

**A Phenomenological Enquiry into How Emotional
Freedom Techniques (EFT) Practitioners Conduct
Surrogate EFT.**

By Sunita Pattani

The Professional Development Foundation (PDF)
Middlesex University

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“In every culture and in every medical tradition before ours, healing was accomplished by moving energy.”

Albert Szent-Gyorgyi, MD
Nobel Laureate in Medicine

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Declaration

This dissertation is an account of my own work undertaken as a student of the Alef Trust and includes nothing which is the outcome of work done in collaboration. No part of this dissertation has been, or is being submitted for any other degree, diploma or any other qualification at any other university.

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Abstract

Surrogate EFT (Emotional Freedom Techniques) is a distance healing energy psychology technique which involves an individual tapping on their acupuncture points for the benefit of another. Whilst cases of surrogate EFT have been documented, not much is known about practitioner experiences. This study is a phenomenological enquiry into how EFT practitioners conduct surrogate EFT, with the aim being to elicit lived experiences as well as protocols being used. The research method employed was an interpretative phenomenological analysis, in which six participants were interviewed using a semi-structured interview approach. Interview transcripts were carefully analysed, resulting in the emergence of seven themes: 1) protocols; 2) connection; 3) physical experiences; 4) practitioner skills; 5) permission; 6) practitioner beliefs and 7) contraindications. The findings suggest that conducting surrogate EFT is a multi-faceted procedure, going far beyond just a step-by-step protocol. The findings have revealed a transpersonal aspect, with many of the lived experiences described being similar to those experienced by spiritual mediums. Whilst further consideration still needs to be given to the ethical framework and practitioner safety, the insight provided by both the lived experiences and the specific protocols used, provide the foundation for developing a standardised protocol for further systematic studies.

1. Introduction

Emotional Freedom Techniques (EFT)¹ (sometimes referred to as “tapping”) is an emotional release therapeutic approach, which combines the stimulation of acupressure points with cognitive techniques (Feinstein, 2013). I regularly use EFT in my clinical practice, most commonly teaching a client how to apply the technique to themselves to aid their own healing.

Four-and-a-half years ago however, I encountered a 9-year-old boy suffering with severe anxiety. Having previously read about working in a surrogate fashion, (in which either a practitioner or another individual known to the client, applies the techniques to themselves whilst holding the intention of helping the client), I decided it to try this with the child and his mother. I proceeded to conduct two sessions with the child and a further four sessions with the mother alone, after which the boy’s anxiety improved significantly. This experience left me curious about the phenomenon and I found myself asking the question: how do EFT practitioners conducted surrogate EFT?

This study therefore is a phenomenological enquiry into how surrogate EFT practitioners conduct surrogate EFT. The method employed is an Interpretative Phenomenological Analysis (IPA), which is concerned with detailed examination of lived experience, and/or understandings of particular phenomena (Smith et al., 2009). This method was considered most relevant given the study’s objective and will be explored further in the methodology section.

¹ Although the system is sometimes referred to “Emotional Freedom Technique”, the correct formal term is “Emotional Freedom Techniques”. Also, it should be noted that the founder Gary Craig uses the term as a singular, for example, “emotional freedom techniques is...”.

1.1 Introducing Energy Psychology

For centuries, energy medicine practices such as acupuncture and qi gong have been utilized to aid mind-body healing. Feinstein (2017) explains energy medicine as follows:

Conventional medicine, at its foundation focuses on the biochemistry of cells, tissues and organs. Energy medicine, at its foundation, focuses on the energy fields of the body that organise and control the growth and repair of cells, tissues and organs. Changing impaired energy patterns may be the most efficient, least invasive way to improve vitality of organs, cells and psyche (para. 3).

Eden & Feinstein (2008) assert that we are a constellation of energy systems that naturally work together. These energy centres and pathways dynamically interact with cells, organs, thoughts and mood; and shifting these energies can impact both the body and the mind (Eden et al., 2005). Energies that move in a healthy, rhythmic way are supportive of health (Eden & Feinstein, 2008).

A recent development in the field of energy medicine is Energy Psychology (EP), which “studies the effects of energy systems on emotions and behaviour” (Gallo, 2005, p. xiii). It has been suggested that psychological issues are manifestations of energy disruptions within our energy systems, which can be accurately diagnosed and treated (Gallo, 2005). The Association for Comprehensive Energy Psychology (ACEP) adds to this definition by highlighting that EP is a collection of mind-body approaches which amongst others include, Thought Field Therapy (TFT), the Tapas Acupressure Technique (TAT), and EFT (Feinstein, 2008).

The mechanics of EFT (sometimes referred to as “tapping”), have evolved from acupuncture, a form of complementary medicine where needles are inserted at specific points of the body called “meridians”, which are considered to be energy pathways. The ancient Chinese believed that every living creature embodied a universal life energy called *Chi* or *Qi*,

which would circulate the body through these meridians. It is considered that good health is the result of energy that flows freely through the meridians. If, however this energy flow is disrupted in any way, illness results. (Adam & Davidson, 2011).

Rather than using needles, EFT involves either tapping lightly or touching these specific acupressure points on the body (see figure 1), whilst focussing on an event or an emotion (Adams & Davidson, 2011). It is thought that this process releases or redistributes energy, helping to balance the meridians, enabling them to run smoothly (Eden & Feinstein, 2008), which in turn enables healing.



Figure 1: The EFT Acupressure Tapping Points

1.2 Surrogate EFT

Commonly, an individual applies EFT on themselves whilst addressing their own issues. However, in recent years reports of “surrogate tapping” have emerged, during which the practitioner taps on him or herself and applies other elements of energy psychology protocols as if he or she is the person whose problem is being addressed, all the while holding the intention of helping that person (Feinstein, 2013). Surrogate EFT can be considered as a form

of distant healing, which is defined as, “a conscious dedicated act of mentation attempting to benefit another person’s physical or emotional wellbeing at a distance” (Sicher et al., 1998, p.356).

Whilst some research into the efficacy of EFT has already been conducted (Adams & Davidson, 2011), research in surrogate tapping remains limited. The literature search has revealed only one peer-reviewed journal report describing the process of surrogate EFT. McCarty (2006) presents a clinical story of facilitating a healing for a 6-year-old boy’s eating phobia using EFT in a surrogate non-local fashion. She utilizes an integrated therapeutic approach, in which she uses the prenatal and perinatal psychology (PPN) understanding of early experiences, as potential origins for life patterns. She then combines this notion with EFT as a healing modality. In this particular case, the therapist worked with both the child and the mother’s patterns, surrogate tapping for both of them at different times during the session. It should be noted that non-local intuitive perception and mind-to-mind communication were integral aspects of this therapeutic approach, with the author basing the approach on a quantum understanding of reality, in which she considers consciousness to be primary, as opposed to an epiphenomenon of the brain. Within this paradigm, the mind is capable of communicating non-locally between people, outside of the usual time-space constraints. This notion is considered to be the enabler for phenomenon such as distance healing and telepathy.

