

ISSSEEM AND ACEP PANEL DISCUSSION

Moderated by Dawson Church Ph.D., C.EHP.

Panelists:

Larry Stoler, M.S.S.A., Ph.D., D. CEP, Christine Hibbard, Ph.D., David Gruder, Ph.D., D.CEP, Mary Hammond, M.A., L.P.C., Jim Oschman, Ph.D., Bernard Williams, Ph.D.

ABSTRACT

Dawson Church moderates this dynamic discussion. Members of both groups are passionate about science and healing, subtle energies, consciousness and spirituality, and paths to embrace our wholeness. When the work of both organizations is wildly thriving, how will the world be changed?

KEYWORDS: energy psychology, energy healing, certification, licensing, intention, ground of being, humanitarian relief, trauma, archetypes.

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PANELISTS:

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eight years working with post-war trauma and conflict in Kosovo, Israel, Syria and Uganda. She serves on several non-profit boards, including the past co-presidency of ISSSEEM, and the presidency of the Colorado Association of Applied Psychophysiology and Biofeedback. She teaches mind/body/spirit medicine nationally and internationally. She can be contacted at cdhibbard@aol.com.

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Mary Hammond, M.A., L.P.C. is a therapist, trainer, consultant writer, healer, minister and seeker from Salem, Oregon who for 25 years has practiced the art of assisting people in finding their truths and healing their illnesses. Since 1990 she has immersed herself in the new frontiers of healing by studying and exploring Holotropic Breathwork, Transpersonal Psychology, Eye Movement Desensitization Reprocessing (EMDR), and Energy Psychology. She is guided in work and in life by a presence she calls Divine Mother,

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Jim Oschman, Ph.D. After a successful career as an academic scientist, specializing in cell biology and biophysics, Jim began to research complementary medicine. He has published about 30 research papers in some of the world's leading scientific journals, and about an equal number in journals related to complementary medicine. He has also written two books on energy medicine, and lectures internationally on this subject. He has presented workshops for virtually every therapeutic school and has also lectured at a variety of medical schools and hospitals around the world. Jim's investigations of the energetics of the living connective tissue matrix are the evidence base for integrating a wide range of therapeutic approaches that are part of the new medicine that is emerging worldwide. He can be contacted at joschman@aol.com.

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DISCUSSION:

Larry: I'm Larry Stoler, the current president of ACEP, the Association for Comprehensive Energy Psychology. Mary Hammond is also here – she'll speak in a moment – and my colleague David Gruder. David was the founding president of ACEP. I just want to say, before we go any further, that I feel like a guest in your house. I appreciate being a guest here – in the sense that this is the ISSSEEM conference; ACEP had our conference a month ago. So as I've been here, I've been very much feeling like a welcome guest. I'm also an ISSSEEM member. You've been hearing a lot about energy psychology this weekend, probably more than at any other conference you've had, and we'll be talking about that too.

Dawson: There are a lot of commonalities too, between energy medicine and energy psychology. For example, David Feinstein and Donna Eden have produced a wonderful DVD called *Energy Medicine Interactive*, and that DVD is the foundation of ACEP's certification program in energy psychology. So every ACEP certified practitioner goes through the energy medicine program put together by David and Donna, and then we look at the energy psychology components of it. So there's an enormous amount of flow, and many practitioners practice both. Let's just, for a moment, talk about some of these commonalities.

Larry: I want you to all feel that you're going

to join in an ongoing conversation that's been going on between leaders of organizations. Our intent is to open the screen, as it were, and give you the chance to listen in on what we've been talking about. Berney, Chris, and Chris' husband David Hibbard were at our conference, and we had some of these conversations there. One of the things that I find myself personally struggling with is that I live in ACEP, but my mind and my heart is a lot with you guys. So whenever I'm around anyone who's part of ISSSEEM, I think: this feels great – I *know* you. At the same time, I have a big investment in advancing ACEP, advancing Comprehensive Energy Psychology. So that's interesting – I'm wondering if that's just an artifact of my particular life course and your particular life course? What I'm trying to wrap my mind around is this: What's the big picture? Where are we headed?

Chris: That's a great question, and we have talked about this before, so we're just continuing the conversation. You *are* a part of us and we *are* a part of you. You are in our home, and when I was at ACEP I certainly felt that the commonalties were very profound.

