this supports extending treatment guideline recommendations of in-person EFT as a first-line intervention to virtual group delivery as well.

Reference

Boath, E., Church, D., & Stapleton, P. B. (2026). About Face: Is virtual group delivery of Clinical Emotional Freedom Techniques (EFT) as effective as face-to-face group delivery in improving psychological and physiological markers of health? *Healthcare*, 14(6), 1–14. <https://doi.org/10.3390/healthcare14060784>

EFT Trial for Visual Impairment Replicates and Extends Earlier Pilot Work

Peta Stapleton and Christine Roil examined an eight-week, online Clinical EFT program for adults with self-reported visual impairment. This is a population of over 2.2 billion people worldwide in which anxiety and depression are common but psychosocial treatment options remain limited.

The study is a large-scale replication of an earlier, unpublished 2008 pilot by Carol Look, whose clinical work

with visual impairment had drawn attention but had not yet been tested in a large sample. In this randomized controlled trial, 588 participants were assigned to EFT ($n = 321$) or a waitlist control ($n = 267$), with assessment at baseline, post-intervention, and three- and six-month follow-up. The EFT group showed significant reductions in anger, anxiety, and depression, and significant improvement in subjective visual functioning, relative to waitlist controls (all $p < .001$), with gains maintained at both follow-up points.

Intention-to-treat analyses confirmed the per-protocol findings. This is among the larger EFT trials in the recent literature, and its result—that a psychological intervention improved not only mood but subjective visual functioning—is one worth flagging for clinicians working with chronic health populations more broadly.

Reference

Stapleton, P., & Roil, C. (2026). Clinical EFT for individuals with visual impairment: Effects on psychological wellbeing and subjective visual functioning. *Health Psychology and Behavioral Medicine*, 14(1). <https://doi.org/10.1080/21642850.2026.2699488>

EFT Added to Routine Care Improves Anxiety, Depression, and Quality of Life in COPD

A team led by Chang Mengting at a tertiary hospital in Nanjing, China, tested a six-week EFT program as an adjunct to routine care for 90 middle-aged and older adults hospitalized with chronic obstructive pulmonary disease and experiencing clinically significant anxiety and depression. Compared to routine care alone, EFT showed significantly larger reductions in anxiety and depression by week six, along with greater improvements in sleep quality, fatigue, and disease-specific quality of life (all $p < .01$), with benefits emerging as early as week two.

The authors describe EFT as an effective, safe, and inexpensive adjunct to standard COPD rehabilitation and note the growing literature applying EFT to the psychological burden of chronic physical illness.

Reference

Chang, M., Jing, X., Tiantian, L., Hongxin, C., Lixia, C., & Xirong, C. (2026). Emotional freedom techniques for anxiety, depression, and quality of life in middle-aged and older adults with chronic obstructive pulmonary disease: A randomized controlled trial in China. *Preventive Medicine Reports*, 61. <https://doi.org/10.1016/j.pmedr.2025.103356>

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Women's Health: Several Further Studies Worth Noting

Several 2026 trials extended the study of EFT further into women's reproductive health, a theme now well established in the literature.

Coşkun and Aslan combined EFT with breathing exercises in a structured counseling program for 85 women undergoing IVF and found greater reductions in anxiety and helplessness, improved fertility-related quality of life, and, notably, a higher positive hCG (human chorionic gonadotropin—a hormone important in early pregnancy) rate in the intervention group.

Cuvadar, Guksu, and Ateş found that monthly EFT sessions plus affirmation practice significantly reduced pelvic pain and improved several SF-36 quality-of-life domains (physical functioning, emotional role functioning, vitality, mental health, social functioning, and pain). In a related study, Cuvadar and Özcan reported that two EFT sessions reduced menstrual symptom burden and improved physical-functioning quality of life among 65 women with primary dysmenorrhea.

Finally, Yakıcı and Yağcan found that EFT significantly reduced premenstrual and menstrual symptoms and improved the mental-health component of quality of life in 80 nursing students, compared to no-intervention controls. Individually modest in size, together these studies point to a consistent, replicated pattern of benefit for EFT across several distinct reproductive and gynecological complaints.