Whilst the boy is not present during the session, the mother is, and plays a key role in the process. This therapeutic approach considers as a possibility, that the boy’s issue may be linked to his pre and perinatal experiences, as well as his mother’s patterns, therefore the therapist works with both the mother and child to resolve the issue. The author describes the process in which she first asked the mother to describe the issue, after which she requested permission from the mother to contact the boy energetically, stating that his energetic presence was an integral part of the process. Once permission was granted and contact

established, McCarty then proceeded to ask the mother about her previous experiences to do with eating and weight and then checked with the boy energetically questioning whether this was the root cause of his eating issues. After the issue had been established, McCarty then used surrogate EFT, where she tapped on herself for the boy. She instructed the mother to hold her attention on a particular aspect of the pattern during each tapping sequence. Once the mother sensed that the issue had lessened, McCarty then started to work with the mother's patterns and proceeded to surrogate tap for the mother until the issues softened. Finally, McCarty returned to the son energetically and continued to surrogate tap for him until the intensity of his issues also lessened. The following day, McCarty (2006) received a message from the mother stating that the family felt 'a miracle had happened.' She related that within 1 hour of returning home, for the first time ever her son spontaneously came up to her and said, "Mama, I'm hungry. Would you feed me?" (p.17).

Whilst McCarty (2006) suggests that the positive outcome is the result of the surrogate EFT, alternative explanations cannot be ruled out. For example, could working with the mother have brought about changes in interactions with her son, which in turn may have accounted for the positive outcome? Further research is required to establish the effectiveness of surrogate EFT in which we would seek to control for these effects.

The other major literature contribution comes from Feinstein (2013), who curious about the phenomenon, requested case descriptions for surrogate tapping via the energy psychology community; 193 unique cases were identified, with 100 of these cases meeting the following criteria:

- 1) A "sender" had applied an energy psychology protocol to him or herself with the intention of being helpful to the "receiver."
- 2) The sender did not physically tap on the receiver, but may have been in the same room, or the two may have been isolated by distance.

- 3) The receiver did not apply the protocol to him or herself.
- 4) The positive outcome was attributed to the surrogate tapping (p.2).

The effects reported included physical, emotional and behavioural changes; with examples including, an improvement in dementia, bed-wetting and a miraculous “hiatus” in the side effects of chemotherapy.

Feinstein (2013) however has highlighted that anecdotal reports are only a preliminary stage in establishing the efficacy of a treatment. Whilst these reports are enough to guide further investigation, “into what could be a paradigm-challenging, not to mention, highly useful procedure” (p.9), they do not in themselves scientifically establish a cause-effect relationship between surrogate tapping and positive clinical outcomes. Furthermore, he states that systematic studies of surrogate tapping are yet to be conducted, and as direction for further research, suggests an investigation into the exact procedures used by practitioners.

1.3 Paradigm Challenges

The study of surrogate EFT also has wider implications. The cases documented add to an existing body of evidence suggesting that physical influences from a distance do occur, and that some practitioners can establish conditions in which distance healing occurs with reasonable frequency (Feinstein, 2013). The issue arising however is that the Newtonian scientific frameworks cannot explain this occurrence (Goswami, 1993).

By the late 19th century, physicists were certain of their ideas about the nature of matter, with Newtonian physics being regarded as an absolute certainty (McEnvoy & Zarate, 1996). This view highlighted that everything consisted of elementary particles and their interactions, and consequently consciousness was considered an epiphenomenon of the brain (Goswami & Pattani, in prep). This however started to change in the early part of the 20th century as

quantum physics started to emerge, presenting a new theoretical framework at a subatomic level, questioning our previous assumptions about the nature of reality (Goswami et al., 1993).

The property of quantum systems most relevant to surrogate EFT and distance healing is *non-locality* and entanglement (Feinstein, 2013), an interconnectedness that operates without signals through space-time, i.e. signal-less communication (Goswami, 2008). It was originally argued that non-locality was only applicable to the microworld of subatomic particles, not to macrosystems like the human brain or body (Feinstein, 2013). However, in recent years there has been the emergence of empirical data which suggests that non-locality is also an essential property of the macroscopic world (Vedral, 2008). Examples include biocommunication with plants, which suggests that there is a universal interconnectedness (Backster, 2003); non-local communication in correlated brains, claiming that if we meditate upon the intention, we can communicate with one another instantaneously (Grinberg-Zylberbaum et al., 1994), and the effects of remote prayer on bloodstream infection (Leibovici, 2001). These findings question the mechanistic Newtonian paradigm suggesting instead a reality based on the quantum worldview; where instead of being an epiphenomenon of the brain, consciousness is primary, the ground of all being (Goswami & Pattani, in prep).

Should in the future, a cause-effect relationship between surrogate EFT and positive clinical outcomes be scientifically established, more evidence will have been added to the growing body of research calling for an expanded worldview model, as described in the preceding paragraph (Feinstein, 2013).

1.4 Rationale for the present study

Whilst the literature highlights the need for further investigation into the efficacy of surrogate EFT and draws attention to the wider paradigm implications; it also shows how

little is known about how practitioners conduct the process. Although McCarty (2006) outlines the protocol she used to conduct the surrogate EFT, certain terms need further explanation. For example, she states that before beginning the procedure, she first asked the mother for permission to make “contact with the son energetically” (p.14). However, she does not explicate this further, i.e. why did she think that this step was necessary, and how did she know that she had successfully established contact with the boy energetically? These questions are necessary to understand the practitioner’s internal experience, and what role it plays in achieving a perceived positive outcome.

This study therefore seeks to investigate how EFT practitioners conduct surrogate EFT. It aims to explore both their lived experiences whilst conducting surrogate EFT, as well as the protocols that they are using. This is the first step towards establishing a standard protocol required for conducting systematic studies into the efficacy of surrogate EFT at a later stage.

2. Methodology

2.1 Research Design

Given that the study seeks to explore a practitioner's lived experience, I felt that the methodology best suited to this study was Interpretative Phenomenological Analysis (IPA). IPA is an idiographic approach, meaning that it is concerned with detailed examination of lived human experience, and/or understandings of particular phenomena (Smith et al., 2009). Common themes or experiences arising from data of several individuals can then be used to develop practices or policies (Creswell, 2013).

Essentially, IPA synthesizes aspects from both phenomenology and hermeneutics. A philosophical approach to the study of experience, phenomenology is based on the principle that the "experience should be examined in the way that it occurs, and in its own terms" (Smith et al., 2009, p.11). A key aspect of phenomenology is the concept of *epoche* (also referred to as bracketing), in which the researcher sets aside his/her own preconceptions as much as possible, so that a fresh perspective towards the phenomenon under examination can be achieved (Creswell et al., 2013).

The second theoretical underpinning of IPA comes from hermeneutics, which is the theory of interpretation. IPA is a dynamic process in which the researcher plays an active role, influencing how the participant's experience is interpreted. It is often described as a *double hermeneutic* process, with the participant first making meaning of their world, followed by the researcher trying to make sense of the participants' meaning making (Smith & Osborn, 2003). Whilst the researcher aims to understand the experience from the participant's perspective by employing the concept of *epoche*, they also recognise that it is impossible to have an uninterpreted phenomenon. IPA researchers hence formulate critical questioning in relation to the material, creating a richer, more comprehensive analysis (Pietkiewicz & Smith, 2014).

