Finding meridian sequences in Psychoanalytic Energy Psychotherapy

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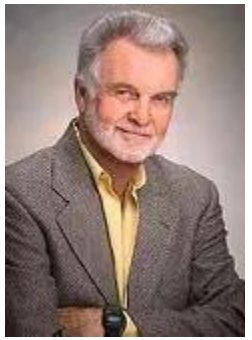
What is Psychoanalytic Energy Psychotherapy (PEP) and why do we need specific sequences?

- PEP is a form of energy psychotherapy. It retains qualities of psychoanalysis, particularly free-association, and the attention to formative childhood experiences and the unconscious mind.
- In PEP we closely track the dynamics of the mind (both conscious and unconscious) and the dynamics of the underlying subtle energy system (meridians, chakras, etc).
- Dr Roger Callahan (originally in the late 1970s) discovered that the "thought fields" of the mind are underpinned by patterns of information in the subtle energy system that connects mind and body.
- Callahan found that these patterns of information in the subtle energy system are in the form of sequences of meridians that need to be addressed (for example by acupoint tapping). He discovered simple kinesiology/muscle testing procedures to discern these sequences

Callahan's key discovery



- Roger Callahan (a clinical psychologist) discovered that any state of pain or distress, whether emotional or physical, has an underlying informational coding in the meridian subtle energy system
- This coding, which he compared by analogy with a combination lock, can be found by a simple kinesiology muscle testing procedure
- This does not mean that the distress or pain is *caused* by the information in the subtle energy system (although it could be) – but by addressing this underlying pattern of information, the distress or pain can be alleviated.
- The subtle energy system is a deeper aspect of mind – akin to the software of a computer. Dysfunctions in the mind are patterned at this level. These are not reached by talk alone.

Confusion when first encountering the subtle energy system is normal!

- I have found that people are almost always confused on first encountering the phenomena of the human subtle energy system (meridians, chakras, and other energy pathways).
- This confusion is compounded by the novelty of muscle testing (sometimes called energy testing, since we are not testing muscles per se, but are using muscle tone as a signalling system).
- Professor William Tiller found that the human subtle energy system functions at a higher gauge – i.e., a set of physical rules that are different from those governing our ordinary 3-D reality.
- The subtle energy system functions within higher dimensions, whose geometry simply does not fit our conventional space-time.
- This results in a kind of initial stupidity – our mind and brain cannot grasp the phenomena. It is apparent in the intellectually suboptimum responses sometimes of those who are highly sceptical. Fortunately, this phase of initial confusion usually passes if we are patient.
- The subtle energy system is not a theory. It is a feature of reality. We can of course construct theories and hypotheses about it.

Acupuncture Meridians — Emerging Anatomical Evidence

- **2019 multicentre cadaver study (Maurer et al.)**
  - Meridian pathways closely matched **fascia planes** in the extracellular matrix.
  - Only **2%** of acupuncture points contained vessel-nerve bundles (contradicting the old “nerve-bundle theory”).
  - **Collagen fibre orientation** changed along meridian lines but not in placebo tissue.
  - Conclusion: **Fascia is a major anatomical substrate** of meridians.
- **Supporting research**
  - Fascia network maps strongly onto classical meridian trajectories (Bai et al., 2011).
  - Connective-tissue mechanotransduction provides a plausible **signal-transmission mechanism** (Langevin et al., 2001).
  - Fluid-flow models show **low-resistance pathways** along connective tissue (Zhang et al., 2009).
- **Takeaway:** Meridians appear to be **structural information pathways** embedded in fascia and connective tissue—not imaginary lines.

