

Clinical Story of a 6-Year-Old Boy's Eating Phobia: An Integrated Approach Utilizing Prenatal and Perinatal Psychology with Energy Psychology's Emotional Freedom Technique (EFT) in a Surrogate Nonlocal Application

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Abstract: None available.

Full Text: Headnote ABSTRACT: This article presents a clinical story of a one-session therapeutic intervention for a young boy's lifelong eating phobia as an example of an integrated therapeutic approach utilizing prenatal and perinatal psychology (PPN) understanding of early experiences as potential origins for life patterns and an energy psychology healing modality intervention-emotional freedom technique (EFT). Key principles of the Integrated Model and corresponding elements of an integrated therapeutic approach are presented. The session took place without the child present. Nonlocal intuitive perception, mind-to-mind communication, and a nonlocal application of EFT are discussed as integral aspects of the therapeutic approach. The notion of the Integrated PPN Practitioner is introduced. KEY WORDS: consciousness, eating phobia, emotional freedom technique (EFT), energy psychology, family field, Integrated Self, quantum hologram, nonlocal healing, nonlocal intuitive perception, prenatal and perinatal psychology (PPN). INTRODUCTION The following clinical story is an excerpt from the author's keynote address at the Association of Prenatal and Perinatal Psychology and Health 2005 Congress. The context in which it is discussed is framed by emerging models of medicine and healing that utilize consciousness as the integrating principle and that incorporate both local and nonlocal therapeutic approaches. The notion of the Integrated PPN Practitioner is introduced, which advocates inclusion of a broader spectrum of nonlocal, energetic, and more familiar approaches when working with babies, children, family issues, and PPN life patterns during adulthood. CONSCIOUSNESS AND HEALING: CHANGING THE LANDSCAPE For more than a decade, L. Dossey, MD (1993, 1999, 2001), has addressed what he refers to as the three-eras of medicine. B. Dossey, RN, and others pioneering the field of holistic nursing have utilized the three-era orientation as a framework in describing holistic nursing practice (Dossey, Keegan, & Guzzetta, 2000). In *Reinventing Medicine: Beyond Mind-Body to a New Era of Healing*, L. Dossey (1999) described the evolution in medicine by identifying three-eras of medicine in the 20th century Beginning with Era I medicine, physical medicine was rooted in the Newtonian paradigm, thus maintaining a mechanical, biologically based view of the human being. Surgery, drugs, and radiation are examples of interventions from Era I medicine. L. Dossey suggested Era II medicine emerged in the second half of the 20th century, in which the mind-body (or brain-body) connection was understood to be an integral aspect of health and healing. Medical interventions, such as hypnosis, biofeedback, and psychoneuroimmunology approaches are examples of Era II medicine, in which the mind is considered a major factor in the healing process within the individual. L. Dossey has strongly advocated for an evolution in medicine into what he has described as Era III medicine. Rather than utilizing a Newtonian mechanical foundation, this era stands on a new premise that aligns with quantum understandings of reality, holds consciousness to be primary, and considers the mind capable of functioning not only within an individual but also between people nonlocally. An example of this type of nonlocal influence is the phenomenon of intentional distant healing. What is striking about nonlocal events is that by their very nature they are not dependent on or within the usual time-space constraints. Therefore, their influence does not dissipate over distance and occurs instantaneously. L. Dossey calls for evolving medical practice to include Era III medicine, nonlocal medicine, which incorporates this broader spectrum of human experience and utilizes these mind abilities for therapeutic interventions with both an intrapersonal and an interpersonal application. L. Dossey (1993, 1999, 2001) reports extensively on the use of interventions that incorporate transpersonal skills such as

intuition, distant healing, practitioner intention, and spiritual connection as healing approaches. In *Consciousness & Healing: Integral Approaches to Mind-Body Medicine*, this orientation is further explored (Schlitz & Amorok, 2005) under the term integral medicine. Like L. Dossey's Era III medicine, integral medicine is based on the premise that consciousness is at the core of the health and the healing process. Similar to L. Dossey's premise, not only does the spectrum of healing approaches expand to include consciousness, but consciousness is seen to reconstellate views of health and healing approaches. As Schlitz and Amorok suggest, "Consciousness shifts our healing efforts and results from a change that expands the range and scope of what is possible, to a change that actually transforms the entire landscape" (p. 4). Accompanying the emerging medicine models are decades of research that demonstrate a range of human abilities to receive, send, and benefit from nonlocal information and intentions. Remote viewing, telepathy, clairvoyance, and intuition are examples of the types of nonlocal perception demonstrated in which the person is receiving information. In other experiments, individuals and groups of individuals are senders of information nonlocally. Evidence demonstrates our ability to influence matter, inanimate objects, and machines as well as animate receivers, including other human beings, at a distance with the use of our attention and intention (Radin, 1997, 2006; Schlitz & Braud, 1997), and what McCraty, Atkinson, and Tomasino (2003) have called heart-focused intention.