Jim: I would be happy to say some things about this subject. In my travels, I see energy workers. As I travel around and interact with all the different therapeutic groups, I learn that every disease and disorder has an underlying psychological aspect to it – which, when discovered, enormously assists the healing process. So, in a way, anyone who does energy healing of any kind whatsoever is an energy

psychologist. As far as what is going on here, there is a holism beyond holism. There is a holism of holism. It's the way of envisioning the future emergence of all of our techniques and our technologies and what we can learn from each other. It's great when organizations get together. Last year or the year before I gave the keynote for the Energy Kinesiologists and the Applied Kinesiologists, and these two groups gave up talking about which one was better, and got together and talked about what they had in common. This was a tremendous coming together of people. So I like to see more of that. Really, there is only one energy medicine, and we need to talk about it from our different perspectives, and I look forward to this kind of thing. I love ISSSEEM. I love you folks because you're so diverse, and you're so willing to listen to other people's perspectives. This is the magic of ISSSEEM. I love it.

Mary: My name is Mary Hammond, and I have the honor of being on the board of ACEP, and have been a part of the organization since my friend David Gruder and our friend Dorothea Hover Kramer started it. Last year was my first ISSSEEM conference and I went away thinking, I don't know where I fit; I need to figure out where I fit. It took about five minutes for me to realize that I fit both places. The word psychology allows me to work under my license, and we've talked about that; some of these terms are just practical for us. And what happens in my office every day is energy psychology and energy medicine, so I feel at home whether I'm at an ACEP conference or here. Thank you for that.

Larry: Let me say in reaction to Jim's comment that I think it's great when people like you are intersecting with all these different organizations, and others are doing that also. One of the things I think can be an impediment is that people start to own their turf. I feel this tension personally: the desire to promote something that I know is going to be useful for a whole range of people in the real world, who are seeking a method to shift something they know is in their heart into their practice. And the world of comprehensive energy psychology is doing that. So that's what really great about it. But what many people don't know when they first interact with energy psychology, is that we all look the same. Actually, our backgrounds are very similar, the sensitivities guiding what we actually do, and what *moves* us is also very similar – we are all contributing to this great convergence and integration that's happening in the world. I can speak for myself, I've had an interest in healing for years and years, but I didn't know how to integrate it. After my first exposure to these ideas, it took me about 25 years to begin to find a way in my actual life – with who I am – to bring that into my life. Many of you know that I've been studying qigong for ten years; that's how this journey works, is it not? Once you enter it, your heart takes you deeper. It doesn't really matter that I know all these energy psychology methods – they're just ways to sensitize me, refine me, and take me to deeper understandings. I believe that everybody who enters this door has a very similar experience.

Chris: You're talking about more of a context for both of our organizations – that energy psychology is a context in itself, and ISSSEEM is a context. We are *both* that energy, and there are some techniques that we use. Berney, maybe you know the exact number, but didn't NCAM differentiate ten different subcategories of alternative medicine?

Berney: NCAM tried to categorize it in five, but notice that the very first one was alternative medical systems. So that one, of course, has various groupings within it that also include everything else that's included. One of them is biologically based – that's a concept for a space for them. Another category – they're edging toward calling it energy medicine, but the first step they could take was to call it energy therapies. But if you look at the website now, energy medicine is sort of floating up to the top of that language. So what alternative medical system is not biologically based and doesn't use energy? The other two – I won't even bother going into that cul-de-sac. It's the trap of language – but the trap need not be a trap; it can also be a bridge. So partly, Larry, I think I'm going to say yes, because I'm a historian, it's your life path, right? – but in addition, as Mary said, psychology is a really useful notion; for one thing, people can find you if you call yourself a psychologist. Because they're feeling like that's the kind of thing they're seeking. You're going to get a whole different clientele if you start talking about ayahuasca shamanism. I have graduate students in energy medicine doing research on all of that. I don't know how I agreed

to be up here for two hours in a row, but in the next session I'm going to talk about Geneie Everett's doctoral research, which was the first project I was graced to be able to participate in. It's the study of the healing benefits of altered states of consciousness. Well, when they're in your space and you're working psychologically, you're getting, together, into altered states. That's the point of psychology, right?