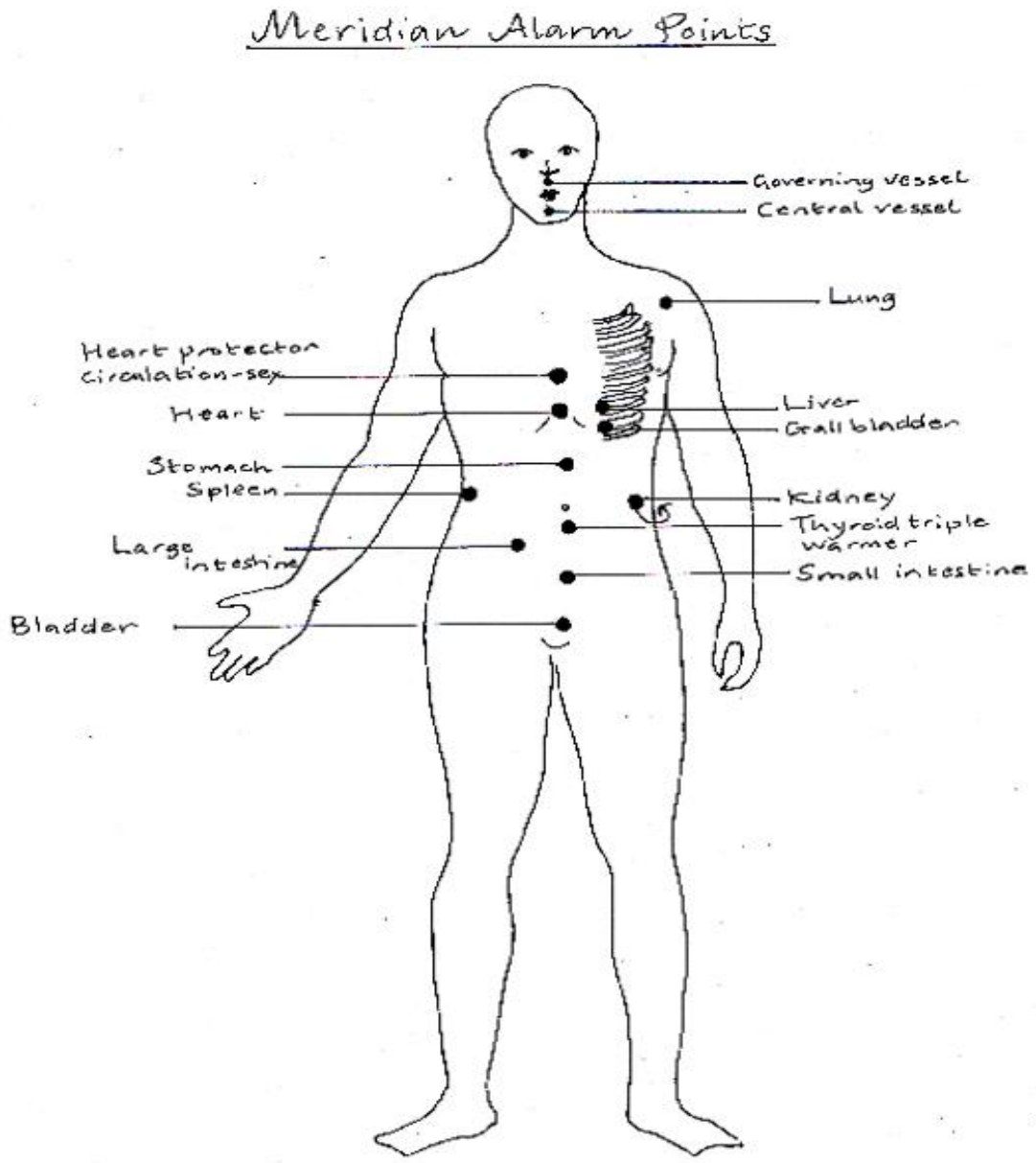
Discerning meridian sequences in real time

- Callahan's procedure for finding meridian sequences predominantly related to rather fixed "thought fields" – such as a specific trauma or a phobia. The person would be asked to hold the problem in mind while Callahan muscle tested for the sequence.
- However, it is possible to develop and refine the muscle testing (also called energy testing) procedure so that the practitioner can continually discern the acupoint sequence in real time, following the client's free-associative discourse as long as necessary.
- Using this procedure, the practitioner can simply say "tap here" and "speak of anything that comes to mind".
- This procedure is not intrinsically difficult to grasp – but it does require considerable practice and dedication in order to become proficient.

What the procedure involves

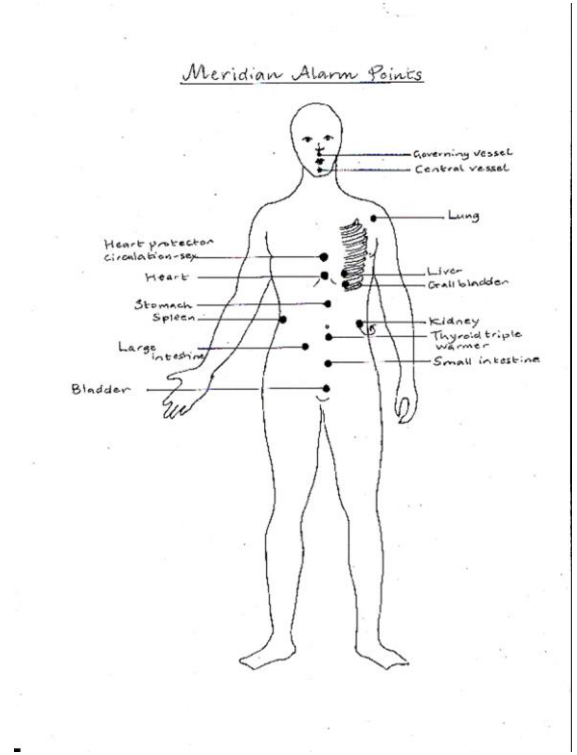
- The original procedure developed by Callahan requires attention to a further aspect of the meridian system, known as the “alarm points”. These can be considered the meridian *signalling system*
- A bonus of this work is that, by becoming aware of the alarm points, the practitioner gains an embodied awareness of the subtle energy system. These points are often somewhat tender.
- In Callahan’s original procedure, the client would be asked to think of the problem, while Callahan muscle tested his arm. The muscle tone would go weak because the client was accessing distress.
- Callahan would then ask the client to put fingers on the various alarm points in turn. One alarm point at a time (only one) would cause the weak muscle tone suddenly to test strong. The relevant meridian would then be tapped.
- This procedure would be repeated to find the next meridian in the sequence. The previous alarm point would no longer test strong because the associated meridian has been tapped.
- My refinement of this procedure involves the practitioner becoming skilled in self-testing (proxy testing on behalf of the client) in order to provide the meridian sequence without involving the client in the complexities of finding it. In this way, the client’s free-association is not impeded – and the accompanying sequence of meridians can continue indefinitely.
- This makes for a flowing and free-associative process, relatively free of the constraints of protocols.