ENERGY PSYCHOLOGY Within the changing landscape of medicine, health, and the healing process, one emerging field is energy psychology (EP). I feel a kinship between PPN and EP in that both fields have been at the leading edge of Western psychology during the past two decades. Both broaden and redefine our notions of human experience, psychology, and avenues of healing. Both fields also shed new light on how to identify and heal the heart of the matter in so many difficult life patterns. Prenatal and perinatal psychology is changing the landscape in terms of understanding early development and the origins of life patterns, and EP illuminates new elegance in shifting and healing constrictive-to-debilitating patterns to more coherent life-enhancing patterns. Whereas the Association for Pre- and Perinatal Psychology and Health (APPPAH) has been a gathering organization for a diverse group of disciplines and perspectives converging around the prenatal and perinatal period, the Association for Comprehensive Energy Psychology (ACEP) has been a gathering organization for a diverse group of healing modalities under the umbrella of energy psychology. To introduce energy psychology to those of you who may not be familiar to the field, I quote from the ACEP Web site: Energy psychology is a family of mind/body techniques that are clinically observed to consistently help with a wide range of psychological conditions. These interventions address the human vibrational matrix, which consists of three major interacting systems: * Energy pathways (meridians and related acupoints) * Energy centers (chakras) * Human biofield (systems of energy that envelop the body) These techniques are also helpful in promoting high-level mind-body health and peak performance in the physical, mental and creative arenas of life. ("Welcome to ACEP," n.d.) Quantum physics brings us the understanding that energy and matter are interchangeable. Whether we are looking at reality from a macro view of our universe or at a human being, everything is made of energy, consisting of pulsing fields of energy, whether it has physical dimensions to it or not. Health and optimal well-being are seen in terms of higher orders of coherence, complexity, and integration in an optimally balanced energy flow. Illness, trauma, and dysfunctional life patterns, such as the eating phobia I address in this article, are viewed as disruptions in the energy system with an accompanying loss of coherence and disintegration in the integrity and complexity within the system. An array of specific healing modalities fall under the umbrella of energy psychology, exemplifying Era II and III medicine, in which the mind-body intrapersonal and interpersonal connections are intentionally utilized. Some techniques are quite simple and appropriate for self-healing usage, whereas others entail elaborate protocols and a skilled practitioner to provide the treatment. For a further introduction to energy psychology, I refer you to the publications at the ACEP Web site and to Dr. Fred Gallo's book, *Energy Psychology in Psychotherapy: A Comprehensive Source Book* (2002). Over the past 15 years, I have learned and used a variety of healing modalities and energy psychology techniques. In my practice, I have searched specifically for tools that are effective and gentle to use during

pregnancy. I also wanted tools that I could teach and empower parents to use at home to approach an issue for themselves or their children and help shift an issue or pattern. Currently, I use several EP techniques that meet those criteria and choosing one depends on the client, circumstances, and issue. One genre of EP technique uses meridian points while focusing on the issue of focus as the basis for therapeutic intervention, for example, Thought Field Therapy (TFT), Tapas Acupressure Techniques (TAT), and Emotional Freedom Technique (EFT). For further exploration on this genre of EP technique, I refer you to Gallo (2002), Feinstein, Eden, and Craig (2005), Gallo and Vincenzi (2000), and Arenson (2001). EMOTIONAL FREEDOM TECHNIQUE (EFT)