David: I'm absolutely delighted to be up here; I'm David Gruder. As the founding president of ACEP, part of my delight in being connected into ISSSEEM (and I'm an ISSSEEM member as well), is that the emerging collaboration of our organizations represents, to me, a really important milestone, reflecting a larger milestone we've reached in psychology and medicine. This milestone has to do with the elimination of the distinctions between psychology and medicine, which are arbitrary, aren't they? The mind/body/spirit split was an illusion created in the western world; it's not really a split that is recognized in traditional oriental medicine. ACEP hovers primarily around the psychological aspects of our wholeness. ISSSEEM's name invokes the more medical or body-oriented aspects of wholeness (even though it encompasses in reality a lot more than only that). The collaboration of our two organizations is a microcosm of an important milestone in the fusion of medicine and psychology. This fusion needs to be part of – and is already part of – the 21st century, even though a lot of the general public and a lot of the governmental and insurance structures etc. don't yet fully recognize that. The old

paradigms are taking a little time to catch up with us. What I find the juiciest about our talking today is exploring how we can forward that integration in a way that serves ISSSEEM as a unique and delicious culture, and serves ACEP as a unique and delicious culture, and serves highest collective good, all at the same time.

Mary: I was thinking that what Lindsay Wagner demonstrated for us today is what I see happens for people in energy psychology and energy medicine: that the strategies and techniques and the models take us to our true path. That true path may have many branches, but these strategies are a process to help us heal and help us find our purpose.

Larry: I want to inject something really practical that is part of the path we're on. ACEP, as you mentioned Dawson, initiated a certification program. I know that's a move we made that caused a big stir – and I think you all can appreciate what a stir that was. See, we're happily playing in the garden saying, "Hey, we're having a great time," and then an organization like ACEP says, "Wait a minute, we have this goal to bring energy psychology out into the world, and we'd like to have some way that will allow organizations in the larger community to see the value of what we're doing in a way that makes sense." So let's say, instead of having a growing number of separate certifications where each method has its own certification program, there might be some more global foundational entryway that shows people what this field is. So we decided to inaugurate this program, and

we're on our way – it's launched. But I know that in other settings and other areas, it's caused a lot of trouble – you know, kind of the idea that, "Are you saying that this is IT, this is **the only** accepted way to do EP work?" I recall conversations I had with Jerry Wesch. Early on I called Jerry and said we're thinking about doing this, and Jerry said, "That's a bad idea – you don't know what you're getting into, Larry."

Chris: Now, that's our Jerry!

Larry: Yes, thanks, Jerry! That was great – he told me what the problems were; he told me about the problems the biofeedback movement faced after certification was introduced. I think that there are challenges – we *know* that there are. As soon as you define something, you create ins and outs. We also know that we can't really limit this, nor do we want to. We want to honor the spirit of exploration and discovery that is part of energy healing. Yet, in a practical way, we also want to help the field move forward. How do we wrestle with this? How is the field going to look five years from now? How are we going to advance this into the larger community?

Dawson: We actually had a panel at ISSSEEM two years ago on certification, and I was on that panel. Some were in favor of certification, and others were in favor of lynching certification. There was a lot of controversy – a lot of energy and heat in the room – when we got to talk about this; they were really passionate about this one way or the other. I think that it's part of the maturing in this field, and I

think that we need to really be aware of how we interact in all kinds of ways. I mentioned at dinner last night that on President Nixon's 1972 trip to China, his advisor James Reston fell ill with appendicitis. Reston underwent an acupuncture treatment for pain, and then had an appendectomy without anesthesia except for acupuncture. Suddenly, acupuncture was catapulted into the national consciousness in an enormous way. Now that same thing is on the verge of happening, I believe, with these fields of endeavor. Dr. Mehmet Oz, on Oprah, has talked about energy medicine over and over again. We're on the verge of a similar pivotal moment, and energy medicine and energy psychology – and our institutions – need to be ready for the huge flood of interest that we will receive, as well as the critical scrutiny that comes with it.