2.1 Sample

Given that IPA is an idiographic approach, it is suggested that a purposive sampling strategy is employed as it offers insight into a particular perspective or phenomenon under study. Additionally, to ensure that full appreciation is given to each participant's case, the sample size is often small (Smith et al., 2009). An IPA typically employs a fairly homogenous sample, enabling similarities and differences are to be analysed from a group that has been defined as similar according to important variables (Pietkiewicz & Smith, 2014).

The study sample therefore, consisted of 6 participants who were recruited via various online energy psychology communities. Participants were first sent an information sheet and were required to complete a preliminary questionnaire. If the sampling criteria were met, a signed consent form was then required before the participant could partake in the study. Aside from ensuring that the sampling criteria were met, the preliminary questionnaire was also designed to gather information for demographic purposes, ensuring that the sample was as homogenous as possible. Additionally, it was important to ascertain whether the participants had enough experience in the field, and that they defined surrogate EFT in a uniform way. The sampling criteria were hence set as follows:

- 1) The participant must be a qualified EFT practitioner and must have been practicing for a minimum of 2 years.
- 2) The surrogate EFT carried out by the practitioner must meet the criteria established by Feinstein (2013) which is outlined in the literature review:
 - a. A “sender” had applied an energy psychology protocol to him or herself with the intention of being helpful to the “receiver.”

- b. The sender did not physically tap on the receiver, but may have been in the same room, or the two may have been isolated by distance.
- c. The receiver did not apply the protocol on him or herself.
- d. The positive outcome was attributed to the surrogate tapping (p.2).

2.1.1. Demographics

Within four weeks of beginning the recruitment process, seven individuals responded, of whom one had been practicing for less than two years and hence did not meet the criteria. The remaining six individuals met the criteria and agreed to participate in the study. This largely influenced the study in terms of homogeneity. Whilst the sampling criteria ensured some homogeneity amongst the sample selected, homogeneity was limited by the fact that only six participants qualified for the study. Table 1 illustrates detailed demographics.

Participant	Gender	Location	EFT Qualifications and Years in Practice	Additional Modalities
Participant 1	Female	England	EFT AAMET Practitioner for 11 years EFT AAMET Trainer for 7 Years Years in Practice: 13 years	Psych-k Neuro-Linguistic Programming Colour Mirrors NES Practitioner Picture Tapping
Participant 2	Female	England	EFT Master - awarded by Gary Craig 2006 AAMET Practitioner 2001 AAMET Trainer 2004	NLP & Hypnotherapy (both are there in the background, EFT is main modality). Human Givens Psychotherapy (all qualifications and

			Years in Practice: 17 years	assessments completed successfully but no longer registered with them as they do not support EFT)
Participant 3	Female	Canada	AAMET Practitioner levels 1&2. Level 3 in process. Years in Practice: 4 years	MSc. in Counselling Psychology
Participant 4	Female	England	AAMET EFT Master Trainer and Practitioner Years in practice: 5 years	Matrix Re-Imprinting Practitioner
Participant 5	Female	Egypt	EFT level 1 and 2 in July 2011 Years in Practice: 7 years	Aromatherapy, Reiki – master/teacher level, Matrix Reimprinting, Matrix Birth Reimprinting, Picture Tapping, Crystal/Energy work.
Participant 6	Female	Ireland	Accredited Certified Practitioner AAMET EFT Level 1 and 2 Years in practice: 6 years.	Homeopathy Optimal EFT

Table 1: Demographics Table

2.2. Research Instruments

Data was collected via semi-structured interviews. The interview protocol was developed to explicitly fulfil the aim of this research. The areas of questioning arose from both the studying the previous literature as well as my own experience in the field. For example, Feinstein's (2013) statement about a therapist's inner experience being a necessary consideration for surrogate tapping, led to the formation of specific questioning to explore this area. Similarly, McCarty (2006) addressed the issue of permission within her case study. This also became a point of exploration within the interview protocol.

The protocol consisted of 15 questions which spanned over five general areas of exploration: the exact procedure employed by the practitioner, the practitioner's inner state of being, necessary external conditions, ethical considerations and personal beliefs or skills necessary. Whilst the semi-structured interview approach allowed some focus to ensure that the study aims were met, it also enabled the exploration of additional points and themes arising.

Whilst there was no pilot study conducted, a final question was included in the interview protocol asking the participants whether any further questions should have been asked. This was designed to ensure that the participant had conveyed all information they considered relevant. Any additional questions arising which were directly relevant to the aims of the study would then be included in the other interviews.

2.3. Research Procedure

The procedure for both the data gathering and analysis was conducted in line with the methodological principles of IPA. The procedure developed over 4 phases:

Phase 1: Participant Recruitment

Once the research question and methodology were chosen, three factors became apparent. Firstly, as per IPA recommendations, the sample was to be as homogenous as possible; secondly, all participants had to have a uniform understanding of the term surrogate EFT; and finally, ethical considerations had to be put into place.

Based on these factors, a two-step recruitment process was developed using Feinstein's (2013) surrogate tapping criteria (as discussed in section 2.1). Interested participants would first be sent an information sheet and preliminary questionnaire to see whether they met the sampling criteria. If they were suitable for the study, they would subsequently be sent a consent form to sign. Ethical consideration was also addressed during this phase.

The proposed research outline was then submitted to the university's ethics board for approval, and once approval had been granted, participant recruitment began. Given that Facebook hosts a large EFT practitioner community, I posted messages in the EFT Matrix-Reimprinting (EFTMRA) groups as well as on my own personal page. I also wrote to the Association for Comprehensive Energy Psychology (ACEP) and asked them to send out a message to their members. However, this option was not exercised as enough participants came forward via Facebook.

Phase 2: Conducting Interviews

Once participant suitability was established and the signed consent forms were received, online interview dates were scheduled. This was considered the most cost effective and convenient way of working as the participants were situated worldwide. Three of the interviews were conducted via Skype, two of them via Facebook video and one was conducted via Zoom. The interviews were recorded on a smartphone recorder and lasted between 35 and 90 minutes.

Given that I am a Psychotherapist who uses surrogate EFT within my practice; it was important to consider the role of reflexivity, an awareness of personal assumptions and experiences that may impact the data gathering and analysis (Shaw, 2010). With this in mind, I made a conscious effort to stay focused in the present during the interview and data-analysis process; endeavouring to remain open, non-judgmental, and trying to view the world from the participant's perspective. For example, I have my own surrogate EFT experience of connection, so whilst interviewing the participants, I was mindful to put my own experience aside and not assume that I knew what the participant was feeling.

Phase 3: Transcription Process

Once the interviews had been conducted, they were transcribed verbatim, checked against the recording and sent to the participants to check for accuracy and amendments. Once the transcripts were approved by the participants, the data analysis process began.

Phase 4: Data Analysis Process

The data was analysed in line with procedures outlined by Pietkiewicz & Smith (2014) and Simmonds-Moore (2016). To protect their identity, participants names were replaced by numbers, and additional pseudonyms were used for other individuals that were mentioned in the interviews.

To achieve familiarization with the data, the first transcript was read several times. Exploratory comments which consisted of observations and reflections about the interview were then made in the right side of the margin, which were subsequently used to identify emergent themes. These themes were then clustered together and labelled according to their conceptual similarities, giving rise to an initial table of themes. This process of analysis was repeated for each transcript, after which a final master table of themes was constructed (see table 2 in the results section). This was developed by consolidating the initial table of themes

from the first transcript with any additional themes that emerged from the other transcripts; a process which enabled the identification of similarities, differences, amplifications and echoes within the responses. Each theme consists of sub-themes and supporting phrases.