The technique I used in the clinical story discussed in this article is one of the meridian tapping techniques, EFT, originated by Gary Craig (www.emofree.com). There are a variety of versions of EFT and practitioner styles for implementing the technique. I have developed my own style that also incorporates my skills from prenatal and birth therapy, biodynamic craniosacral therapy, somatic experiencing, and my own intuitive local and nonlocal perceptual and communication skills. When utilizing EFT, the person first focuses on the issue he or she would like to heal or change. The person may explore the issue to discover more about it. At some point of readiness, while focusing on the issue, the person voices a statement out loud that includes the issue (some constriction or problem) along with an inherently positive coherent statement, such as "I deeply and completely accept myself," as he or she taps a certain meridian point. This step treats what often has held an old pattern in place and is referred to in EP as an energetic psychological reversal (Gallo, 2002). The clinical story in this article includes examples of such statements. Next the person taps a series of several meridian points on the body while focusing on the issue. After completing the tapping sequence, the person brings attention back to the issue and compares the experience of it now to the experience before he or she tapped. Often there is a remarkable shift after even one round of tapping. The issue is perceived to hold less or even no distress or charge. When the pattern has changed, people often report feeling in more relationship to the issue as a neutral witness, rather than in the pattern. Other times it may take further tapping rounds or addressing related aspects of the issue to shift the pattern. Often accompanying this process are spontaneous new thoughts, feelings, sensations, or images that appear, inspired by a more coherent pattern emerging. In the clinical example presented here, you will see an example of this. Sometimes this occurs as the tapping is completed or it may occur later. The first time I used EFT for myself, I was quite skeptical. The thought of being able to shift a pattern within minutes by simply focusing on it and tapping seemed too far-fetched to me. I also did not care for techniques with protocols. I valued the organic process within a session-for example, following a baby's process during a potentially triggering scenario and supporting the baby in such a way to repattern the potential traumatic imprint associated with the trigger event (McCarty, 2002b). When I decided to try the tapping with a personal issue of mine, I was stunned by its effectiveness, not only in the short term but also for the sustaining effect I felt. After that experience years ago, I began incorporating EFT in my work. I have found EFT, TAT, and other EP techniques to be so effective, with patterns shifting so much more elegantly, I now have integrated them fully into my work with families and adults for a wide array of patterns and issues, such as parents' and adults' own core beliefs or patterns originating in their PPN experience, unresolved grief and loss, unresolved unmet needs, relational issues, stress symptoms, phobias, fears of giving birth after traumatic previous births, during birth when problems arise; postpartum for each member of the family's unresolved stress patterns, such as breastfeeding, sleeping, and relational problems for the baby, as well as, PPN-related stress patterns during early childhood, such as the one addressed in this article. I use EP techniques to help adults, children, and babies-in the womb and those already born. One variation of EFT that reflects Era III intentional interpersonal healing is the variation in which the tapping is done with a surrogate, a proxy. An example of this technique is when I do the EFT process on my body with the intention of acting as if I am the intended recipient while intending the recipient receive the benefit. I often do this when I am working with babies and young children, and I teach parents how they can do EFT on their body to intend healing for their young child. Surrogacy may be done with the intended recipient in the room, but it also can be used when the person is not present.

Because I travel and give presentations and trainings on prenatal and perinatal psychology, I often have parents and professionals approach me for help for their young ones and themselves, as they recognize some PPN-related problems or issues. Because of locational differences, we have needed to work together by phone, rather than in person. Over the past few years, I have developed a system of working that combines gathering information through PPN history taking, current behavior description, and intended focus. I read and quietly sit with the information just before we meet, being receptive to perceiving themes and dynamics. During the phone session as we address the issues, we use surrogate EP techniques for the baby, child, or family member. Oftentimes, the parent and I both focus on the issue together and both tap as surrogates, intending healing for the baby, young child, or parent. Afterward, I encourage the parent to go into a discovery period of observing and evaluating the issue or patterns anew.

THE INTEGRATED SELF AND THE INTEGRATED MODEL OF EARLY DEVELOPMENT

As we begin the 21st century, we have a new potential for understanding the multidimensional nature of reality, human nature, communication, and healing that is applicable throughout the human lifespan. There is a growing convergence of several fields of inquiry and understanding, such as new quantum holographic physics, consciousness research's focus on adult abilities and phenomena, and a growing focus on the multidimensional nature during childhood (Armstrong, 1985; Hannaford, 2002; Hart, 2003; Mendizza & Pearce, 2004; Pearce 1992). Prenatal and perinatal psychology findings provide a response to the questions raised by those studying consciousness during adulthood and childhood about the development of our multidimensional abilities, such as intuitive perception. Prenatal and perinatal psychology findings demonstrate that transcendental awareness and many of our multidimensional abilities are present as we come into human life and portray a constancy of transcendental abilities and being throughout life. My therapeutic approach is grounded in my worldview and understanding of our multidimensional nature. In my developmental psychology book, *Welcoming Consciousness* (McCarty, 2004b) and my recent JOPPPH article (McCarty, 2006), I introduce the Integrated Model of early development, which is situated within Ken Wilber's integral approach, new physics, quantum holographic theory, and consciousness studies findings. I developed the model in response to the need to find a more accurate model of our earliest development that incorporates what decades of PPN clinical work has revealed about our earliest life and development. With the new physics and consciousness studies, we find a congruence that supports our clinical findings. Within these 21st century understandings, our physical world (the local plane of reality within time and space) is seen as one aspect of the more vast reality, most of which is outside the time-space physically tangible reality and is referred to as the nonlocal planes of reality. For a more in-depth discussion and description, I refer you to these publications. Decades of prenatal and birth-oriented clinical findings, as well as my own clinical experience, suggest a multidimensional view of early human development best describes our earliest experiences and development. I describe the multidimensional Integrated Self as a holographic holonomic nonlinear dynamic self-organizing system of being that has a spectrum of awareness and experience.