Jim: I can tell you what we can do for you. There is, in this room, the mental horsepower to explain to you how these techniques work – how they have the remarkable effects that they have. That is important. It enables you to talk to each other, and it enables you to talk to your amazed client who says, "How do you *do* that?" Having a good answer that you can give to your clients and put out into the world, making it simple so that everybody gets it, and that it's not a mysterious hocus-pocus thing – it has a scientific basis. I gave a talk yesterday in Heidelberg and I told people, when you think of hormone receptor interactions, think of your electronic car key. Yes, you can put the key in the lock and turn it to unlock the door,

but when you use your electronic car key from twenty or thirty feet away, you push the button and it opens up. Well yes, you can tap on acupuncture points – that is very interesting. The acupuncture meridian system, in my view, is part of the system that gives rise to the conscious present – the moment-by-moment unfoldment of consciousness. And yes, you can put the key in the lock, you can tap on the point – and you can also do it from a distance with your intention. So I described this a couple of months ago, and somebody came up to me and he said, “You know, if you’re too far away from your car to get your electronic car key to work, hold it up to your head.” Well I tried it – *and it worked*. So I started to experiment with this, and I was too far away to get the thing to work, so I tried it on my belly, and it didn’t work. Then I tried it on the base of my spine – it worked! The body is an antenna – we are broadcast antennae and we are receiving antennae. Yes, we can tap the point, and yes, we can resonate with somebody else’s antenna through our intention.

David: That’s why ACEP was called the Association for *Comprehensive* Energy Psychology – because energy psychology, just like energy medicine, is a *family* of methods. EFT, as you mentioned before, is one of the members of that family; there are lots of members of that family. Many of us in the energy psychology field have assumed for a long time now that where the field is ultimately heading is toward diagnosis and treatment by intention. We see that as part of the future, and we also see incredible value in paradigm bridging, and also in

mechanical effects to doing more mechanical or tapping kinds of interventions as well. There’s room in the family for all of us. [Audience question: Can you identify some of the other members of the energy psychology family?] Some of the other members of the energy psychology family are BSFF: Be Set Free Fast, Seemorg Matrix Work, which is now called Advanced Integrative Therapy, Dynamic Energetic Healing, Tapas Acupressure Technique, Healing From the Body Level Up, Chronic Psychotherapy, Energy Diagnostic and Treatment Methods, Thought Energy Synchronization Therapy, Thought Field Therapies, Evolving Thought Field Therapy, Psychological Kinesiology, Touch and Breathe, Attractor Field Therapy. We can go on and on. If any of you want to know all of the members of the energy psychology family or the lineages out of which energy psychology comes, send me an email and I’ll email you my energy psychology heritage tree: info@thenewiq.com.

Attendee: Jim, in response to what you just said: as a former ACEP board member, and as a happy ISSSEEM member now (and I work now exclusively through intention – no tapping) – I was trained in these methodologies, but I’m totally with you about the intention. Let me also underscore something that’s obvious: when you talk to someone like Dr. Jerry Wesch, who’s working with soldiers from Iraq – these guys are not plugged into anything; or maybe the average American who isn’t plugged into anything – when you come to them and tell them they don’t have to believe in God or spirit or intention, all you have to do is [tap

certain places] – you give them a mechanical methodology that they can wrap their brain around. Everyone – like you just said, Dawson – understands acupuncture, because of that dramatic moment back in 1972. So I see the tapping methodologies as a tremendously important gateway to finally coming to the place of understanding that intention is what’s driving it all.

Jim: Yes, there are really thousands of energy medicine approaches, and fortunately we deal with a diversity of people. Which one is better? – I don’t go there at all, because every individual has a particular system that they will respond to, and part of this process is having the wisdom or the insight to listen to the whispers that are coming from the person you’re working with, and picking the method that’s going to work for *that* individual – that is a profoundly important thing.

Mary: I’d just like to add that whether it’s hands-on work like Reiki or Healing Touch, or tapping, or Tapas Acupressure Technique – what my clients tell me, and my experience has been, is that it prepares them to be that resident field that can open their car from a distance, or heal from a distance.

Chris: I go back to the word context – to go to the *ground of being* – isn’t that what we’re all here for? That we’re not who we think we are – that’s what’s most important. No matter what technique we’re using, that is what we’re holding – that is the container. That is why we’re all here. There are lots of words for that: divinity, heart, openness,

place from which I know I am. *That* is what we want to be having a conversation about.

David: We’re doing a great job with the “being” part this morning, especially with Lindsay’s keynote.