The master table of themes has been arranged in a superordinate fashion, bringing together a series of related themes and developing a new name for the cluster (Smith et al., 2009). Themes were not chosen by the frequency of their occurrence, but rather on the “richness of the particular passages that highlight the themes” (Smith & Osbourne, 2003, p.75). For a theme however to be retained, it must have been represented by at least half of the sample of participants.

2.4. Ethical Considerations

Ethical considerations were an important aspect of this research. Guidance from the Alef Trust, the British Psychological Society (BPS) and the National Counselling Society (NCS) was sought, and the following ethical considerations were incorporated into the study:

1. Participants were made aware that participation was voluntary, and that they had the right to withdraw at any time.
2. Participants were required to sign a consent form.
3. All personal information was anonymised, and participants were allocated numbers to ensure anonymity.
4. All details were kept confidential, stored safely, and were discarded in the correct manner.
5. Participants were reminded not to divulge client cases unless they had permission to do so.
6. Before commencing the data analysis process, transcripts were emailed to the participants for their approval.

No other ethical issues arose during the study.

3. Results

Seven themes were identified that were of particular relevance to the research question:

1. Protocols; 2. Connection; 3. Physical Experiences; 4. Practitioner skills; 5. Permission; 6. Practitioner beliefs and 7. Contraindications. The table below (see table 2) lists both the main themes and subthemes. The remainder of the results section will focus on illustrating the major subthemes in more detail with reference to quotes from the transcripts.

Master Table of Themes	
Superordinate Themes (frequency of occurrence)	Subthemes
Protocols (P1, P2, P3, P4, P5, P6)	<ul style="list-style-type: none"> • Specific 3-step protocol used. • Practitioners tap on themselves during the process. • Most people cannot go straight into surrogate tapping. • Use of the “tap as if” process independently (not part of the specific 3-step protocol). • Taps on client in imagination. • Surrogate tapping is not a linear process. • She’s fluid with her process – combines surrogate work with traditional tapping. • Ending a session: <ul style="list-style-type: none"> ➤ Runs out of words when it comes to stopping a session. ➤ It feels like a natural conclusion. ➤ She feels like she has got somewhere. ➤ Sessions last 15/20 minutes and she just knows when to stop. ➤ No energy after conducting session for 20 minutes. • Good to start with animals and children.

<p>Connection (P1, P2, P3, P4, P5, P6)</p>	<ul style="list-style-type: none"> • Belief that we are all interconnected/connected to Source. • Connection is established before tapping. • Takes a few rounds of tapping for the connection to happen. • Tapping on a bear establishes connection- an arc is established from practitioner to prop to client /creates a triangle for better connection. • Connection experiences: <ul style="list-style-type: none"> ○ Inner knowing is like a ‘click’. ○ Experiences a warmth in her centre. ○ Feeling of being empty when there is no connection. ○ Feels connected when information starts to come through in an intuitive way. • Distance does not make a difference.
<p>Physical Experiences (P1, P2, P3, P5, P6)</p>	<ul style="list-style-type: none"> • Experience physical changes when taking on the energy of another: <ul style="list-style-type: none"> ➤ Practitioners pick up things visually, others get voices and words. ➤ Client’s facial expression/body posture changes. • Taking on client’s energy can be exhausting: <ul style="list-style-type: none"> ➤ It is not always safe to take the client’s energy on. • Feels when the answers are not hers. • Trance & Flow States: <ul style="list-style-type: none"> ➤ She goes into a trance when she is tapping. ➤ She goes into a meditative trance when she practices. ➤ Using our imagination or going into unconscious constitutes being in a trance state.

<p>Practitioner Skills (P1, P2, P3, P4, P5, P6)</p>	<ul style="list-style-type: none"> • Non-attachment to outcome <ul style="list-style-type: none"> ➤ When she begins to control, it's not going to work /Getting yourself out of the way/ Surrendering to process. ➤ When we get quiet enough, we push ourselves out of the way. ➤ Non-attachment is very important for waiting for the person to connect. ➤ Surrogate tapper may be part of the problem/ Adults have an agenda. • Overthinking: <ul style="list-style-type: none"> ➤ Most successful cases are when the process is not overthought. ➤ If you go into your mind it will go away/Doing it with 2 people can be really useful as one can go totally into the experience and let go of the thinking mind. ➤ Trust in the process. • Process needs to be conducted with non-judgment, kindness and empathy. Use of intuition.
<p>Permission (P1, P2, P3, P4, P5, P6)</p>	<ul style="list-style-type: none"> • Asks for permission. <ul style="list-style-type: none"> ➤ Protocol for asking permission/ both in-person and energetically: Puts hand on heart and asks energetically. • Relies on gut instinct regarding permission. • Uses muscle testing to ask for permission. • Intrusive and rude to conduct without permission. • Permission not needed in "talk about/ talk to". <ul style="list-style-type: none"> ➤ Permission needed for "talk as if". • Asks higher-self for permission. • Healing doesn't go through if person doesn't want it.

	<ul style="list-style-type: none"> ➤ Hand goes up in mind's eye when person permission not granted. • Asks in a non-direct way.
Practitioner Beliefs (P1, P2, P3, P4, P5 & P6)	<ul style="list-style-type: none"> • Practitioner's limiting beliefs: <ul style="list-style-type: none"> ➤ Believes that own beliefs stand in the way of effective practice, therefore emphasizes clean thinking/ must clear what comes up for them. • Ontological beliefs: <ul style="list-style-type: none"> ➤ Considers themselves spiritual/ Belief that we come from a place of unconditional love and connection. ➤ Religious and spiritual beliefs have helped the process of conducting EFT: <ul style="list-style-type: none"> ○ Quaker outlook has helped her to conduct surrogate EFT. ○ Being spiritual has had a good bearing on her ability to conduct EFT. ➤ EFT has provided a better understanding of spirituality.
Contraindications (P2, P4, P5, P6)	<ul style="list-style-type: none"> • When someone is trying to change someone else for their own benefit/ abuse another for their own benefit/ has to be perceived by the person. • Be mindful of another person's energy, you may be affecting it. • Don't go where you don't belong.

Table 2: Results Table

3.1. Protocols

This theme focuses on the protocols employed by the practitioners to conduct surrogate EFT. Whilst each practitioner had their own style of practicing, two different types of protocol emerged from the data. Four of the six participants used a 3-step protocol, which

was developed by participant 2 and one of her colleague's. Participant 2 expressed that most people can't get straight into surrogate tapping, so the three phases facilitate the process of getting into it. She also stated that "each of the different stages or phases has a different character". The three steps consisted of the practitioner tapping on themselves whilst either, "talking about" the issue:

[Participant 2:] ...the first phase of surrogate tapping is about getting them to listen, it's about getting them to join in and connect, and so the 'talk about' introduces the story, characters, the what's happening with friendly kindness.

The second step involved "talking to" the client who was receiving the surrogate tapping, (although it should be noted that the receiver didn't have to be present):

[Participant 2] In talk to, we can use very open language like, "I wonder what happened? Something must have happened, you got so scared...I wonder what that reminded you of? Something must have happened." And something might pop into mind. We can also give information. For example, for taking an animal to the vets, we can tell the animal where they are going, what will happen, that we will come home again, and that foot that hurt is going to feel better. So we can give information...