KEY PRINCIPLES FROM THE INTEGRATED MODEL

I would like to briefly list several pertinent principles and understandings that are integral aspects to orienting from a PPN perspective when working therapeutically with babies and children. I have previously articulated these nine principles in Noetic Institute's SHIFT publication (McCarty, 2005) as highlights of the Integrated Model and the Integrated Self introduced in *Welcoming Consciousness* (2004b):

1. We are sentient beings-conscious and aware from the beginning of life. We have a sense of self as we enter physical form that is present prior to, during, and after our human life. From conception on, we have dual perspectives of awareness: a transcendent perspective and a human perspective. Our earliest experiences involve an intricately woven relationship between these two distinct perspectives. Together they form the Integrated Self.
2. From the moment of conception we perceive, function, communicate, and learn on nonlocal consciousness, energetic, and physical levels.
3. We have an ability to transmit and receive communication during the prenatal and perinatal period and participate in a reciprocal relational process.
4. During our gestation, birth, and early infant stages, we learn intensely and are exquisitely sensitive to our environment and relationships. Through our

transcendent perspective, we have omni-awareness of our parents and others' thoughts, feelings, and intentions that arise from their conscious and subconscious mind. Through our human self, our experience is intricately related to our mother's experience, the health of our womb, and the physical and emotional journey at birth. During this period we form a foundational holographic blueprint from our experience. This blueprint becomes the adaptive unconscious core infrastructure from which we grow and experience life at every level of our being-physical, emotional, mental, relational, and spiritual. 5. Our early experiences become part of our implicit memory reflected in our subconscious and in our autonomic functioning. These affect us below the level of our conscious awareness and directly shape our very perceptions and conceptions of reality. 6. We already are making intentional choices and forming adaptive strategies in the womb and at birth that establish potentially lifelong patterns. 7. Young babies show us established life patterns already developed from their experiences in utero, birth, and the early postnatal period (McCarty, 2002b). The majority of babies born in the United States shows signs of stress or traumatic imprinting (Emerson, 1998). 8. Many of the needs we have considered essential for healthy development during infancy and childhood are needs we have from the beginning of life: to be loved, wanted, welcomed, safe, nourished, seen, heard, included, and communicated with as the sentient beings we are. From the beginning of life, stress and trauma inhibit or interfere with the natural relationship between the baby's transcendent Self and human self. 9. As many indigenous cultures have done for centuries, communicating with babies and relating to them as conscious beings during the preconception, prenatal, birth, and infancy period on is one of the most powerful ways to support babies and can mitigate the impact of potentially traumatizing events (McCarty, 2004a).

KEY PRINCIPLES OF AN INTEGRATED THERAPEUTIC APPROACH Utilizing the Integrated Model and understandings aligned with the new landscape of consciousness and healing as the evolving foundation for PPN therapeutic intervention, I want to briefly acknowledge selected principles that speak to energetic and consciousness-related aspects that I incorporate into my approach and the clinical story presented in this article. 1. Babies and young children are included and communicated with directly as an integral part of the therapeutic process, whether they are in the womb, are newborns, or are older. This has been a hallmark of PPN-oriented Prenatal and Birth Therapy (PBT) that differentiates PBT approaches from more traditional ones in which adults talk around or about babies or have limiting assumptions of babies' lack of abilities to come into a meaningful conscious relationship. In the clinical story here, this is extended to apply when working nonlocally, even when the child is not present. 2. When we approach an issue or subject therapeutically with our attention and intention, we come into phase with the field of experiences and associated information and memories of that field. They come on line, so to speak. That field of experience had been referred to as the thought field. I prefer to refer to it as the holographic field of experience and memory that consists of a vastly intricate dynamic nonlinear synergistic field of frequencies. The holographic field has expression in inspired images, thoughts, feelings, somatic functions, sensations, somatic expressions, memories, impressions of texture, sound, color, life force, movement, and other energetic qualities. 3. When we come into relationship, we become entangled, or related, and share information at holonomic holographic levels (local, energetic, nonlocal) that occur at both conscious and unconscious levels (McCarty, 2003; Radin, 2006). 4. In PBT, principles and skills from biodynamic craniosacral, polarity, somatic experiencing, and other therapeutic approaches that utilize the ability to perceive and come into relationship with somatic and energetic aspects of the field of experience are valued (Castellino, 2000; Levine, 1997; Shea, 2002; Sills, 2001, 2004). Although I am not going to articulate these further in this article, I want to acknowledge them here. 5. These therapeutic principles can be extended to nonlocal perception and nonlocal relationships. For example, with intention and attention, the therapist and parent can perceive and come into relationship with the child's holographic field, regardless of whether the child is present. The child can be communicated with and included in a nonlocal approach. 6. Within a holonomic holographic view, the whole is seen to organize the parts. Coherence held by an entangled or related group of persons supports coherence in each member (for more on this, see McCarty, 2003, 2004). This principle is true within a family and is also true within a therapeutic