Founder/Attendee, Patricia Norris: I’m just dying to say something here, so let me jump in. I agree with what you said about ground of being and all that, but I want to clarify a misunderstanding about energy medicine. When we conceived of this and when we developed ISSSEEM in the beginning, we said we want an organization that will be a bridge between science and spirit. That’s why we named our magazine “*Bridges*,” and that’s been the emphasis all along. When I hear “medicine,” I think of the medicine men of old, and so on. We do not think at all that ISSSEEM is more biological, and that ACEP is more psychological – I think that we embrace science and spirituality in all those aspects. I personally use EFT, I use psychosynthesis – I use it all. But I want people not to think of ISSSEEM as just physical medicine or just body workers – we’re not – although we adore them and consume them.

David: I think you’re saying much better what I was trying to say.

Mary: The truth is we’re all psychologists, we’re all doctors, we’re all healers, we’re all shamans – and in certain venues, we’re only allowed to call ourselves one or two of those.

David: As far as I’m concerned this *is* the

new medicine: the bridging into spirit, this is the re-definition, the re-framing, the “re-paradigmization” of medicine.

Larry: We’ve been talking amongst ourselves (and in the meeting) about avenues where we can collaborate, and one of them is around humanitarian relief. It’s a key dimension of the service that we need to be providing to the world. We have tools – we’re the holders of this wisdom – and we’re developing that, and there’s such a crying need. The workshop that Chris and Mary Jo (Mary Jo Bullbrook is also on the ACEP Board) did together was an excellent model of what we can do collectively. I know Mary Jo, and she is a very, very broadly trained healer – she walks in all the energy domains, she’s great. Chris does too, but she was carrying, in that meeting at least, a little bit more of the psychological side. So what we had here was the new integration that we’re all seeking. Mary Jo was speaking from her knowledge about how spirit speaks to her, and how information comes to her. And Chris was saying, “Well, when I go into communities to do relief work, I have energy psychology techniques, I have autogenetic work, I have biofeedback, I have EMDR, I have this whole tool chest,” – and that’s what we want to have. We want to grow our wisdom and our skill so that we can go anywhere. Let’s say we’re doing disaster relief; we can go in and really be able to tune in to whatever is necessary to help the healing move in that place. Right now, I think we’re still in kindergarten – at least some of us. We’ve got to learn, advance, grow, learn from each other – until we get to a point where the knowledge is

so *held* by a whole bunch of us that we can really have a strong signal and confidence, and bring it out there.

Jim: I would like to support that with a statement about the bigger picture that emerges. Sitting in the space of science and spirituality, seeing what is happening in the world, we ask: what can we do – what can I do – as an individual on a large scale? We realize that most people are traumatized, and need release from their traumatic history that prevents them from living their lives that they were brought here for – that prevents them from engaging in their kismet (from the Persian, *qismet* - the Sufi term for “destiny”) – their purpose of being, *finding* their purpose, then being able to express themselves and carry out their sincere wishes for humanity. This is the release process that is necessary not only on an individual scale, but on a global scale – we have traumatized *nations*. We need to think at that level. If we can’t figure this out, I think we’re finished – because there are people on this planet who don’t like us, and have the means to destroy us. If we can’t deal with that level of trauma, we’re in deep trouble. Larry Dossey said you don’t treat a patient – you treat the system of patients. Every successful release from trauma, according to Sheldrake and many others, is the work of global consciousness. Every successful innovation forever changes the space everywhere, and makes the work easier. This work actually (when I say this work, I mean all of this work, *all* of it) is getting easier to learn, easier to explain to people. It’s contagious. So that’s the bigger picture. And I really appreciate your

willingness to go out into the world and deal with large groups that are traumatized, because they are there, and they need every bit of help we can give them.

Chris: I just want to say something about that. When I go overseas, and I'm in the field (whether it's a war zone, disaster area, whatever) – the people there (usually in a third world country, where I've been going, except for Israel) – they already *know* how traumatized they are, and they're already touching into the field from which healing comes. A lot of the indigenous ways of being – I'm working with that. They're *very* open to it – much *more* so than when I'm working with trauma here in the United States with these various techniques. Just to put a little bit of a positive slant on that – I feel that with nations out there, from what I've experienced already, we need to talk perhaps a different language. I say to them, “Look, this is something you guys know (and they say yeah, we do know this) – but we've studied the brain, and so now we know how to apply it in a really fast way.” So here we have some kind of hope and solutions – at least that's what I've seen.

Jim: They're already at the tipping point.

Chris: Exactly.

