

How Will the APA's Ruling Shift ACEP's Identity?

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Becoming an APA CE sponsor means many splendorous things for ACEP. But some of the coming shifts in the ground on which we stand will also challenge us to re-vision our purpose as an organization. Rather than being Galileo saying the Earth is round and being censured and ridiculed by the establishment, we have just gone through a rite of passage *into* the establishment. Within this decade, acupoint tapping and other energy techniques will be in such common practice that no one will think about the struggle to get them accepted. What then the role of ACEP? The following simply shares early ruminations of one ACEP member about what this new, game-changing good news from the APA might mean.

Like pondering a problem in therapy, I first reached back to analogous experiences from the past. In the 1960s and early 70s, when I was starting out as a psychologist, the most exciting organization in the field by far, I felt, was the Association for Humanistic Psychology (AHP). Its founding leaders included two former APA presidents—Abraham Maslow and Carl Rogers, its meetings were electrifying, and its message was powerful. AHP posed a stark challenge to the paternalistic psychoanalytic and behavioral perspectives of the day, emphasizing that beyond *treating* illness and dysfunction, the role of psychology was also to *cultivate* the individual's inherent drive toward health and toward the actualization of the highest of human potentials. Just as ACEP brings new life to the philosophies and practices of ancient healing and spiritual traditions, AHP reawakened psychology to traditions tracing to Socrates and the Renaissance. The individual's inherent wisdom and beauty was respected, internal strengths were assumed and facilitated, and therapy became an adventure in which client and clinician were mutually involved in defining the goals and shaping the outcome. Rogers' client-centered attitude, with its premiums on listening deeply and responding with authenticity, became instilled in most schools of psychotherapy. Informed consent took on new meaning as "patients" became empowered.

If you were trained more recently, you may be thinking, "Big deal, everyone knows that respecting the client is a bedrock of psychotherapy." And that's the point. In the 60s, we were fighting the clinical establishment for humanistic values as passionately as ACEP has been fighting APA's gatekeepers to legitimize an energy approach. Today, much of the ground fought for by AHP has been gained in the mental health community (the medicalization of psychiatry is a different story, unfortunately, and in a backward direction). But among psychotherapists, it is no longer necessary to go to great lengths to establish the case that cultivating the strengths of the human spirit is at least as important as treating its ills. However, AHP's success in disseminating its message paradoxically rendered it largely irrelevant. The human dignity of a psychotherapy client is to be cherished. Yawn. While AHP still nobly strives onward, it is but a shadow of its former self. Could ACEP be headed onto a similar trajectory?

We can learn a good deal from AHP's fate to help us stay vital and relevant. Their great energy and great minds had gone on to other causes before the organization recognized that it was time to re-envision its purpose. We still have some time. The rest of the clinical community, and other social support institutions and individuals, will be looking to us to provide training in energy psychology. It will be a prosperous period for ACEP. For a while. But one of our little

secrets is that the basics of bringing an energy approach into the repertoire of a seasoned clinician are so simple and quick to learn that it is almost laughable. Once this knowledge has been widely shared, what then?

It is not too early, I feel, to begin that dialogue. Rich and creative possibilities that entice the imagination readily emerge. Applications of energy techniques for enhancing health care, for advancing enlightened social change, for mediating conflict, for influencing the way children are raised and educated all come to mind. Most members of ACEP have psychotherapy backgrounds. If we decide to keep our primary focus on clinical practice, one approach could be to take the major *DSM-V* disorders and cultivate “best-practices” protocols for each, showing how energy methods can be integrated with other evidence-based treatments. ACEP could become the repository for the most effective therapies available, condition by condition—a powerful compendium of alternatives to medication. If we were to expand our purview from clinical practice to the full range of opportunities for life coaches or into empowering every man, woman, and child to manage their emotions and motivations more effectively, different sets of organizational objectives become necessary. The possibilities are endless. Leadership that helps us sort through them and wisely choose where to focus our efforts without overwhelming our capacities will be crucial.

Meanwhile, the days where one of our most important institutional roles is to persuade the establishment to open its eyes to the power inherent in the body’s energy systems are fading into history. While there is certainly still more to do on that score, it will be from a different position. Being the David to the APA’s Goliath has been energizing, but that’s over. The door into the establishment has opened, and our only reasonable choice will be to enter. Rather than being on the outside banging to be let in, we will be finding unanticipated opportunities and responsibilities descending upon us as the society looks to energy psychology to help it vanquish some of its most stubborn ills and evils. In some ways that will shape our future, but an updated core for ACEP’s identity is still ours to mindfully define. Get ready for a new kind of ride!