The third step involved "talking as if" the practitioner was the client:

[Participant 2] In talk to, we might leave gaps, almost for them to reply and someone can just move in then into "talking as". Now, when you talk as another, you've stepped into their energy, the door needs to be open. You need to let it happen all by yourself.

Some participants commented that the 3-step protocol was not a linear process, and that the stages did not have to follow a particular order. Additionally, it wasn't necessary that all three stages must be carried out. Sometimes just one stage was enough and at other times all three stages would be used. Participant 5 for example mentioned that she had never used the "as if" protocol with her son: "...I have never taken on my son, I usually talk about

him. Like, ‘even though you have this feeling, even though you’re behaving this way, even though you’re an amazing young man’”. At times, other modalities were also weaved into the 3-step protocol. Participant 6 for example, spoke about how she worked intuitively, moving from one modality to another:

[Participant 6] ...I tend to again...sort of intuitively move from one to the other, Sunita. I guess now I follow my intuition hugely, so it is whatever kind of turns up and I do find working with the unseen therapist, doing surrogate work or otherwise, there is something that amazingly happens and is very deep and I...I...I almost just observe it, like I am there watching this thing happening, and sometimes something comes and I am...it kind of gets a bit muddled up and as Gary Craig would say, “we are all one anyway,” so you know, it’s only detail, so if I am working with the unseen therapist then I might not be tapping and then if something gets really intense, although Gary Craig would not necessarily turn to tapping because he would just choose that one process; you know I might end up, “ooh now, that’s really overwhelming” and you know the next thing I am tapping, probably quite fast and intensely, so yeah...

Whilst variations of the 3-step protocol were used widely, not all the participants used this approach. Two of the participants used the “tap as if” approach independent of the specific 3-step protocol. Participant 4 commented: “I just...I try and take him on, and I am tapping as if I am him, and then I have to just trust what comes through”. Participant 1 however, used two different protocols:

[Participant 1] ...I take their energy on and I actually tap on myself as if I were them. Ok? So that’s the first one, the other way is when I just imagine in my mind’s eye they’re there in front of me and I start tapping on them.

Participant 1 however did feel that taking on the client’s energy did work better than visualizing.

Details of how protocols came to an end also emerged. Participant 4 for example, commented: “I run out of words, it comes to a natural conclusion, or I feel like we have got

somewhere. They're not big hour-long sessions or anything, sometimes they're only like 15 or 20 minutes..." Participant 1 had a similar experience with timing:

[Participant 1] I have noticed that after 20 minutes, most energies just leave me anyway. So even...so I don't know whether it is they're leaving me, and I have never even muscle tested this, but when I just checked to make sure...uhhh...I am normally, I am back to me. I don't have their energy anymore.

With regards to how to best learn and practice surrogate EFT protocols, it was suggested to start with animals and children:

[Participant 2] I think starting with animals is the best way to learn this, because animals...you offer an animal healing and they just take it. Humans are a bit more complicated. Humans generally...the person who wants to tap is part of the problem...yea?...so animals are great to practice with...ummm, children as well. You offer children healing, they take it.

3.2. Connection

Participants discussed the role of connection in two ways. Firstly, some of the participants commented that we were all interconnected, implying that this played an integral role in surrogate EFT. Participant 3 for example, stated:

[Participant 3] ...the energetic connection that happens between, and it can be between mum and....in this case it was between mum and daughter. In another case, it was owner of big business and her manager, that was a very powerful one, ummm.... the connection.... are you familiar with Lynn McTaggart's work, The Field? ...Ok, so...so...so we're all within that field, and we're all connected, and so we can connect. I've done it many times myself with my kids around the world.

Participant 5 also expressed that being open to believing in oneness may lead to more of an effective outcome: “when you say we are all one, they are like, “how?” cos everyone thinks they are separate. So, I think if you’re more open to believing, why not? Why not? Maybe it will work, I think it will work better”.

The second way in which connection was discussed was the way in which it was established with the receiver when conducting the protocol. Firstly, all the participants agreed that distance did not make a difference in their ability to connect. Connection was established the same whether the receiver was in the same room or situated across the globe. Whilst every participant achieved a connection, the method and experience varied significantly. Participant 4 for example, described how she first established a connection with both her and the receiver’s higher self:

[Participant 4] I check in with my higher self and their higher self, and create a triangle almost that there’s a thread between my higher self and their higher self, and then I can have a better connection almost....it comes intuitively anyway...I connect first, so there is a connection and then I start tapping on whatever it is that they have told me is wrong.

Participant 5 however, stated that it took a few rounds of tapping to establish connection, whilst participant 2 expressed that describing the behaviour connects the energy. The use of props, such as a soft toy was also used to establish a connection:

[Participant 6] I have occasionally used a bear as the person I am doing the surrogate work for or the animal...but even then, as I am looking at the toy or the bear, like the eyes will go from looking really sad to looking a little bit more hopeful or bright...I mean you would say how could that happen in this inanimate sort of little object? erm...but without something coming back, I would find it really hard to do for me...that is that ability to see or hear something, and the whole time acknowledging you know, when I am in the process, I would be acknowledging, ok this is what is coming and I am going to trust it... so if it’s a little teddy bear, or maybe it might be a little soft dog toy or something like that...if I was tapping, I would tap on it, same points – head around the eyes whatever, ummm....and if I were applying the three stage process, I might say, “oh you know wow”you know, “you’ve just left the home you’ve loved”.

Whilst the participants described their connection differently, they seemed to experience it as some sort of an inner awareness. Participant 2 for example, commented: “Now, there’s almost, there’s a point where you know they’re connecting. You can feel it, you can sense it. You start getting more information coming in that intuitive way”. Participant 4 described the connection as “inner knowing”. She commented that the experience was like “a warmth in the centre” of her. She also stated that sometimes receivers do not connect: “you can get a ‘no’ as well. I get a hand up like that (she puts her hand up)”. Participant 5 also described the experience of not connecting as a feeling of “being empty”.

3.3. Physical Experiences

All the participants expressed that they experienced physical changes whilst conducting surrogate EFT. Participant 2 for example, discussed the different types of physical experiences that she has encountered:

[Participant 2] H.S, who I started doing this with, she gets very physical sensations...like....there was one where were tapping for a horse, all through out, H.S was just like “oh...ahhch...” she was just like this, and afterwards, we spoke to the owner and the owner said, “oh yeah, the saddle’s too small. I thought I could get away with it because I didn’t want to buy a new one, but yea, the saddle’s too small”. And H.S’s picking these things up very physically. I pick things up very visually, almost like a transparent picture, some people pick them up with sounds, voices, words, it comes to you in different ways and it’s delicate...

In the following extract, participant 1 recounts an incident that took place when one of her clients died:

[Participant 1] So, I did a surrogate experiment with my workshop with a lady who had cancer in Denmark and I absolutely felt nothing. I felt cold, in fact I started shivering, and I couldn’t tune into her, although it was safe and appropriate for both of us and I

just...there was just nothing. Later that day when I emailed her partner, that exact time, she was leaving her body. She died. So that coldness, I didn't feel exhilarated or...I just felt exhausted and I couldn't tune into her.