encounter. Building a coherent relational field is an integral foundation for further therapeutic interactions. 7. The family field, as I refer to it, is the entangled, synergistic nonlinear dynamic holographic field of the family in which babies are exquisitely sensitive, responsive members. When working with babies or young children, awareness and working with the family field and possible related issues and patterns held by the parents, grandparents, or significant others are considered an important aspects to explore. Often I address and work with the parent's potential contributing incoherence or difficulty first. With shifts toward coherence in the adult's field, the baby is provided with a more coherent field that supports more elegant shifting of a potential difficulty. For example, if a baby shows stress symptoms when separating from mom and the history reveals that the baby was in the neonatal intensive care unit after birth, I would first address with the parents their own potential traumatic separation experience and unresolved issues. I would follow that by addressing the issues and patterns for the baby. This concept is applicable for patterns triggered by unresolved material from the past, and it is also applicable to current in-the-moment dynamics. Often the baby or child's stress behaviors can be related to the family field. The baby may be affected by disruption in others' energy systems. These may be 1 consciously recognized or unconsciously held and may be intrapersonal or interpersonal in nature. 8. The therapist's ability to consciously create coherence in his or her own field and to bring that coherence into the therapeutic field is a valuable component of his or her skill set and is likely to increase the effectiveness of the therapist's intentional healing. For further exploration of this principle, I highly recommend reading the article Modulation of DNA Conformation by HeartFocused Intention (McCraty et al., 2003), which found that participants who were heart-coherent could successfully cause DNA structures to wind or unwind in the desired direction, whereas participants who used intention alone were not successful. Successful heart-coherent intentional modulation of the DNA was also reported effective in a nonlocal application of the experiment in which the participant was not at the same location as the DNA sample. 9. When the therapist enters the family field and a therapeutic field is created with an intention of healing, members begin to come into phase with the relevant holographic fields of information. As a specific focus of attention and intention is begun and the holographic field of related experience is on line, value is given to quieting and becoming receptive to emerging information and to the moment-to-moment progression of intuitive perception, inspired responses, insights, and shifts in experience by each person. Often this is like a dance between members with spontaneous inspirations unfolding the relevant information or story. (For examples of this in PBT with babies, I refer you to McCarty, 2002b.) Mind-to-mind, or perhaps field-to-field, communication is part of this therapeutic experience. The therapist's skills to work with sensitivity and awareness to the therapeutic holographic field are especially relevant to relating more consciously with more aspects of the holonomic holographic integrated self. This process can be undertaken while present and physically together or nonlocally. With this brief introduction to the new landscape of consciousness and healing, energy psychology, EFT, the Integrated Model and Integrated Self, and corresponding therapeutic principles I hold as foundational in my integrated approach, let us turn to the clinical story to see these principles in action. THE CLINICAL STORY In prenatal and perinatal psychology, we know that what happens at birth establishes foundational life pattern imprints. We also know that babies are conscious, aware, and absorbing information and experience from multiple perspectives-their own, their mother's, and everyone's in the room. One of the most striking findings is that babies have omni-awareness of thoughts, feelings, and intentions, similar to what has been found in near-death research. We also know that babies can absorb verbal messages at a literal level that sets in motions subconscious belief patterns. Birth experiences and imprints are holographic, including nonlocal, energetic, and physical levels. An appropriate description of babies I use is sentient beings-sensitive human beings. In this clinical story, having this understanding from prenatal and perinatal psychology of birth imprinting played a critical role in my ability to make an effective one-session family intervention. The second component of this successful short intervention was utilizing EFT to actually help shift the patterns involved in this young boy's issue. I presented a seminar in another country to parents of babies and young children concerning what we have learned in PPN about how