The alarm points



Alarm point location

Bladder, small and large intestine, triple warmer



- **Bladder meridian alarm point:**
- • Top of the pubic bone
- • (Tapping point is inside eyebrow)
- **Small intestine meridian alarm point:**
- • Halfway between top of pubic bone and navel
- • (Tapping point is side of hand)
- **Large intestine meridian alarm point:**
- • An inch or two in from each hip bone
- • (Tapping point is side of index/first fingernail, thumb side)
- **Triple heater/warmer (thyroid) meridian alarm point:**
- • About an inch under the navel
- • (Tapping point is back of hand between knuckles of little finger and ring finger)

Alarm points: Gall bladder, spleen, kidney, stomach

- **Gall bladder meridian alarm point:**
- • An inch or so towards the side from the base of the rib cage – go to the curved inner edge of either side of the lower rib cage – then move your two fingers an inch or so towards the side of your body.
- • (Tapping point is side of eye)
- **Spleen meridian alarm point:**
- • This is quite easy to find. Bend your body at the waist to one side. In the bend is the alarm point
- • (Tapping point is side of body, level with male nipple or side of female bra strap)
- **Kidney meridian alarm points**
- • Reach around to the area the kidney – either side
- • (Tapping points are collar bone points)
- **Stomach meridian alarm point:**
- • Stomach area, in the centre
- • (Tapping points are under the eyes)

Alarm points: liver, heart, heart protector

- **Liver meridian alarm point:**
- • Females: place your fingers under the breast. Males: an inch or so under the nipple
- • (Tapping points are the same)
- **Heart meridian alarm point**:
- • Under the rib cage right in the centre
- • (Tapping points are inside little finger, side of nail)
- **Heart protector meridian alarm point**:
- • Centre of lower chest. In males it is level with just under the nipples (but in the centre) – and in females it is the same position.
- • (Tapping point is side of middle fingernail, facing thumb)

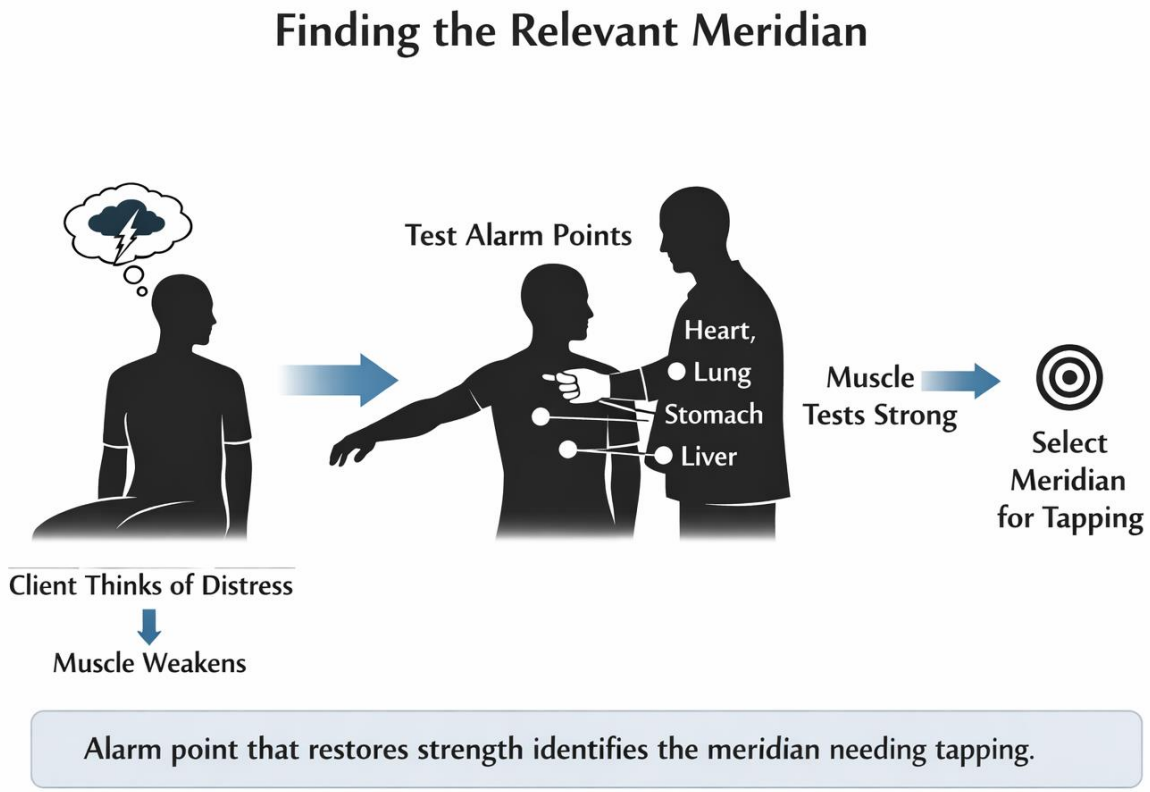
Alarm points: lung, central, governing

- **Lung meridian alarm points:**
- • In from the shoulder bones, but under the collar bones, there is a hollowish area. NB this is nowhere near the collar bone tapping points – it is right over towards the shoulders, either side.
- • (Tapping points are outer side of thumb nail)
- **Central (or conception) vessel** (strictly speaking this and governing vessel are not meridians but 'additional vessels'):
- • On the chin under the lip
- • (Tapping point is the same)
- **Governing vessel**:
- • Under the nose
- • (Tapping point is the same)