Not all participants however, felt that it was safe to take on another's energy. participant 1 mentioned that it can be an exhausting process, stating that she actually felt the pain in her body at times. Participant 6 also commented that she tended not to take on a client's energy particularly if it was in relation to a traumatic event, stating that it didn't do her any good.

Participants also discussed trance and flow states that they experienced whilst conducting surrogate EFT:

[Participant 1]... so when we do these protocols and we start tapping, we do go into a trance, and we're all in a trance, we all know that, but when we're tapping, and I think this is for me, the beauty of tapping, is that we just go into that slightly deeper trance.

Participant 3 described the state as "being removed", and one that she could enter quite easily:

[Participant 3] ...it's I go into that space easily. I can just go into this space, that uhhh...I am not even kind of aware of what is happening around me, so I guess it's...it's kind of a meditative state I suppose....that's how I would...I am not watching things go...I am just there, and energy moves really quickly, so it can be done in a very quick process too.

3.4. Practitioner Skills

The data analysis revealed 4 skills that practitioners felt were necessary to employ whilst conducting surrogate EFT: 1) non-attachment to the outcome, 2) not overthinking the process, 3) non-judgment, and, 4) use of intuition.

3.4.1. Non-attachment to the outcome

Every participant commented on the importance of remaining non-attached to the outcome. Participant 1 gave an example of what happened when she attempted surrogate EFT with family:

[Participant 1] Non-attachment. As soon as I get attached... you know... I did this with my sister when she split up with her husband... they tried to run each other down. They hated each other. And I was concerned about what the outcome would be for the kids, so when I tried to do it when I was concerned for the outcome for the kids...and listen to my language, it didn't work.

Participant 2 echoed this, mentioning that the surrogate tapper may be part of the problem because they may have their own agendas, hence creating attachment to the outcome. She commented: "...If you don't take it, I can't ram it down your throat. I have to just hold it out and be ok, with whether the other takes it or not". She also felt the main thing was to "be able to get out of your own way" and "to be able to allow the unknown or the unexpected".

Participant 5 also spoke about this:

[Participant 5] I think it's the intention...you have to be like...it's not like, 'I have this amazing thing I am going to fix them'. The intention is, 'let me just see if I can help these people out and see what is going out with them.

3.4.2. Not Overthinking the Process

Very closely linked to remaining non-attached to the outcome and "getting oneself out of the way", was the second skill of not overthinking the process. Participant 1 claimed that her most successful cases were the ones where she just went straight into the process and felt it in her body. She also mentioned that overthinking can influence the process. Participant 2 summarised it as, "people who try and think too much, people who try and control it, people

who want to be the doing agent are going to struggle, they do struggle”. She also added that having two people conduct the process can be very useful, because it allowed one person to go completely into the experience, enabling them to let go of thinking mind. Trusting in the process instead was encouraged, with participant 6, for example mentioning that she always taught people not to be dogmatic, but instead to trust in the process.

3.4.3. Non-judgement

The third skill highlighted by participants was to be able to conduct the process with non-judgment, kindness and empathy. Participant 4, for example stated, “I believe that we all come from a place of unconditional love and it’s unconditional love I connect with. No blame, no judgment, no control”. Participant 2 also highlighted that the process had to be conducted with non-judgmental kindness, and stated the importance of clearing the practitioner’s own triggers first:

[Participant 2] Kindness. It needs to be done with non-judgmental kindness, that’s why with Barny’s one we had to clear H.S’s own stuff with bullying, yea? Because that was getting in the way. Ummm...you have to be able to approach the other with non-attachment, like, it’s not...surrogate tapping is not what you do to someone. You are holding out...it’s an invitation to connect.

3.4.4. Use of Intuition

Whilst the intuition was not necessarily discussed as a distinctive skill, the use of intuition whilst conducting the protocol was often mentioned by participants. Participant 6, for example stated that she is now able to tune in quite quickly and is very intuitive. She commented that she goes with “whatever kind of turns up”. Participant 2 mentioned how sometimes the intuition comes to her whilst she is tapping with a client:

[Participant 2] ... As she's telling me this and tapping, I just get an image...and this is an example of when the intuition comes to me and not the other person. I get the image of these little puppies and this hand coming down to pick them up, and the hand with the intention that it's going to take them and drown them.

3.5. Permission

All participants addressed permission in some way, however their views and protocols did differ. Permission was either sought directly in-person, or “energetically”, in the mind’s eye, with some participants using both approaches. Participant 5 for example stated: “If I am going to gain permission specifically, I put my hand on my heart and ask, ‘is it ok and alright for me to surrogate tap for this person?’”. She also however gave an example of asking in-person: “I was on an airplane and the child was screaming their head off, and I just stood in front of the parents and said, ‘can I do something on me for her?’ and they said ok”.

Not all participants had clear-cut guidelines on asking for permission; for example, whilst participant 1 specified that permission was sought at the beginning of her protocol, she also stated that she relied on her gut instinct when it came to asking for permission:

[Participant 1] If my gut says to do it, and that's not very scientific, I do it, but sometimes, you know, when I take a client on, I say, “I'll do some surrogate for you,” and they don't know what that means, so I say, “I'll send you some reiki”, I am not doing reiki, I am doing whatever, and they go, “oh that will be lovely”, erm...but from my sister, I didn't get any permission verbally physically erm...but because I was so close to that.

Both participants 1 and 5 also stated that they used muscle testing* to ascertain whether permission had been granted.

Two of the participants held the view that it was intrusive to just tap as-if they were a person without gaining permission. Participant 4 for example stated, “I think it's rude to just go in and mess around with some-one else's energy if they're not up for it today”. Similarly, participant 2 stated:

[Participant 2] ... it seemed to me that a lot of the way surrogate tapping was taught was very hit and miss, and Gary was saying, "speak as if you are the person", and tap on yourself, and that seemed to me intrusive, rude.

She also specified that whilst she felt permission was not needed for the "talk about and talk to" phases, it was required for the "talk as-if" phase.

Not all participants however, shared this view. Participant 6 expressed that she did not request permission in a formal sense:

[Participant 6] I...love what Gary Craig says about this whole permission thing, you probably know, but he would say you know, we don't ask people's permission to criticize them or to talk negatively about them to somebody else, like why do we think there is this big whole thing around that if I am going to do something from my heart, that I am doing from integrity really good reason, ummm...why do I find I need permission?

She did however feel that "there's something about our higher-selves that give permission" and that the surrogate tapping will only be received if it is wanted. Participant 4 expressed a similar view stating that a hand goes up in her mind's eye when permission is not granted. Whilst participant 5 also felt that that "connection happens with permission at a very high level", she did comment that she was "back and forth" on the issue: "I am back and forth on that because Gary Craig said that it is like a prayer, and nobody asks anybody to pray for them". Participant 5 however, still chose to seek permission from clients, but not when working with her son.

Finally, participant 3 also sought permission, but in a "non-direct way":

[Participant 3] Oh, yes...s, so the mum tapping for her daughter....the example that I gave you...I'll make it clear that when we're doing surrogate tapping, we're not going to do any...this would be something that the daughter would want. So, it's asking, "do you

think this is what your daughter wants...in that way they have to understand that they're not doing something that the other person doesn't want.