early experiences in the womb and during birth set in motion life patterns and how parents may identify resulting stress patterns in their babies, children, and themselves. Afterward several parents came up relating concerns. They had made the connection of current problems their children were having with their birth or in utero experiences. They all wanted help of how to work with the patterns. One mother insisted I work with her young son, and several other parents in our conversational circle urged that if I was going to with anyone, I should work with her little boy, indicating a sense of urgency for him to receive help. I agreed and asked that she and I meet the next day without her son. She was uncertain how I would help without him present, but she was willing. In my new style of work, I most often meet with the parent(s) first and, when appropriate, approach the issue utilizing EP while the baby or young child is not physically present. I have often found those interventions resolve or more elegantly shift the issue or pattern than the style of family therapy I used to provide in which the baby or child was always present and I would be following the child's process and responses as we approached the issues. Normally when I work with families, the parent(s) complete an indepth prenatal and birth history and a baby/child stress behavior checklist to understand the possible connections more fully. In this circumstance, we simply began the session with the mother's description of the problem. The mother related that her 6-year-old son was small for his age; actually he was smaller than the normal weight of a 4-year-old. She said they had "tried everything" and that the doctors were about to do more invasive tests and interventions. As she described his daily fear, anxiety, and dread about eating, it was clear that this phobic concern about putting anything in his mouth had been a pervasive and debilitating life pattern. He didn't want to go to school or his friends' houses because he was afraid they would make him eat. He never asked for food and would eat only four foods, and it was a daily struggle at that. There was no sense of any normal hunger-eatingsatiation cycle. As I thought this 90-minute intervention would be my only encounter to help this family, I quickly went to work. I asked the mother if it was all right for me to make contact with her son energetically. I did this for two reason: (1) to include him directly in the session as if he were in the room and (2) to intentionally create the therapeutic field in which I could access, perceive, and, with intention, assist a potential shift toward coherence in his field of experience relating to this issue. I closed my eyes and with my intention made contact with her son and got a sense of his field. I asked the mother to also get more settled and quiet within herself and then to tune in to her son and share with me as we went along what she felt or noticed (her awareness of the field). I quietly spoke out loud my communication with her son, my impressions, and what I sensed from him, so that the mother would be included and the three of us could connect more fully. I introduced myself to him and explained that mom was concerned about him and was asking me for help. I energetically sensed his field and asked him if we could help with his difficulty with food. His trepidation of any change struck me. I explained to him that he didn't need to change, nor would we ask him to do anything differently that he felt he needed to do; but asked if we could see how we may help it be less scary, painful, or difficult for him. I felt a softening, a receptivity. With that sense of permission, we began the work with his energetic presence being an integral part of the session, the three of us working together. After the mother described his daily life and problem more, I had a sense of the current issue for the boy. This is where I find the concept of the family field very useful. I felt a complexity of aspects in this pattern and suspected intergenerational components. I began with those first. When I asked the mother if eating, food, or weight had been an issue during her childhood, she said yes, they had. She related that her father then and now was "cruel" and "demeaning" to her mother and the girls in the family concerning weight and attractiveness. If they gained weight or ate foods he disapproved of, he would suggest that no one would ever want them, and so on. Clearly, that was a strong family dynamic that was a possible contributor to the boy's pattern. I energetically intuitively checked in with the son to ask if this was at the heart of the matter and "no" was the response. The mother then related that she was always dieting, eating more than she should, and so forth. Clearly the ambivalence and attention around eating was a life issue for her, yet as I checked in again, that did not seem to be at the core of her son's issue. So, here we were-the son's current pattern and a three-generational pattern on line as we were working. Yet, the core had seemingly not emerged in my assessment. (I

use my intuitive perceptive skills for asking and sensing responses. Many energy psychology practitioners use energy checks in this aspect of their sessions.) I quieted and ask the son energetically, where is the heart of this issue? I immediately was inspired to ask about his birth and if there was talk about eating and food at that time. The mother acted surprised and said, "Yes, just before I was going to give birth ... I gained so much weight during the pregnancy and then was preeclamptic. I was huge. I was in the delivery room and I pulled the doctor over by tugging his arm, and said (rather dramatically),"Don't ever let me eat again! I never want to eat again! I'm so big! Don't let me ever put a thing in my mouth again!" Shortly after this emphatic plea, she had her baby boy. With this birth moment acknowledged and put on line, everything felt as if it fell into place with this as the heart of the current problem. I knew from working with other individuals-babies, children, and adults-that the experiences during birth and bonding are a heightened period of experiencing in the multidimensional field. Babies appear to record the literal messages or energy patterns from everyone present and these become part of their subconscious programming. Sometimes significant lifepatterns appear to originate during this heightened receptivity to the birth and bonding period. That appeared to be the case for this young boy. Now we could utilize EFT to help shift the patterns. With the remaining 30 minutes, I briefly explained EFT to her and suggested I surrogate the tapping on me for her son, while she held her attention on the particular aspect of the pattern during each tapping sequence. (Other times, when there is more time, I will teach the parent how to surrogate with their body for their baby or child's issue.) After each tapping, I asked her to notice any change in the pattern when she focused on it. She surprised herself to find she could readily sense the changes with each tapping sequence we did. (I find most parents are quite able to do this when guided into that perceptual awareness. This increased ability of perception and awareness by the parent is a definite benefit of this process.) The notion of the family field organized my approach. As I held the overarching intention of healing for the 6-year-old child's eating phobia, I tapped for each member's limiting or dysfunctional patterns. My intention was not so much an intervention for that person, but rather an acknowledgement of the issue as it related in the family field to the child's issue. We began with her father's patterns. I asked the mother to bring to mind a memory of her father's abusive, demeaning behavior with her and her mother concerning weight and eating. As the mother sensed the pattern, I tapped on my meridian point as if I was the mother, focusing on the holographic field, and said, (The following words are approximate to the ones tapped for each pattern). "Even though my father was and is abusive and demeaning to mother, my sister, and me about eating and gaining weight, he deeply accepts himself." The mother felt the pattern soften and lessen in intensity. We moved on to her personal food-weight pattern. As she sensed it, I tapped on me for her saying, "Even though I am always dieting, feeling I'm too fat, and obsessing about this, I deeply accept myself." Again she felt the shift of the pattern lessen close to neutral. Good enough. We then came back to her son, energetically communicating to him that he didn't need to do any thing; we were just going to acknowledge his patterns and tap for him. I had mother picture him expressing his anxiety, dread, and fear in his daily life. As I resonated with the pattern, I told her my description of what I was sensing and she concurred that that was her sensing too. When I felt I was clearly with the field of the issue, I tapped on my body for him, "Even though I am sooooo afraid to eat and afraid somebody will try and make me eat, I'm a good kid." With this, we both felt a lessening of the intensity, yet there was still more there. I then went to the messages at birth. In front of the mother, I spoke out loud what I was communicating to him nonlocally. "You know, sometimes babies when they are born hear things and take them on as if the message was for them. I think that happened at your birth. Your mother made some very strong statements about her weight and her not wanting to eat again. I think you took that message as if it was for you, but it wasn't. It was meant only for her. You are a growing little boy and it is good for you to eat and gain weight and get bigger. That is what you are supposed to do as you are growing up. I think your system got this confused back when you were a baby being born. So, we are going to help that baby not hold that message anymore, since it wasn't meant for him." With that, I asked the mother to go back to the image of her making that empathic statement in the birthing room as I tapped on me for her son and for the baby in her womb. "Even