The three step process to find the relevant meridian:

1. think of distress; 2. muscle weakens; 3. find the alarm point that makes the muscle strong

NB: The diagrams are schematic rather than literal



A key problem in understand the procedure – confusion regarding muscle testing

- Kinesiology muscle testing is a simple skill that can be very useful. It requires a definite period of learning and practice – and a clear understanding of its limitations. It should be regarded as a means whereby the client's body (unconscious mind) can communicate and enter the conversation with the practitioner and the conscious mind.
- The issue that often confuses people is that the significance of a strong or weak (binary) muscle tone response depends entirely on the context – on what we are implicitly asking.

Strong and weak muscle tone responses

- A strong muscle tone response (to a stimulus or question) can mean:
  - Yes, this is true – an agreement with a statement that has been presented
  - The body likes this (a substance, nutrient, a form of music, a facial expression, a person's voice) – registers a stimulus as nutritious and good
  - This is the meridian that needs tapping at this point

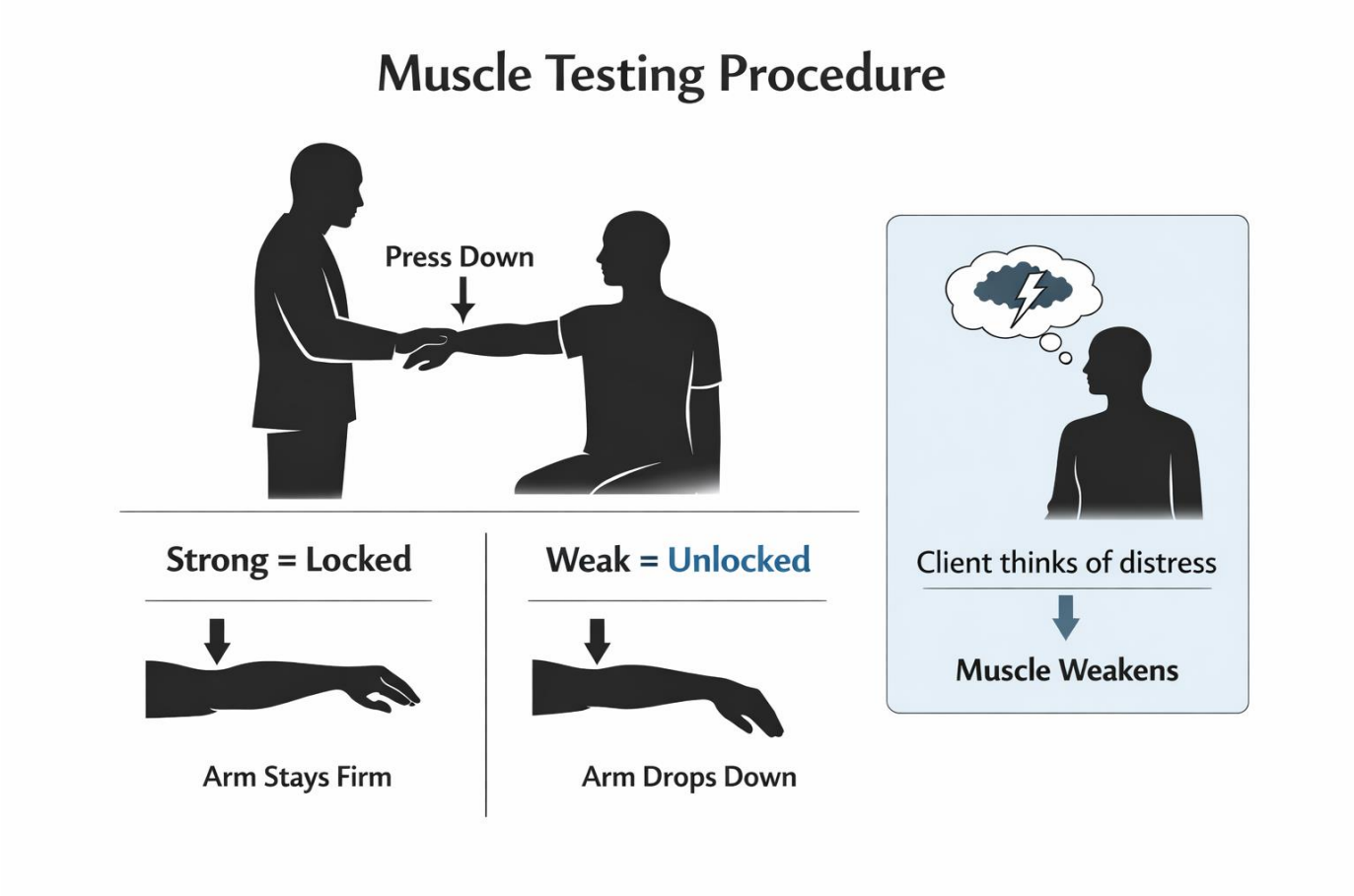
- A weak muscle tone response (to a stimulus or question) can mean:
  - No, this is false – a disagreement with a statement that has been presented
  - The body does not like this – registers a stimulus as toxic or harmful in some way
  - This is not the meridian that needs tapping at this point
  - **This idea, thought, or memory, carries distress**