3.6. Practitioner Beliefs

Participants discussed the role of practitioner beliefs in two ways. Firstly, several participants mentioned that the practitioner's own beliefs stand in the way of effective practice, and it was hence important to ensure one clears their "own stuff":

[Participant 5] ...work a lot on yourself so that when you do work with people, you can't keep breaking down. So, I think you have to like know, before you start entering people's energy, like doing stuff for others, clear your own stuff.

Participant 2 referred to this as "clearing out the energy of the story from the storyteller to prepare them for talking to the subject of the story". She illustrated this using the following example:

[Participant 2] ... if a mother wants a young child to have an appointment, I say to the mother, "can we make an appointment for you first?" And you'll be able to tap with them. So, a mother came, her daughter who was about 5 had lost 3 fingers in a lawn mower accident, she put her hand into the lawn mower, and mother wanted to tap for her daughter about this, whereas...so I said first of all, "well that must have been an awful horrendous shock for you, and a very emotional day. Can we clear that from you first?" So, I tapped with the mother, you know movie technique, through every little bit of that day, the shock, the blub, the trying to find the fingers in the lawn mower, the race to the hospital...the...all the...you know...all of this. The anger at her husband who had left the lawn mower running...the...all of the...you know there was lots and lots in it. Now at the end of that, mother's calm...mother's...the shock is not live with her anymore, and she called me up later and she said, "I don't need to make an appointment for my daughter. She's fine. She was only 3 or 4 at the time when she lost the fingers. She's adapted. She's ok. It was me who had the problem".

The second factor that the data revealed were religious and spiritual beliefs and their impact on surrogate EFT. Over half of the participants considered themselves spiritual, commenting

that they came from a place of “unconditional love” and “connection”. Participant 6 for example, spoke about what being spiritual meant for her:

[participant 6] ...there is a Divine, erm...there might be more than one, but there is a Divine which for me is just absolute, pure, unconditional, un-judgmental love. It is just pure, unlike anything we experience, usually in our human existence on this planet...erm, and for me spiritually is, you know, why wouldn't I go directly to the source rather than through the channels of church, priest and you know, why wouldn't I just go direct? And so, I do.

Participants also felt that their spiritual beliefs had a good bearing on their ability to conduct surrogate EFT. Participant 5 for example, stated that she used to be religious but has now become more spiritual, and spirituality for her was scientific: “somewhere there is a frequency and you’re just picking up that frequency and translating it...you have a way to decipher it and that’s it. I think it makes it easier for things to flow to me”. Not only did spiritual beliefs have a bearing on the way in which participants conducted surrogate EFT, but 2 participants also commented how surrogate EFT had enabled them to understand spirituality better:

[Participant 2] I think it is surrogate tapping that has made me...surrogate tapping has made me more spiritual. It has made me more understanding of the connectedness in all things and the beauty of all things, and respect for all things, love of all things and all that good stuff.

3.7. Contraindications

The data revealed three contraindications, (situations in which surrogate EFT should not be used). Firstly, to be mindful of one’s energy. Participant 6 felt that because surrogate EFT was affecting one’s energy field, practitioners should be mindful of not going in and causing harm. Secondly, participant 5 mentioned, “don’t go where you don’t belong”, emphasising the importance of a practitioner being ready to conduct surrogate EFT by

working on oneself before entering another's energy field. Finally, the third contraindication was not changing somebody else for one's own benefit. Participant 2 for example, commented:

[Participant 2] When somebody is really trying to change somebody else for their own benefit, yeah? When somebody is trying to manipulate...uhhh...or abuse another. Surrogate tapping has to be for the benefit for the person or animal that you are tapping for; and the benefit that is perceived by them, not the benefit that is perceived by you.

Participant 6 shared the same view, illustrating her point through an example of a mother and their child:

[Participant 6] ...it's a story that one of the surrogate teachers would tell of, you know somebody who came and did this whole day of surrogate tapping and went home and said that it didn't work, "I've done it on my child for not giving up their soother and uhhh, it hasn't worked." But the child didn't want to give up, so there was this slightly...you know the mother wanted it gone, so it came from...you know if it comes from a manipulative place, or a trying-to-change-someone-how-we-want-them-to-be place, I mean absolutely no. But if one is coming from a place of integrity and let whatever it is be received and let whatever it is be sent off to the ether, then I don't see a contraindication.

4. Discussion

4.1. Summary of findings

The data analysis produced seven themes from the accounts of six participants who practice surrogate EFT. The themes have highlighted three significant observations: Firstly, phenomenological aspects to the lived experience of conducting surrogate EFT were identified. Of particular importance were the participants' physical experiences, connection and intuition. Secondly, the data revealed practical protocols and considerations used to conduct surrogate EFT. Whilst each practitioner had their own style of practicing, two different types of protocol were identified, along with four practitioner skills (non-attachment to outcome, not overthinking the process, non-judgment and use of intuition). Finally, the data also raised the question of ethical practice, particularly in relation to question of permission.

4.2. Interpretation of results

Whilst McCarty (2006) provided a description of her protocol, details of her inner experiences were not discussed. The findings of this research have built upon her contribution and highlighted a number of phenomenological aspects to the lived experience of surrogate EFT. One of the key experiences highlighted were the physical experiences reported by practitioners. Various experiences were discussed, for example, participant 1 feeling cold as she tried to tune into her deceased client; also, the example of H.S, who picked up on the horse's saddle being too tight. Physical experiences have been documented in various energy-based healing modalities. Warber et al. (2004) highlighted that healers experience energy through both ordinary senses and extrasensory perception. Unusual tactile sensations are often reported, such as heat, cold, sensation of a current running through the body or prickliness in their hands (Cooperstein, 1992; Engebretson, 1996; Benor, 2001). It

has been stated that these sensations suggest that there is an exchange of energy taking place between the healers and healees (Benor, 2016). The experiences however, that most resemble the findings of this study are ones that are reported by spiritual mediums, some of whom are able to feel another's personality as well as their physical symptoms (Roxburgh & Roe, 2013). The participants in this study also seemed to be experiencing specifically the client's experience, including their sensations, thoughts and emotions.

Participants also mentioned that taking on a client's energy can be exhausting.

Participant 1 for example, stated that at times she could feel the client's pain in her body; and participant 6 expressed that it wasn't always safe to take on the client's energy, particularly if it was in relation to a traumatic experience. These experiences echo those of vicarious traumatization, "the disruptive, painful psychological symptoms that result from exposure to clients' traumatic memories, although the therapist has not experienced the trauma directly" (McLean & Wade, 2003, p.417). Experiencing vicarious trauma leads to a gradual emergence of emotional exhaustion after long-term work with difficult clients (McLean & Wade, 2003). It would be worth further investigating the long-term impact that taking on a client's energy has on surrogate EFT practitioners, especially given that the findings in this study indicate that practitioner experiences in relation to a client's energy are not just psychological, but also have a physical element. A deeper understanding will help to inform practitioner safety.