Attendee: Thank you for the opportunity for this discussion; I really appreciate it. I've been in ISSSEEM since the beginning. I've been doing integrative energy medicine for over 25 years; trained as a doctor, worked with Pat, Elmer, Alyce, and Steve, and have trained in a variety of energy medicines

longer than my arm. I can't begin to even remember them all at this point. But at the same time I'm so grateful that you've clarified, because frankly, coming this year to ISSSEEM, in the presentations so far, I was beginning to believe that energy psychology was a tapping group. So it's very helpful to get this, because to me, for example, I was doing the Petronius Spell in my practice ten years before J.K. Rowling ever published it. I'm reading the book and I think – I'm doing Harry Potter medicine! I do homeopathy, and since I do drainage homeopathy, we mix a few things together, and then we're doing potions class. To me, all of these things are part of energy psychology. But with all due respect, after listening to some of these things, one thing I did want to mention is that in my experience as an energy healer with an M.D. background, I want to give due respect to the path that people travel *before* they get to me. Sometimes I've had those amazing healings where (it was published in *Bridges* a couple of years ago) – an incident where someone had an eating disorder, and had been hospitalized all over the place, and traumatized by her treatment in the hospitals – but when I interviewed her (in the first interview), I diagnosed the fact that when she had had surgery eight years previously, in junior high school, another soul had attached to her who had committed suicide and had died in the ER. She had been locked in mortal combat for control of her body for eight years. In that first session, I was able to release her, but the only reason I could make that diagnosis is because she had had enough other therapy that she had delineated the voice in

her head. She *knew* she was locked in mortal combat and so we stood on the therapy – all those “failures” that had happened before – so she was a plum ready to pick. Then it took many more months of getting used to living *without* this voice in her head, and learning to develop new behaviors – because she had these old habits. We’re so ready to say, “Well, we have the global answer here” – but the best patients are the ones who’ve struggled with regular medicine. Because the ones who haven’t struggled yet – they come in, and after watching TV, they want something that works like Prozac: fast! And EFT appears to work fast, and I’m looking forward to adding it to my tool chest – but still, there is preparation that goes into moving people forward, and I just wanted to speak about that respect for where people have traveled to get to where we help them.

Dawson: Thank you.

Attendee: I’m not sure quite how to frame this, but it has to do with methodolatry – that Larry brought up yesterday. Part of where we are suffering in our environment, within which ISSSEEM is trying to work, has become a methodology that’s been idolized, and it’s a method that separates the subject and the object. The methods that so many people in this room are – sometimes masters of, or sometimes just beginning at – these methods have been anathematized by the high church of science. It seems like, also in support of what Pat was saying, the bridge that wants to be built here is to bring all of us together – science and subjective mastery and insight and wisdom and so

forth. I would just like to propose that “methodolatry” can also pertain to organization, certification, and consensus about what is valid method for diagnosis, for treatment, for training. I would just like to throw out the idea of a guild, which is evidence-based, which is outcome-based. You know, the idea of the guild is that someone comes in and they’re learning, and everybody knows they’re learning. So maybe you’re not given quite as much authority, you might say. But maybe it turns out that a junior learner has inborn sensitivities and gifts that can skyrocket them to the level of master within a week or an hour or ten years – who knows? So I’m just putting it out there – the certification issue, I think, can be really fatal to something that is based on emergent properties and spirit properties that are *not* organized by humans. And when we talk about a paradigmatic shift – my husband is fond of pointing out that a paradigm is not a theory – it’s a *result*. Therefore I just offer, in your consideration of certification, that you take “methodolatry,” even there, into account. Thank you.

Dawson: Yes, we always want to keep that in mind in the certification process. Also, I’m concerned that, when the glare of mass publicity hits these fields, we have our research in place. So I’ve been spending about half my time in the last year and a half as a volunteer, running like crazy, doing as much research as I possibly can quickly, so when that publicity begins, we’ll be able to show a research base that supports us – one that’s evidence-based, and that makes sense to conventional medical practitioners.

Mary: I think the best thing that we can

do – because many of you are teachers and trainers – is to say to people, “And what else are you going to learn? What is your path that’s holding this – psychologically, medically and spiritually?” Certification is not about, “Okay, now I’m done,” – it’s a piece of paper that will get us into some doors. It won’t matter in other doors. What will matter in other doors is, what’s your spiritual path, and what old tradition are you studying? I think to be competent, and masters in this field, we need to be doing both. We need to get the pieces of paper, to bridge the research, and we need to have the spiritual practice to hold what we’re *remembering*. We’re remembering the old traditions, and we need to hold that in *this* huge sacred space.