Some thoughts or stimuli are energy strengthening – and some are weakening

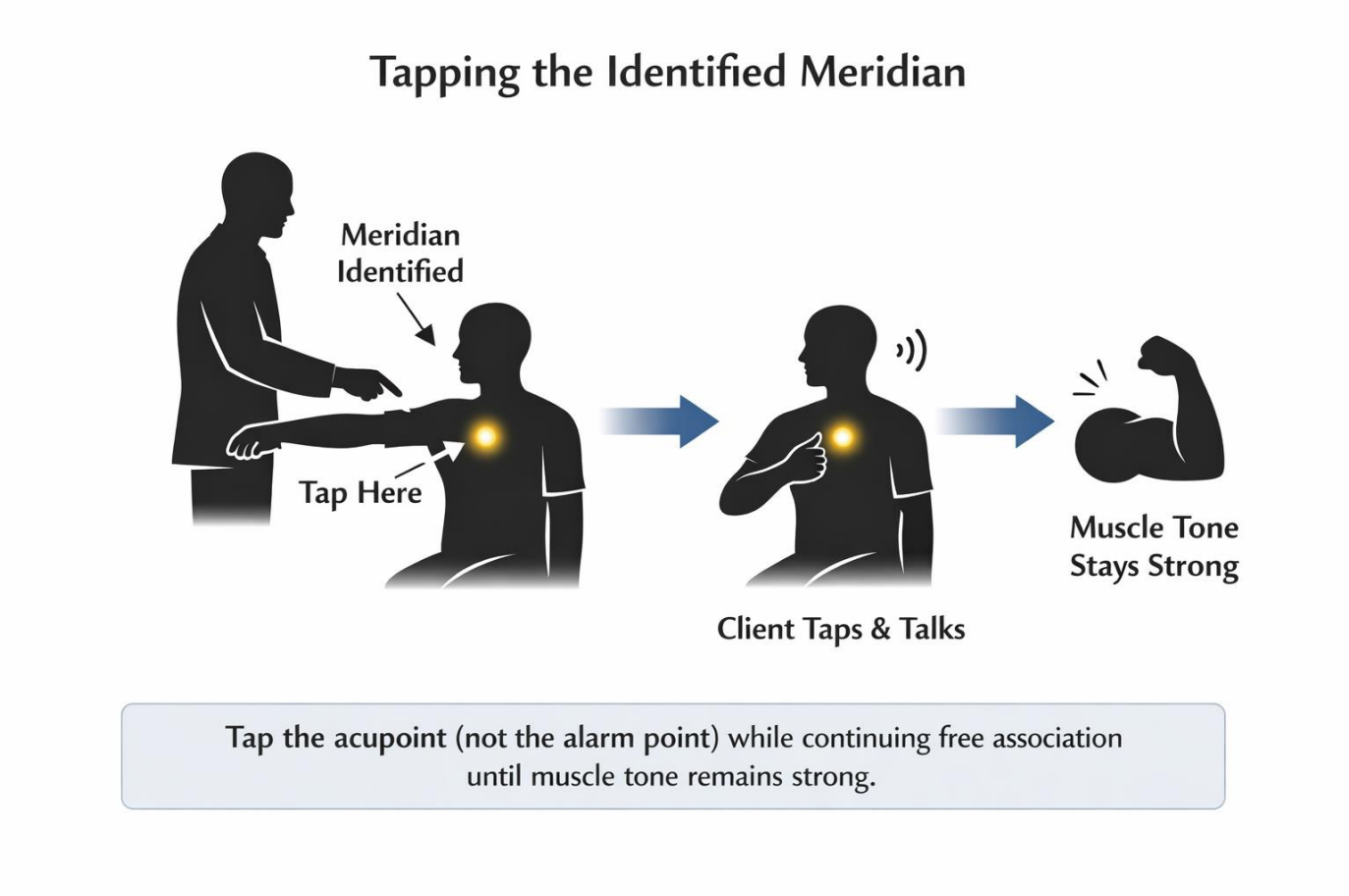
When we tune into distress, the muscle tone goes weak

- When we ask a person to think of something troubling, the tone of the muscle being tested goes weak. This is the natural and consistent response to distress.
- We can then look for an alarm point which, when stimulated, causes the weak muscle tone to go strong. For example, if the heart meridian alarm point makes the weak muscle tone lock strong, this indicates that the heart meridian should be tapped. Note that the acupoint tapping points are mostly not the same as the alarm points.
- We can then continue finding meridian points in the underlying organic sequence, and tapping them (the acupoints, not the alarm points).
- We continue until the muscle tone stays strong when the client thinks of the problem. This strong muscle tone indicates no remaining distress associated with the thought or memory (although there may be more hidden distress that can be accessed).