Similar to McCarty (2006), the practitioners in this study also energetically connected to their receivers. Whilst the role of connection has been previously been discussed in a study exploring the lived experiences of EFT practitioners (Chalmers, 2015), it was done so in more of a conventional sense, reporting aspects such as building rapport and mirroring the client's body language. The connection experiences highlighted in this study however were of a transpersonal nature: internal, felt experiences, sometimes described as intuitive; for example, participant 4 experienced connection as an "inner knowing", and felt a "warmth in her centre", whilst participant 5 commented that she knew when she wasn't connected as she

“felt empty”. Once again, these experiences resemble those reported by spiritual mediumship practitioners. Sarah, for example, a spiritual medium, described the difference between connecting on a psychic and spiritual level, stating that a psychic connection felt very dense, whereas when spirits connect and you’re working on a spiritual plane, the feeling is much lighter (Roxburgh & Roe, 2013). Similarly, practitioners who experience reiki attunement, a process which allows the student to connect to the universal reiki source, often report that they feel a lightening of the body and tingling from head to toes (Reiki Attunement, 2019).

The participants also implied that interconnectedness played an integral role in surrogate EFT and claimed that the outcome was not affected by distance, i.e., it did not matter whether the client was in the next room or overseas. Whilst these findings are subjective in nature, and do not prove in any way that at-a-distance effects are occurring, they do merit further study. There is currently a sizable body of literature (Dossey, 1995; Radin, 1997; Benor, 2001; McTaggart, 2008; Schmidt, 2012) which question effects at a distance. Benor (2000) for example, conducted a review of 61 studies of distance healing, and found that even a distance of a thousand miles did not seem to limit the effects of healing. It was also found that significant effects of distance healing are demonstrated by randomized control trials in humans, animals, plants, bacteria and DNA.

Another lived experience discussed was intuition. Participant 6 for example felt that she was highly intuitive and went with whatever came up, and participant 2 expressed that she sometimes received intuition instead of the other person. Intuitive impressions have been reported as a regular aspect of work by many healers, who have reported intuitive awareness of a healee’s physical, mental, emotional and spiritual issues. The intuitive insight is experienced in different ways including sensations in their hands, words appearing in their mind and visual images of organ dysfunction (Benor, 1992). Furthermore, numerous psychological theorists (Berne, 1949; Bugental, 1987; Freud, 1912; Jung, 1933; Maslow, 1998; Rogers, 1969/1980) have written about the role of clinical intuition, highlighting the

importance of therapists being open to “understanding inner feelings and hunches during therapy” (Hansen, 2015, p.4).

Practical protocols and considerations used to conduct surrogate EFT were also revealed. Whilst each practitioner had their own style of practicing, two different types of protocol were identified, along with four practitioner skills: non-attachment to outcome, non-judgement, not overthinking the process and use of intuition.

Every participant mentioned the importance of non-attachment to the outcome, the notion of getting yourself out of the way and allowing the unknown or unexpected to happen. The principle of non-attachment has been discussed in various religious/spiritual texts. In Hinduism for example, the term used to describe non-attachment is *anāsakti*, which is described in the Bhagavad Gita as an “intense though disinterested action, performed with a spirit of dispassion, without nurturing concerns about success or failure, or loss or gain, likes or dislikes” (Pande & Naidu, 1992, p.91). It is claimed that an individual performing work in this way does not allow his abilities to waste in mental preoccupations and fears, and that such an attitude affects the emotional response to success or failure (Pande & Naidu, 1992). Practitioners in this study seem to have similar views and experiences. Participant 1 for example, stated that when she was concerned for the outcome it didn’t work; and participant 2 highlighted that the surrogate tapper may be part of the problem as they have their own agendas which create attachment to outcomes.

Another practitioner skill was to conduct the process with non-judgement, kindness and empathy. This particular skill is one that is practiced in traditional counselling and psychotherapy, and most closely associated with person-centred counselling. For the founder Carl Rogers, non-judgment is exemplified in the attitude of “unconditional positive regard”, one of the core conditions of the approach, which is claimed to inevitably result in the growth of the client (Gibson, 2005). The findings also highlight a deeper dimension, in the sense that to practice non-judgement, practitioners first have to work on themselves.

Participant 2 for example commented that our own stuff gets in the way of us practising non-judgement.

Not overthinking the process was another skill that was mentioned. It was expressed that overthinking or trying to control the process would lead to struggle. Similar skills have been reported by spiritual mediums who have expressed that stilling the mind and mental detachment help them to enter a receptive state which enables transpersonal experiences (Roxburgh & Roe, 2013).

Finally, a significant factor that the research did bring to light was that of ethical practice, specifically in relation to permission. As the results indicate, there were differing views on permission, ranging from practitioners asking for permission, to those who didn't think it was as necessary. Permission was also sought in differing ways including directly, non-directly and energetically. The findings suggest that this area needs to be explored and addressed in more detail, particularly as the data raises questions such as the following: 1. In the cases of requesting permission energetically, how can one ensure for certain that permission has been granted? 2. How reliable is a gut instinct considering whether permission should be obtained? 3. Is it ethical for us to enter another person's energy field without gaining permission? 4. How can we ensure that the surrogate EFT is for the client's best interest rather than for the surrogate tapper's benefit? 5. Finally, in a wider ethical and safety context, how safe is it actually to take another person's energy on?

Feinstein & Eden (2011) state: "Because of the alternative status of energy healing and sensitivities involved in working with the body's energy systems, energy practitioners face ethical challenges that not only fall within but also go beyond the boundaries of conventional healing modalities" (p. x). Should a standardised surrogate EFT protocol be devised for the purpose of conducting further study, these research findings indicate that ethics is an area which needs to be carefully considered.

4.3. Critique of current study and suggestions for future research

Whilst each practitioner had their own style of practicing, four of the six participants in some way used the 3-step protocol devised by participant 2 and her colleague. Although there was no way of knowing that this was the case prior to the interviews, it did retrospectively raise the question about the diversity of the findings, in the sense that has the sample over represented one type of protocol, and might there be alternative ways in which practitioners conduct surrogate EFT?

Although every attempt was made to focus on the practitioner's lived experience, and to put my own experiences and biases aside, the fact that I am a psychotherapist who practices EFT still may have had some bearing on the way in which the results have been interpreted. One suggestion for future research therefore, would be for a non-practitioner to investigate how EFT practitioners conduct surrogate EFT.

Given that there is such limited research in this field, the findings of this study can be used to inform the development of a standardised protocol, which can then be used to conduct larger systematic studies which perhaps explore the cause-effect relationship between surrogate EFT and positive clinical outcomes. Feinstein (2013) also makes suggestions for future research, suggesting variables that might be investigated to include: the amount of distance between participant and practitioner, whether the practitioner has had previous success with surrogate tapping and, whether the practitioner and participant had some sort of a relationship prior to the surrogate tapping.

4.4. Conclusion

The research findings suggest that conducting surrogate EFT is a multi-faceted procedure, going far beyond just a step-by-step protocol. The findings have revealed a transpersonal aspect with many of the lived experiences described by the practitioners being

similar to those experienced by spiritual mediums and reiki practitioners. The insight provided by both the lived experiences and the specific protocols used, provide the foundation for developing a standardised protocol for further systematic studies.

From a personal perspective, the protocol devised by participant 2 and her colleague would serve as a good foundation to build upon, particularly because it provides a simple framework for practitioners to follow. Whilst further consideration still needs to be given to the ethical framework and understanding more about practitioner safety, particularly in relation to vicarious trauma, the exploration of the lived experiences of surrogate EFT have certainly provided a good starting point.

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