Attendee: I’d like to piggyback on what we just heard, and I’m going to do it in a somewhat circuitous way. This is sobering. Eleven years ago, I founded Florida’s premiere energy medicine center. This spring, I called Pat Norris really upset, because I summarily have been closed by the State of Florida, because energy medicine is not recognized. Unless we become a licensed industry, in no way, shape or form am I – or anyone else in the state of Florida – allowed to use the words or practice “energy medicine.” This was just reported to me on April 28, 2008 by the Department of Health and the State of Florida, and all authorities hereto therein. *I need help.* I don’t know what I’m supposed to do, and all the people in my community around me are now scared – scared to practice their work. Scared to call themselves energy medicine specialists, and

scared because naturopathy, homeopathy and energy medicine are not recognized. Certifications and guilds will not do the trick right now in these police states. They want licensure. *Please help.* And thank you, Pat, for your holding me up when I was falling down. Thank you.

Dawson: I’d like to suggest that anyone who would like to help join your table at lunch to offer ideas and support. Unfortunately, we only have another three minutes . . .

David: I think we need to respond to that. I’m so sorry that you had to have this experience. You’re the cutting edge, unfortunately, of this recognition that’s going to start happening. We’ve been flying underneath the radar, and as the mainstream paradigm and systems become more threatened, they’re going to start to say, “Well, wait a minute – what right do these people have to use the word medicine to describe what they do?” Or in my world – psychology – we’ve taken sort of a risk even having the title energy psychology in our name. The scope of practice issues and how this is going to go forward – I don’t think anybody has the answer yet. We’ve also heard of people who are practicing, and also have had licensing boards and professional organization ethics committees write them letters saying that their advertising material is inappropriate. This is a whole other dimension.

Berney: Certification is not licensure. So we’re dealing with multiple power structures, and there are shoals everywhere.

But we've been negotiating these all along. It is language, and the traps of language that are key here, but it's also about repressive power. So it's never easy to liberate.

Dawson: Let's take one last comment and then keep this conversation going on over lunch. We're going to have book signings with Lindsay Wagner and David Gruder after this, and we'll have Berney's Presidential address.

Berney: And I will attempt to continue to wrestle with what we're wrestling with here.

Attendee [Ken Harris]: I intended to speak on this issue. I come from a profession that went through this. I'm a chiropractor; my grandfather went to jail for practicing what I make very good living at. The way the chiropractic profession got around this was they got the patients mobilized and they got legislation involved. That's what we might consider doing because the legislators will respond to the people. But I have something else to say: I'm so happy to be here – I haven't seen Dawson in 28 years. He and I – I'm having déjà vu, I don't know about you – he and I were involved in an organization called the Whole Health Institute (which many of you probably have never heard of), but the ISSSEEM paradigm or formula, to me, is the closest thing to what I heard over 35 years ago from my mentor and Dawson's mentor. And I think, as Henry David Thoreau said, "If you hear what I hear, we're going to meet." If you've been listening to the one song folks, we are the global healers. I don't care what technique you practice; it is

immaterial to me. For me to refer to you – it's the quality of your presence. I will refer to you if I think someone's home. I will trust the universe that you will use the appropriate modality, for healing transcends modality in that situation with that client. Amen.

Dawson: Let's have a closing comment from each of our panelists.

Larry: I want to say, first of all: thank you all. I'm so delighted by what we all can see got ignited here – so this is just a beginning of our conversation. I think we need to embrace the healer and the warrior right now. To be the warrior you have to train yourself, prepare yourself on many levels to be that warrior. We need the intellectual training, we need more science, we need to have a heart – because it takes a lot of courage, as we all know, to face those who are threatening, and not engender more hate and division. So we have to build ourselves in these ways. Embracing the healer within each of us is more obvious and natural for us.

The world of energy psychology is facing significant challenges. The American Psychological Association has an edict against us that was issued in 1999. They don't approve of granting Continuing Education credits for energy psychology courses. We're in the processes of trying to get that reversed; hopefully we will. But we're not surprised. As the ones who are pushing the envelope of the established paradigm, we know we are going to be met with resistance. One final comment: the work we're doing is global. Because our

conferences are in America – and we speak English – we don't fully appreciate the extent to which the energy psychology and energy medicine movement is also being fed by and resonating with people all over the globe. We have to get better at cultivating an international framework. This is a huge challenge. We're still at the beginning of how to do this. Thank you.