When thinking of something troubling, the muscle tone weakens



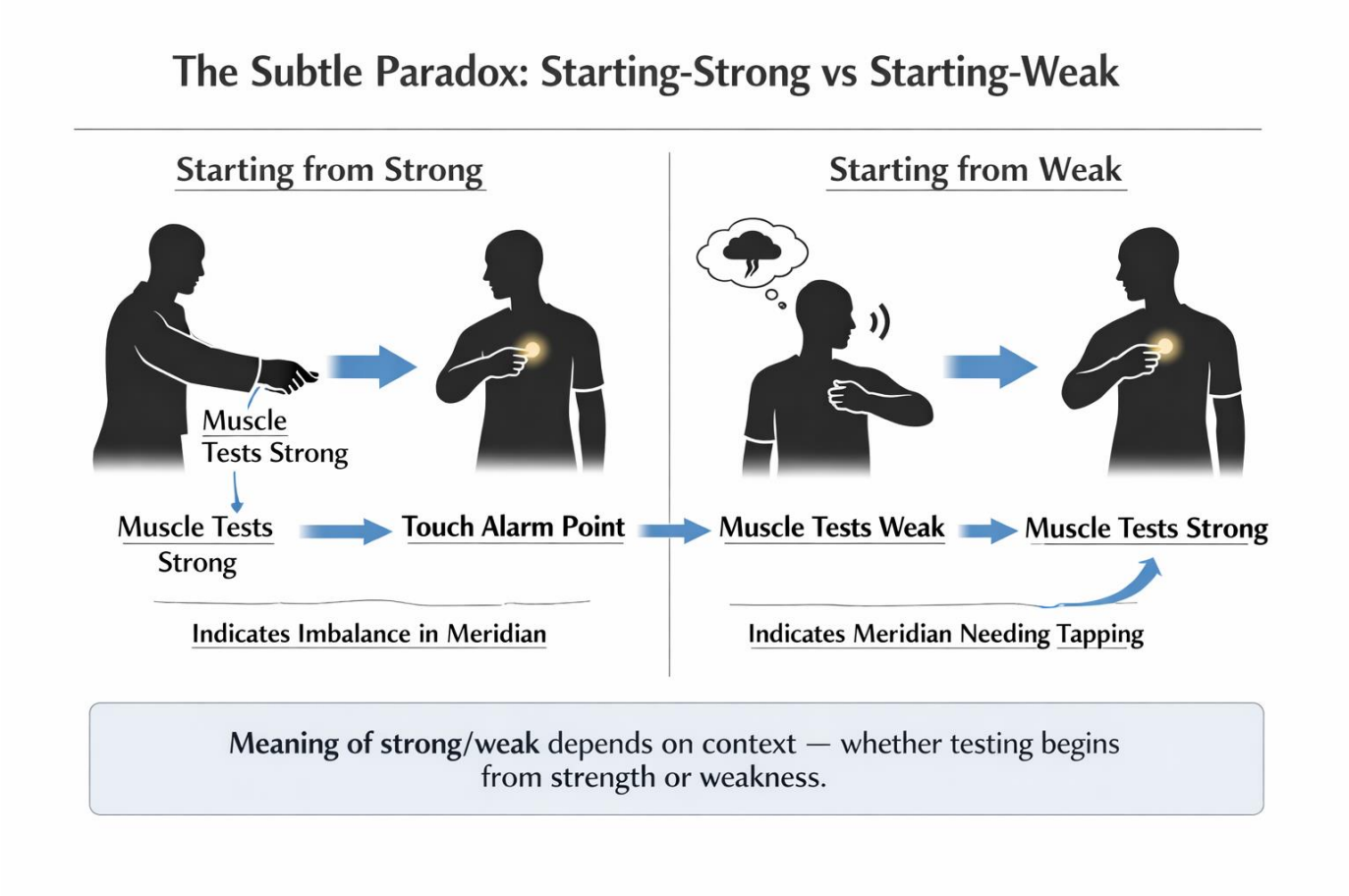
After identifying the relevant meridian, the client is guided to tap the acupoint and continue talking of whatever comes to mind



A subtle paradox – important to understand

- If we muscle test a person “in the clear”, as it is sometimes described – i.e. testing them without asking to focus on any particular thought and without presenting any particular stimulus, we might then systematically check through the meridian alarm points – and we might find one that tests weak.
- This would indicate a state of imbalance in the associated meridian – a general imbalance, not specific to any particular thought or stimulus.
- The alarm point tests weak because the meridian is out of balance and our testing started from a strong muscle tone
- Compare this to the previously mentioned situation where we start from a weak muscle tone because the person is tuned into distress. There we look for an alarm point that will test strong.
- Can you see the underlying principle? We cannot say what a strong or weak muscle tone means unless we take account of the context – and whether we are starting from strong or weak. The alarm point and the muscle tone can only signal in the two ways of strong or weak – so if we start from a weak muscle tone, we look for an alarm point that registers strong – but if we start from a strong muscle tone, we look for an alarm point that registers weak.
- Ponder this until it makes sense