References

Coskun, M., & Aslan, E. (2026). Emotional freedom techniques-based counseling with breathing exercises in in vitro fertilization: Effects on psychological distress and well-being. *European Journal of Obstetrics, Gynecology, and Reproductive Biology*, 318. <https://doi.org/10.1016/j.ejogrb.2025.114891>

Cuvadar, A., Guksu, Z., & Ates, S. (2026). The effects of Emotional Freedom Technique on pelvic pain and quality of life in women diagnosed with endometriosis: A randomized controlled trial. *Journal of Integrative and Complementary Medicine*, 32(5). <https://journals.sagepub.com/doi/abs/10.1177/27683605251399059>

Cuvadar, A., & Özcan, H. (2026). Examination of the effect of Emotional Freedom Technique on quality of life and symptoms in dysmenorrhea. *Journal of Obstetrics and Gynaecology Research*. <https://doi.org/10.1111/jog.70310>

Yakıcı, T., & Yagcan, H. (2026). The effect of emotional freedom technique on premenstrual syndrome, menstrual symptoms and quality of life experienced by nursing students: A randomized controlled trial. *Archives of Women's Mental Health*, 29, 96. <https://doi.org/10.1007/s00737-026-01732-z>

Closing

Taken together, these studies point to a field that is maturing on several fronts at once. A more rigorous account is being developed of why these methods work, how tapping down-regulates the body's stress response, and how it fits alongside established therapeutic approaches. There are also several additions to the clinical evidence for anxiety, COPD, visual impairment, fertility treatment, and a cluster of gynecological conditions. A related theme is that EFT increasingly appears to be finding its way into mainstream medical settings internationally, in ways that have been slower to take hold in Western clinical practice. At the same time, the reviewers themselves are consistent in naming what is still needed: larger, better-powered trials with active comparison conditions and standardized protocols. The direction is encouraging; the work of strengthening the evidence base is ongoing.

Marg Hux, Registered Psychotherapist, practices Spiritual Psychotherapy in Ontario, Canada, and is also a health care researcher with 35 years of practice in health economics and medical research.

Mind the Line: What Every Practitioner Should Know About Scope and Liability

By Katherine Krupka, Executive Director, Energy Medicine Professional Association (EMPA)



This article grew out of a series of questions ACEP President Kerri Husman raised on behalf of members navigating both clinical and non-clinical work, side by side. What follows is EMPA's risk-management perspective, drawn from its work providing liability coverage to energy medicine and holistic healing practitioners.

Energy Psychology practitioners often work across several professional worlds. You may be a licensed psychotherapist, physician, nurse, or other clinician who also offers coaching, energy work, hypnosis, spiritual practices, or other complementary approaches. That breadth may be central to how you understand your work.

Yet state requirements may call for varying degrees of separation between clinical and non-clinical roles. For practitioners whose work feels naturally integrative, those distinctions can feel cumbersome or artificial. Trying to establish those distinctions in your practice—and to identify and navigate them in your work with clients—can seem impossible without sacrificing the flow and even the essence of your work. Integrative practitioners can easily feel that making these distinctions, naming them, and acting on them runs counter to the very nature of integrative practice.

The question is, how can you create the required clarity in a way that actually supports the work itself?

What if the separation you are required to create could actually serve both you and your clients, even contribute to the work, rather than inhibit you and limit your work?

At EMPA, we have seen this tension play out for nearly 20 years and across more than 30,000 policies.

The path we have found most useful and effective is to distinguish between deliberate integration and informal blending.

Deliberate Integration vs. Informal Blending

The difference is intention and structure.

With deliberate integration, you have thought through the role you are occupying and whether each modality you bring into the work is appropriate to that role and within your competence. Your intake and consent explain the services you may use and how they may be combined. Your liability coverage reflects what you are actually doing.

That clarity begins before the first session. For clinicians who also offer non-clinical services, we encourage creating a clearly identifiable pathway from first contact through consent. Depending on your practice and state requirements, that may mean separate service pathways on a website, different paperwork, scheduling, or other distinctions. The form will vary. The important point is to make the fork in the road visible, so the client understands whether they are entering clinical care or a non-clinical service.

