

THE CLINICAL FACE OF ENERGY MEDICINE

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In order to penetrate this "unknown land," where anomalies abound, and make it understandable, direct experience is invaluable. If scientists lack that, then like the critics of Columbus, they tend to believe that nothing is out there. So, it is for them that "new discoveries," new techniques and new tools are essential!

--Elmer Green

Contemporary energy medicine has always had two faces (and two goals): clinical practice (effective improvement of health), and physics (understanding mechanisms). Those of us who have experienced improved health through clinical practice of energy medicine—whether in the form of diagnosis or treatment—usually feel gratitude for the encounter. This is especially the case since energy medicine treatment often provides an experience of participating in connectedness to humanity and to the meaning of life that is commonly missing in other forms of treatment. We are not simply at the mercy of technology and of things being *done* to us. We are part of a greater and sometimes mysterious whole, as has been true of healing since ancient times in all cultures until the present. Different facets of the mystery of clinical practice of energy medicine are revealed in the articles presented in this issue.

For example, in *Craniosacral Therapy: Its Origins and Development*, John Upledger begins a three-part perspective on the recent development of a now widely used form of energy medicine treatment. Here we find not only a

widely used form of energy medicine treatment. Here we find not only a description of effective clinical procedure, but also an understanding of the historical factors that led to the development of the therapy. The integrity of pursuit of the unknown, the honesty in recognizing and presenting observations, no-matter-how-strange, and the interplay between right- and left-brain modes of knowing provide an exciting portrayal of the emergence of this therapeutic form.

Even when technology is used in the practice of energy medicine, the context in which it is applied is considered important. Take the application of neurofeedback therapy for addiction, *Human Potential and Personal Transformation*, described in my presidential address to the Society and presented in this issue. It is imperative to recognize (as I do on page 60) that successful neurofeedback training is not mechanical, but instead only emerges successfully in the context of a “. . . caring relationship that is focused on authentic self-discovery, on uncovering of primal sources of behavior and belief that have operated unconsciously in the individual's life, but which can be . . . integrated into ongoing behavior as a part of a maturational process.” In the absence of the right context, the treatment fails to evidence full effectiveness; in the right context the results are revolutionary, as seen graphically. If the associated speculative hypothesis—that there are brainwave markers for personality transformation—receives confirmatory replication, this work may signify a major step forward in improving efficiency in expressive psychotherapy for personality problems and in aiding development of a technology for personal growth, for opening doors to the mystery within.²

An underlying theme to be observed in both of these papers, and in William Koar's report, *Meditation, T-Cells, Anxiety, Depression and HIV Infection*, is that of clinical work as a source of hypotheses for research in energy medicine. Koar presents a pilot study, single-group treatment outcome study with respect to HIV infection. Often traditional scientific and medical journals reject uncontrolled single-group outcome studies out of hand, as though nothing of value to science can be learned from them. The knee-jerk, “where are the controls” approach to science ignores the fact that science is comprised of hypothesis-development as well as hypothesis-testing. While a randomized controlled study may be the *sine qua non* of clinical efficacy studies, much can be learned from a single-group outcome study about the likely maximal effect

controlled study. Despite the limits of his design, Koar is to be applauded for taking good account of these limits in his discussion of results, and thus his study is exemplary of a certain stage of the scientific process, and of one kind of contribution that clinical work often makes in scientific research.

Finally, Michael Cohen describes legal considerations surrounding the use of clinical energy medicine treatments in *Expanding Legal Paradigms*. If we lived in a rational world instead of a *political* world, it would be surprising to encounter much concern about energy medicine treatments, as side-effects seem limited and treatments often helpful.³ We must of course recognize that while we are venturing into new territories, we are potentially violating old, sometimes well-defended boundaries requiring a new and thoughtful vision of our work and the issues it raises as we see in this contribution.

Each of the main faces of our “unknown land,” clinical treatment and mechanisms-discovery, are themselves comprised of many separate facets. Yet, most fascinating for us at this early stage of the journey, is the opportunity to watch one face merge into the other, to see the contribution that clinical work may have in discovery.

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REFERENCES AND NOTES

1. Elmer Green, Mind over Matter: Volition and the Cosmic Connection in Yogic Theory, *Subtle Energies* 4,2 (1993), p. 161.
2. Elmer Green, Psychophysiologic Self-Regulation and Human Potential, *Subtle Energies* 1,1 (1990), pp. 73-89.
3. Daniel Benor, *Healing Research: Holistic Energy Medicine and Spirituality* (Helix, Munich, Germany, 1993).

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