though I heard those statements about never eating again and being too big and got confused and took them on as mine, I deeply and completely love and accept myself and now can let those go and find my own relationship with food, enjoying food and eating, and growing bigger." Both the mother and I felt a dramatic shift with the whole pattern seemingly dissipated when we tried to focus on it after tapping that round. I asked the mother to sense him in that dread, anxiety, fear of eating pattern. Neither one of us could feel any charge in it now. The old pattern was not accessible. She was stunned that she could sense the change-an empowering moment. Our time together was coming to a close. I explained that with my experience with EFT, when an old pattern lets go, the person organically changes, from inside out, and has new ideas, notions, thoughts, feelings, and actions-a new experience of the issue. Thus I encouraged her to not try to coax him to eat as usual and to just be receptive to see what he would do now after the session. The next day when I was presenting another seminar, her relative came up to me to give me a message from the mother. The mother said that the family felt "a miracle had happened." She related that within 1 hour of her returning home, for the first time in his entire life, her son spontaneously came up to her and said, "Mama, I'm hungry. Would you feed me?" Never before had he requested food, wanted food, or even expressed the sense of being hungry. Clearly the holographic field of this pattern had been changed. Although I have not been able to locate this family to ask about the long-term sustainability of the young boy's new pattern, I have witnessed stable changes in a great many I have worked with. This is in sync with the thousands of clinical and personal stories gathered of EP, and specifically EFT outcomes, that document long term, sustainable changes from even brief interventions utilizing these new techniques (Feinstein, Eden, & Craig, 2005). Now that you have this story to bring alive the concepts and principles, I would like to address two more principles that are important to understanding EP and my integrated approach. Some people have questioned whether working with issues with these EP approaches act as a Band-Aid or possibly whether the neutral quality experienced after the EP process represents a non-therapeutic disassociation from the problem. That has not been my experience when working personally with my own issues or with others. Instead, the transformations would be better described as the holographic field being reconstellated and an innately new shape unfolds. Some frequencies of experience appear no longer in phase, while new ones come into phase for the person. Similar to this family's experience, a new holographic constellation of experience presents itself, often without any other behavior or outside-in interventions. One of the most striking characteristic aspects of the EP process I use that I find quite beautiful and moving is how often within moments or minutes of completing the EP process, the person naturally shares a new thought, feeling, memory, image, or sensation that expresses a new, more loving, uplifting, life-enhancing flow. It may surprise the person to have that spontaneous transformation within moments of the process and to feel that it just happened without any effort to make it happen. The second aspect speaks to our intention and framing of the process. In my integrated approach, I view healing as a movement toward more coherence and complexity in which there is a fuller, more balanced and integrated flow of energy and connection between the transcendental self and human self. I believe an integral part of the healing process is inclusion, not exclusion, of the human aspects, both dark and light, in which our wounded aspects are held with the acceptance, love, and forgiveness that I believe exudes the transcendental self's nature. Vital steps in the process are to be willing to genuinely and authentically (a) recognize, (b) acknowledge, (c) be present with, (d) have remorse for ones' impact and forgiveness of self or others' impact, and (e) have a conscious intention to heal or receptivity to allow the healing of a pattern. In my writing and teaching, I discuss the power of recognizing and acknowledging a previous wounding, unmet need, or betrayal as oftentimes the essential therapeutic intervention. I have witnessed hundreds of transformations in families, when a parent recognizes or acknowledges with their child something that happened during the child's prenatal or birth experience that may have been hurtful or traumatizing to the child. When parents are willing and able to be present with that material with the child and to convey their remorse, compassion, and caring about the child's experience and the parents' potential role in it, and when the parents can forgive themselves without withdrawing into shame or guilt, there is an incredible