The important paradox: starting from a strong muscle tone vs starting from a weak muscle tone



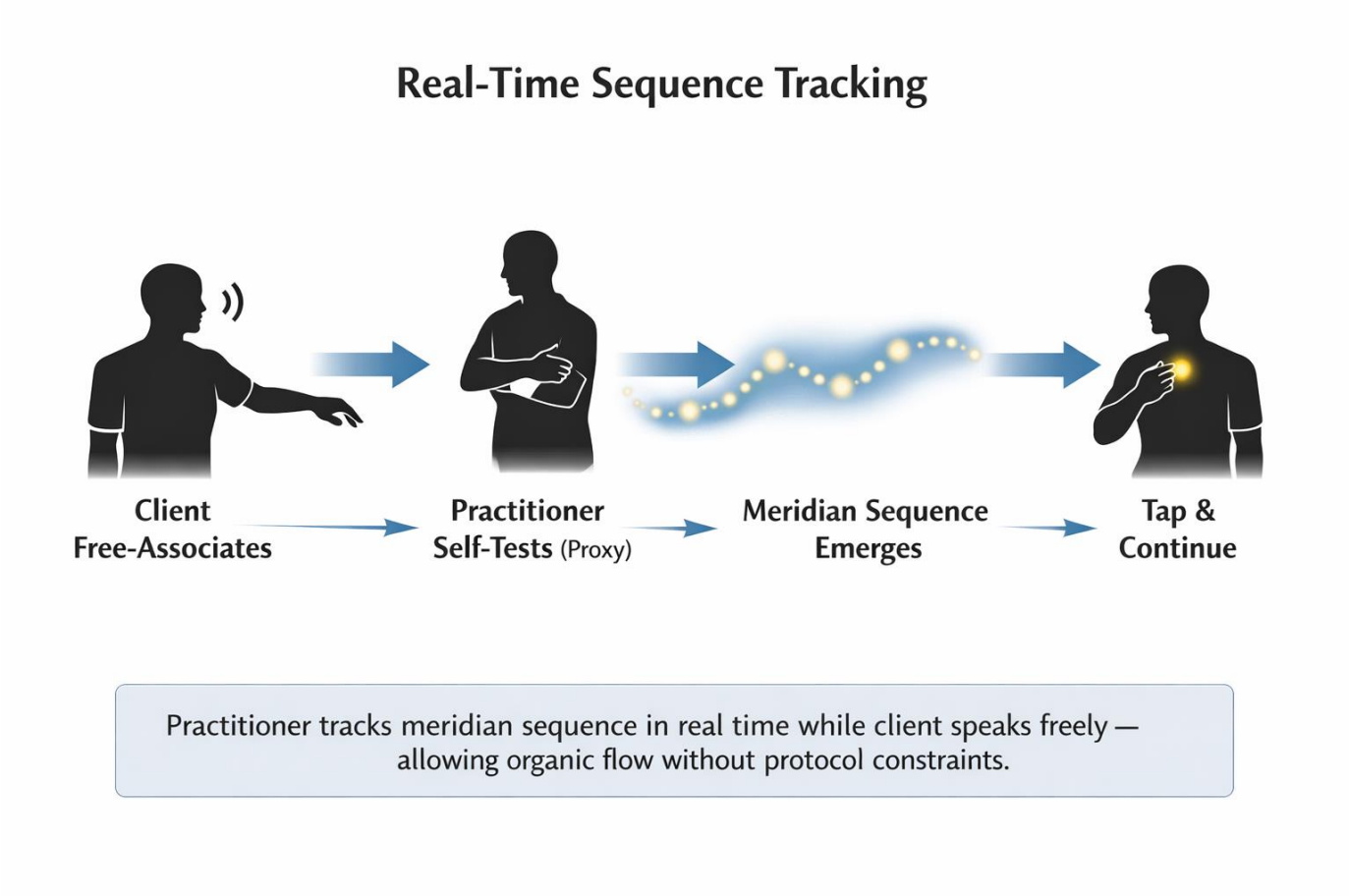
The first stage in refining the process

- In the Callahan procedure just described, the client is asked to place fingers on the alarm points on his/her own body in order to find the one that makes the arm strong.
- A striking (but reliable) phenomenon is that the same effect is found if, while testing the client's arm, the practitioner simply thinks of the various alarm points. When the practitioner thinks of the relevant one, the client's muscle tone gives a clear strong response. Whilst initially surprising, this illustrates how the client and practitioner form one communicating energy field