Informal blending tends to happen differently. A client comes for coaching, for example, and something arises that makes hypnosis or energy work seem useful. The practitioner brings it in because it fits the moment, but there is no clear pause to name what is changing or confirm that the client understands and consents to the shift. This is exactly the point where role and consent can start to blur.

Those small transitions are where clarity can begin to erode, even when everyone involved has good intentions.

Scope Drift: How Clarity Gets Lost

Even when the pathway is clear at the outset, the work itself can shift.

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One pattern we see at EMPA is what we call scope drift. It usually happens through small, unmarked changes rather than one obvious crossing of a line. The practitioner and client may gradually come to understand the service differently, or the client may ask for something that pulls the practitioner toward a different role.

Imagine a client comes to an energy practitioner after being diagnosed with Lyme disease. The practitioner is clear that the work is intended to support the client's overall balance and wellbeing. Over time, though, the client starts telling friends, "I'm seeing someone for my Lyme," and begins scheduling sessions around symptom flares. Then, in a session, the client says, "I think trauma caused all of this. Can you help me process that?"

Nothing dramatic has happened. The practitioner may still believe they are working within the same non-clinical role. But the client's understanding of the service has shifted, and the latest request calls for a fresh look at scope.

We have also seen situations where the practitioner and client were both comfortable with the work, but the client described it at home in a way that raised concern with a family member. In one such case, the family member reported the practitioner to a state medical board for acting as a physician. The insurer provided legal support, and the matter was resolved.

These situations are a reminder that practitioner intention is only one part of the picture. The client's understanding matters too, and sometimes so does the impression carried outside the session.

What makes this especially important is that the same clarity that helps prevent misunderstanding can also improve the experience of the work itself.

A Stronger Container for the Work

Clarity does not have to make integrative work feel more fragmented. In some practices, it can do the opposite.

I worked with a licensed chiropractor who also offered Neuro-Emotional Technique. Her state required clear separation between the two. She had that separation in place: different paperwork, different consent, even different days. From a compliance standpoint, the structure was clear. But clients found it confusing and frustrating, and some were leaving.

The change she made was in how she understood and explained the separation.

Instead of presenting it as a bureaucratic requirement, we reframed it around the client experience. Each service had its own container. The client could enter that work intentionally, understand what kind of service they were receiving, and have space to integrate what happened in one setting before moving into the other. We also helped the practitioner and her staff explain how the two services could build on one another while remaining distinct.

Her own attitude shifted too. What had previously felt like an irritation began to feel useful. Clients responded more positively once the distinctions were explained and implemented in a way that made sense.

Clinicians already understand the value of a clear therapeutic frame. In non-clinical work, I think of the parallel structure as the container we create around the service.

When that container is clear, the distinction between roles can support the work instead of interrupting it. It can help the client know what space they are entering and help the practitioner stay grounded in the role they have agreed to provide.

What Deliberate Integration Looks Like in Practice

Deliberate integration has an outer structure and an inner one.

The outer structure is the "pathway" the client moves through: your marketing sets the expectation, your intake establishes the relationship, and your consent confirms the shared understanding. The language you use publicly, the way you describe your role, the services named in your forms, the work that actually happens, your documentation, and your insurance coverage should all be pointing in the same direction.

At EMPA, this is one of the clearest patterns we see. Risk tends to increase when those pieces begin telling different stories. A disclaimer at the bottom of a website will not do much if the rest of the site creates a clinical impression. A signed consent form may no longer reflect the work six months later if new modalities have been added or the relationship has changed. Your paperwork can say one thing while the client has gradually come to believe another. The same principle holds all the way through: marketing, consent, conversations, services, documentation, referrals, billing, and coverage should all tell the same story about the practitioner's role and what the client can expect.

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The inner structure is the practitioner's moment-to-moment awareness.

A clear pathway at the beginning does not prevent scope drift once you are in the room. The work changes. Clients bring in new concerns. Something comes up, and another modality suddenly seems useful. This is where we see practitioners do well when they build a habit of checking themselves as the session unfolds.

The questions we use are simple:

1. What role am I in right now?
2. What did the client agree to?
3. What do they believe I'm doing?
4. Am I still supporting wellbeing, or am I moving into assessing or treating a condition?
5. Is it time to clarify, explicitly transition modalities or roles, or refer out?