healing change that takes place. (For a family story portraying this process, see McCarty 2002a.) When I began using EP techniques and EFT specifically, I felt it held this healing process within the technique itself and extended it to gently help the holographic field heal in accordance with the broader healing process. In this approach, one invites awareness, recognition, and acknowledgment of whatever "is." That pattern is then held hand-in-hand in direct relationship with a positive inclusive intentional statement, such as "I accept myself or "I forgive myself." I often hear clients say that not only do their constructive patterns change, but they seem to feel more accepting and less judgmental about them. I believe EP assists the system to more elegantly reconstellate with a more coherent and restored optimal energy flow and relationship between the transcendent and human self within the system and interpersonally. I see clients and families feeling less afraid to acknowledge and be with an issue when they feel they have an effective tool to help them transform it. I find people even eager to allow the layers of the issues to emerge with less fear or judgment, rather feeling the anticipation of life-enhancing change with EP techniques when they can find the heart of the issue and shift it. And how wonderful that is! Pregnancy is an especially important time to be able to elegantly and gently shift stress patterns. Often I find pregnant mothers trying courageously to relax or "think positive" because they have heard so much about the potential negative impacts of stress on their baby. But all too often, they end up holding in or pushing away feelings while trying to unstress. As prenatal and birth therapists, we understand that is not helpful, for the mother's system is still holding tension and what has been pushed into the subconscious is still part of the holographic field the baby is living in, responding to, and adapting to. I find when pregnant mothers learn to approach stress and troublesome issues with EFT or other EP in this integrated approach, they tend not to be afraid of what they are feeling, but rather they go into the process of recognizing, acknowledging in an accepting and more forgiving way, and working with the issue in an EP process and feel a new experience of increased coherence and well-being.

NEW FRONTIERS: THE INTEGRATED PPN PRACTITIONER The clinical story of the 6-year-old boy and many other cases like this that I have had the privilege of participating in inspire me greatly. Years ago, I could not imagine shifting a debilitating problem so elegantly, nor could I have imagined being able to do it nonlocally. Yet, new understandings of our multidimensional reality, human nature, and healing landscape are on the tipping point of revolutionizing so much. Two of the most exciting new fields in psychology and health to me are prenatal and perinatal psychology and energy psychology. Combining them opens new horizons of efficient and effective healing. No matter if the client is a baby, child, or adult, one's earliest experiences can hold the key to recognizing and healing the current limiting and debilitating life patterns and, with new energy psychology healing tools, shifting the patterns can be more gentle and possible. I describe the Integrated Self as a holographic holonomic nonlinear dynamic self-organizing system of being that has a spectrum of awareness and experience: transcendental (nonlocal), human (local), with the energetic level as their bridge. In PPN, we have evidence of babies' ability to have transcendental intuitive perception as they enter human life. Learning to communicate and work with them at that level helps us meet them more fully. The principles and clinical story included here are meant to inspire a broadening perspective of not only babies, but also of the landscape of therapeutic relationships and healing of ourselves. As a PPN practitioner, I have been supporting families, babies, children, and parents for over 30 years now, and the past 15 years have been through the lens of prenatal and perinatal psychology and prenatal and birth-oriented therapy. My style of intervention and the tools I use for healing are continually evolving, and over the past several years, I have increasingly incorporated more tools from the field of energy psychology, intuitive perception, and nonlocal healing approaches that I find add elegance and effectiveness to the healing process. Along with the theory of the Integrated Self, I would like to propose the notion of the Integrated PPN Practitioner, whose new frontier of skills values not only our more familiar ones at the physical-emotional human levels, but also gathers more skills and therapeutic tools that reach the energetic and nonlocal levels of being. It is an exciting time and there is so much to explore. As I explore this territory, I find the energetic and nonlocal levels of communication and perception, both in terms of therapeutic assessment and intervention and in terms of teaching parents a broader

range of sensitivity and a fuller spectrum of family living, to be exciting aspects of the 21st century landscape.

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RESOURCES FOR FURTHER EXPLORATION

American Holistic Nurses Association, www.ahna.org

Association for Comprehensive Energy Psychology: An international nonprofit organization promoting professional energy psychology and collaboration among practitioners, researchers, and licensing bodies, www.energypsych.org

Emotional Freedom Technique (EFT): An energy psychology healing modality originated by Gary Craig. www.emofree.com

HeartMath Institute: Exploration of heart intelligence and coherence: research, education, and technology, www.heartmath.org

Institute of Noetic Sciences: Explores the frontiers of consciousness, www.noetic.org

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