Chris: To move forward with your metaphor: we can go to the other quadrants of these archetypes. You mentioned the warrior and the healer. Well, then there's the artist – the creative, the imagination – we really need to move our imaginations forward, so that we can create and come up with what we all know is really true in our hearts. At the same time, there is the other archetype of the king and the queen – where here we step forward with leadership. That's so important today where we actually don't "abdicate the throne," so to speak, but that we're really holding strong to that. I think our wonderful Larry Dossey mentioned that in his talk yesterday – that we *hold* that – to keep with the metaphor, we are wearing those crowns – and that we know, deep within our souls, this is the way that it's going. So nothing, really, is going to be able to stop us; and we do need to use all of those areas.

David: I think Christine Page did a wonderful job of capturing yesterday just how large a societal shift is going on right now. What we're talking about here is a piece of a much larger shift in a paradigm that has existed for tens of thousands of years now. I think it's important to be

mindful about that: we're dealing with a grand shift in paradigm. Because of the size of this shift, it is understandable that there are a lot of people suffering from what I refer to as "paradigm attachment disorder." We need to be prepared to assist those people, and respond to this disorder as a new kind of warrior. Not the old style warrior who uses coercion or suppression or even compromise, but rather as new warriors who know how to create synergy. Facilitators who know how to facilitate the bridging process between the old model and the new model. In terms of the evolution of the growing affiliation between ACEP and ISSSEEM, my vision at this point (subject to further evolution in itself) is: I see a coalition – a consortium – developing, in order to promote the shift into this new paradigm. I think this could also include additional allied organizations. I envision creating a coalition that can forward our objectives more effectively than any one organization on their own can, to help this new health care paradigm emerge that integrates psychology medicine, and spirituality. The last thing I want to offer you is: how many of you have read a book called *Wikinomics*? We in the helping professions tend, in my experience, to be not terribly focused on broader social issues. Some of us in here are exceptions to that, but historically our fields tend to focus more on individuals and families than on social issues. I recommend the book *Wikinomics* for a very specific reason: we are bringing something into psychology, medicine and healing that really has not occurred before, which this book talks about: "open source." In the computer and Internet world, the

open source movement is revolutionizing economics and capitalism. Open source architecture, in which approaches are freely shared, *epitomizes* where our fields are heading. For instance, EFT is “Wikinomics” in action – it is “open source” healing. The energy field is bringing open source healing to the world. With this will come a whole new economics and a whole new health care structure. This is going to scare a lot of people and a lot of organizations that make a lot of money based on the old economic structure the health care industry has profited from. Hold that awareness with grace, hold it with love, and hold it with a warrior’s spirit so that we can prevail in this transition, even though this is not going to be easy in the beginning.

Mary: To add to the archetype discussion: I work with the archetype and presence of the Divine Mother, who reminds me that while I am absolutely outraged about what happened to our dear friend in Florida, that collaboration and love, and the *energy* of love, works at a higher vibration than the energy of my outrage. As soon as I can clear that, I’ll be able to participate in this more fully. That humility, along with the warrior, carries the power of Gandhi and other great teachers. She’s here to balance what Anodea Judith reminded us of at our conference – balancing the love of power with the power of love.

Jim: There’s another international organization with a conference coming up that calls this *natural medicine*. This is about natural medicine; energy medicine is natural medicine. It’s of the earth. Their confer-

ence was going to be on structure and function, and I convinced them to change it to trauma, because of my desire to bring together energy psychology, energy medicine, and to look at trauma from new perspectives. So I hope you’ll all come to the conference in November where I’ll be presenting, and I hope they will be with us next year. The name of the group is IMUNE, the International Medical University of Natural Education; you can find them at www.IMUNE.net. The conference will be in Cancun, Mexico.

Berney: The warriors of Shambhala have the one invincible weapon, and that is love. I’m going to reveal some of my own personal paths after the break, and I was not going to reveal this part. I’ve spent the last decade building collaborative institutions in energy medicine. I’ve spent the prior thirty years helping people build open source systems – this is the way I approach science. Science is collaboration; you cannot own these things, so it’s futile to try.

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