You will not need to run through all five every few minutes. Usually the relevant question is obvious. The value is in maintaining enough awareness to notice when the work has shifted.

That is also where informed consent becomes an ongoing process. A signed form records consent at one point in time. The work may later change through a new modality, greater intensity, a shift in practitioner role, a change in the client's goals, or the introduction of touch.

When the change is meaningful, pause, name it, make sure the client understands what is changing, and renew consent as appropriate.

The same principle applies to insurance. If you offer non-clinical modalities alongside licensed work, check that the coverage you carry actually includes those services and the way you provide them. Practitioners can easily assume that a professional license or clinical malpractice policy follows them into everything they are trained to do, when coverage may actually attach to particular roles and activities.

Build a Container Worthy of the Work

Most integrative practitioners are drawn to this work because they do not experience people as neatly divided into separate categories. Your training may span clinical care, Energy

Psychology, coaching, energy work, spiritual practice, or other approaches, and you may genuinely experience those methods as connected.

That makes the way you hold the distinctions between them more important.

You can create a practice in which your role is visible, your client understands the kind of service they are receiving, and shifts in the work are named rather than assumed. You can bring the same care to the structure around the work that you bring to the work itself.

For practitioners whose work crosses conventional boundaries, that clarity does more than reduce risk. It creates a stronger professional container in which innovative and integrative work can be practiced with integrity.

And for practitioners who experience this work as sacred, that matters even more. A clear container can support client agency, preserve trust, and help both practitioner and client understand the space they are entering together.

Thoughtful, deliberate integration allows you to keep the richness of your work while creating the clarity that helps you serve clients well. That is ultimately the point: to build a practice sturdy enough to hold the complexity of what you do, and clear enough that your clients can meet you there with trust.

This article reflects a risk-management discussion and is intended for educational purposes. It does not constitute legal, clinical, or insurance advice. Practitioners should consult appropriate legal, regulatory, licensing, and insurance resources regarding their individual circumstances.

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Spiritual Emotional Freedom Technique

by Shazia Shahzadi, PhD

Reviewed by John Freedom, CEHP

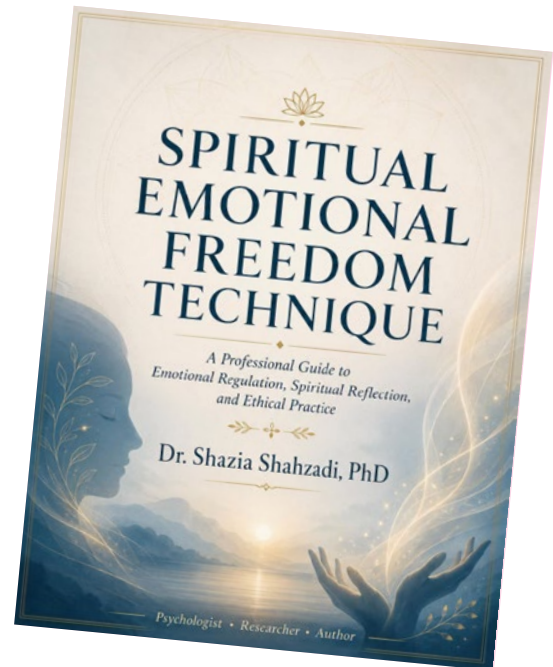
Spiritual Emotional Freedom Technique (SEFT) was developed by Ahmad Faiz Zainuddin in Indonesia. I learned about this “new” technique, and about the rapidly growing number of research studies on SEFT in countries such as Indonesia, India, and Türkiye, several years ago. My colleagues Marg Hux, Jan Warner, and I wrote a paper documenting the growing interest in EFT, TFT, and SEFT titled *Acupoint Tapping Therapies Proliferating Around the World*, which was published in the May 2022 issue of the Energy Psychology Journal. I was intrigued and wanted to learn more about SEFT, but had been unable to find an English translation.

Dr. Shazia Shahzadi has now written an authoritative, accessible, and comprehensive book on this important approach.