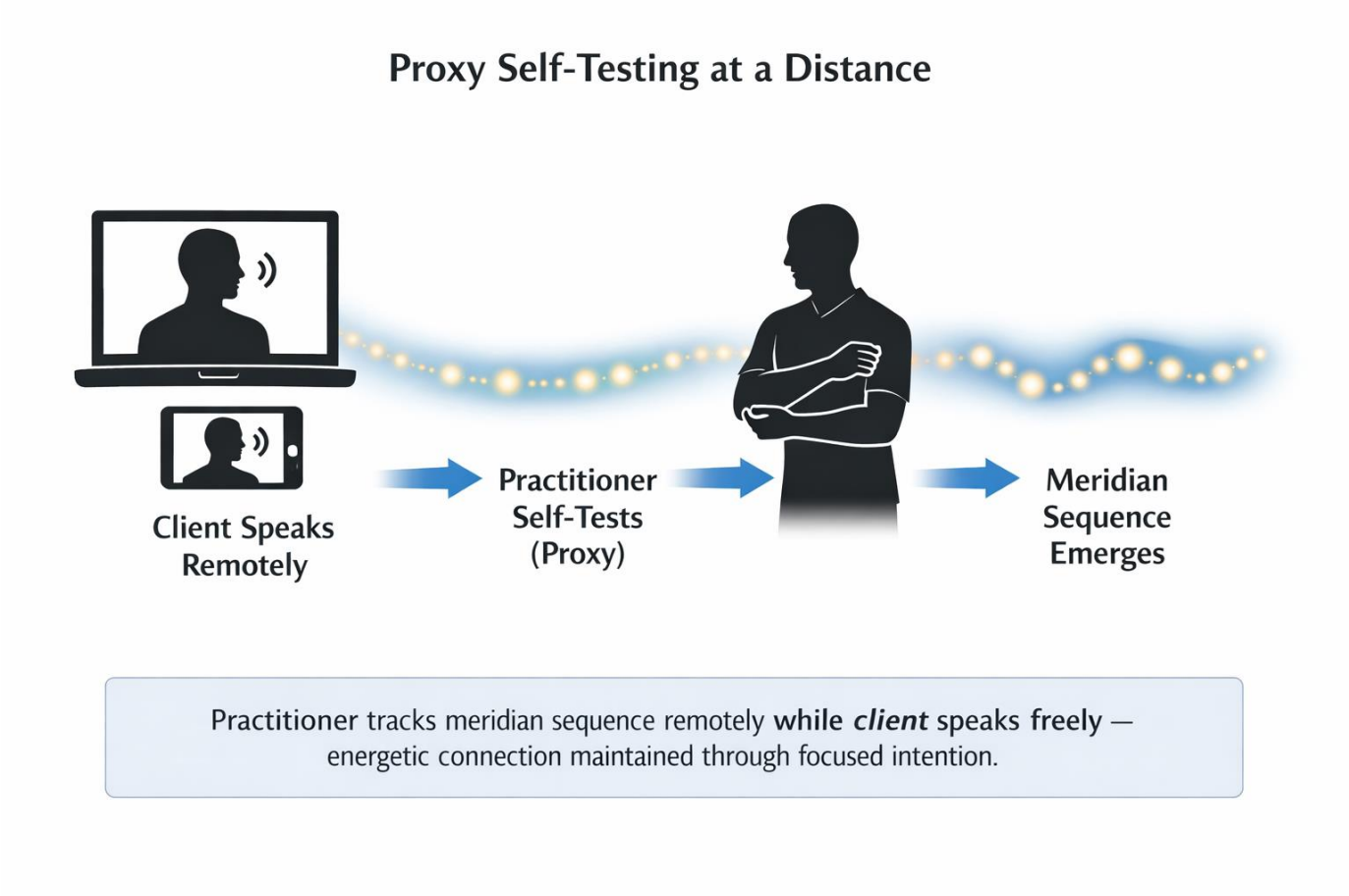
The second stage in refining the process

- The second, and more radical development, is for the practitioner to energy test (muscle self-test) on behalf of the client (proxy for).
- From a psychoanalytic perspective, it may be viewed as the use of the energetic countertransference
- This is surprisingly effective and allows the work to be done at a distance, during phone or video calls.
- This also relieves the client of being part of the task of finding the sequence of meridian points – so that he/she can be fully focused on their own thoughts, emotions, sensory observations, and free-associations.
- The process of tapping and talking can then continue and evolve organically.

Refined energy testing: the practitioner continually reads the client's field through proxy energy testing



The practitioner continually reads the client's field *remotely* through proxy energy testing



The many other features of PEP

- Tracking the roots and origins of “psychological reversals”
- Finding the age of key parts of the personality involved in a problem – points of developmental fixation due to trauma
- Releasing trapped or reversed libido – the hidden “pleasure” invested in the problematic patterns
- Regarding transference, we follow the original Freudian stance: transference is a form of unconscious memory, and it is an illusion, a misperception of the present in terms of the past; the task is to relocate the material in the original realm of memory – and to free the client from what Freud called this “menacing illusion”. In contrast to much contemporary psychoanalysis, we do not work “in the transference” (i.e., treating it as if it were real).

Further information

- Phil Mollon's website: www.philmollon.net
- The Association for Comprehensive Energy Psychology (ACEP): www.energypsych.org
- The UK-based training in energy psychotherapy (only for qualified and registered psychotherapists): https://energypsychotherapytraining.co.uk
- Book: Psychoanalytic Energy Psychotherapy. Phil Mollon. Originally published by Karnac 2008. Republished by Routledge.