Dr. Shahzadi is a clinical and research psychologist in Islamabad. Her achievements include founding and managing the Speech Pathology Department at Mission Hospital Quetta. She has published more than 50 scientific papers and conducted numerous workshops nationwide and with the International Red Cross. Her contributions have been recognized with awards for professional excellence from the Islamabad Chamber of Commerce and from the Federal Ministry of Pakistan. She has introduced EFT and other alternative modalities such as NLP, Reiki, and mindfulness to Pakistan, and has conducted original research on the efficacy of EFT for workplace stress.

Dr. Shahzadi presents the basic concepts of SEFT with clarity and sensitivity, making this subject understandable both for practitioners and general readers. Her writing successfully combines spiritual awareness with effective techniques in a way that is thoughtful, practical, and responsible.

SEFT is an elaboration of basic EFT that reduces subjective distress while supporting adaptive psychological and spiritual well-being by combining focused awareness with acceptance, prayer, and gentle tapping on acupoints. It works by inviting a person to hold a troubling concern in mind, meet it with acceptance rather than resistance, and soothe the body with gentle tapping, easing distress while opening space for emotional and spiritual healing.



Interestingly, SEFT was developed in the context of Islam. It incorporates Muslim principles, such as acceptance and surrender to the Will of Allah, and includes prayers and affirmations from the Qur'an. However, Shahzadi points out that SEFT is not limited to adherents of Islam and that it can be used and adapted by followers of any religion and even agnostics or people with no religious beliefs.

SEFT may be used as an emotional regulation technique, as an approach for treating trauma and PTSD, as an adjunct to traditional counseling and psychotherapy, for increasing awareness of emotional and somatic responses, and to further emotional and spiritual well-being.

One of the book's greatest strengths is its practical orientation. Readers are introduced to the theory underlying SEFT, but are also guided in how it can be applied to everyday emotional challenges, stress, personal growth, and self-care. Dr. Shahzadi's extensive clinical, academic, and research experience is clearly evident throughout the book.

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Readers will find both practical exercises and critical discussion. Some people report immediate reductions in subjective distress after tapping, while others experience gradual, limited, or no change. Shahzadi notes that “a responsible book must make room for all these possibilities.” Any technique should be evaluated not by impressive promises but by the quality of its theory, research, ethical delivery, and effectiveness. SEFT is approached as a developing, spiritually integrated practice whose possible value should be studied with intellectual openness, clinical caution, and respect for each person’s beliefs and autonomy.

Shahzadi cautions her readers that:

1. The method must be adapted to the individual, rather than forcing the individual to fit the method.
2. Spirituality requires consent. Prayer and religious language should never be imposed.
3. Immediate subjective change is not the same as clinical recovery.
4. SEFT may complement appropriate care but should not replace necessary treatment.
5. Complex trauma and severe mental illness require appropriately trained professionals.
6. Respect for faith must be accompanied by respect for evidence.

Spiritual Emotional Freedom Technique is a timely and valuable contribution to the fields of Energy Psychology, energy medicine, spiritual practice, and mind-body well-being. It is a bridge-building book, introducing SEFT to an international audience and contributing to greater awareness of the widening scope of EP. It is a pleasure to read and share, and I am confident that it will bring greater awareness, understanding, and benefit to readers—both lay and professional—around the world.

Spiritual Emotional Freedom Technique is available as a free download: <https://ijssbulletin.com/index.php/IJSSB/article/view/2728/2356>

John Freedom, CEHP is an EFT practitioner and trainer in Santa Rosa, California. He is the author of *Heal Yourself with Emotional Freedom Technique* and serves as chair of ACEP's Research Committee. freejiii@gmail.com



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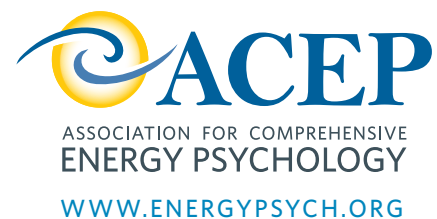
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Taking a Breath

The *Energy Field* is filled with great information, which we hope you find useful. And... we also want to offer you the space to relax, let go, and allow beauty to permeate your awareness even more fully. May your days be filled with grace.



You are invited to meditate with this image if you wish. One way to do so is to take a few deep breaths, relax, and gaze at the image with soft eyes. Allow the colors and forms to permeate your awareness on all levels. You can then either continue to gaze at the image or close your eyes as you relax further. Let your experience unfold for as long as you'd like.