

# Energy Psychology Treatments Over a Distance: The Curious Phenomenon of “Surrogate Tapping”

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## Abstract

A psychotherapeutic approach that combines cognitive techniques with the stimulation of acupuncture points by tapping on them has been gaining increased attention among clinicians as well as among laypersons using it on a self-help basis. It is called energy psychology. Thirty-six peer-reviewed studies published or in-press as of April 2012—including 18 randomized controlled trials—have found the method to be surprisingly rapid and effective for a range of disorders. More surprising are reports of “surrogate tapping.” In surrogate tapping, the practitioner taps on him- or herself and applies other elements of energy psychology protocols as if he or she were the person whose problem is being addressed, all the while holding the intention of helping that person. Essentially long-distance healing within an energy psychology

framework, successful reports of surrogate tapping have been appearing with some frequency within the energy psychology practitioner community. A search of the literature and pertinent websites, combined with a call for cases involving surrogate tapping, produced the 100 anecdotal accounts described here where an apparent effect was observed. Studies of other long-distance phenomena, such as telepathy and distant healing, are reviewed to put these reports into context. The paradigm challenges raised by reports of positive outcomes following surrogate treatments are considered, and conclusions that can and cannot be legitimately reached based on the current data are explored.

**Keywords:** acupoints, distance healing, energy psychology, entanglement, surrogate tapping

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After a slow and reluctant entry into energy psychology, I found that the responses of my clients to acupoint tapping turned me into an enthusiastic proponent (Feinstein, 2004, 2009, 2010, 2012a, 2012b). My first impressions were not unusual. The procedures look strange; no credible research had (at the time) been produced, and the prevailing explanations made little sense. The fact that it happens to work so frequently and rapidly was, however, a cause for not a little cognitive dissonance.

I began to speculate upon and then lecture about possible mechanisms. If I was speaking

to a group that included energy psychology practitioners, someone would invariably ask about “surrogate tapping.” Reported with some frequency within the energy psychology community, surrogate tapping is essentially long-distance healing within an energy psychology framework. The practitioner taps on him- or herself and applies other elements of energy psychology protocols as if he or she was the person whose problem is being addressed, all the while holding the intention of helping that person. Often the other person would not even be in the same location. Tapping on acupoints to produce psychological change had been quaint enough. These reports seemed to stretch all credibility. Oddly, however, surrogate tapping seemed to produce the desired outcomes more often than one might expect! For instance, an 11-year-old boy whose nighttime bed-wetting was persistent despite a good deal of therapeutic intervention was not making progress in his current therapy. His mother was in treatment with another therapist, a psychologist trained in Thought Field Therapy (TFT). During their sessions, he

had the boy's mother stimulate her own acupoints and use wordings as if she were her son. The boy's enuresis quickly remitted (described in Feinstein, 2004). Such accounts of surrogate tapping have been reported with the person present or at a distance and with the person knowing or not knowing the procedure was being used. Other instances have involved animals and infants.

My reply to the questions about this phenomenon during my lectures would be some version of "It is hard enough to explain to my psychologist colleagues why tapping on the skin seems to do something to the brain that brings about the rapid resolution of PTSD. Can we please just leave claims that tapping on oneself can do something to *someone else's brain* out of the discussion for now!" But I knew that this anomaly had to be addressed eventually and sensed that it would provide a challenge that might move the field beyond the "amygdala deactivation model" (Feinstein, 2010) I was advocating. Focusing on the deactivating signals that are sent to the amygdala by the stimulation of acupoints provides a view of a very complex process through a neurological lens. Surrogate tapping, if it really does what is being reported, would clearly call for a different lens, or at least a wider one.

My curiosity eventually overcame my resistance to acknowledging the accumulating reports of successful surrogate tapping. In the spring of 2012, I conducted a literature search and put out a request to the energy psychology community via e-letters and e-lists for case descriptions of surrogate tapping. I had been able to locate only one peer-reviewed journal report describing the process (McCarty, 2006), but 54 reports were found on various websites. The request for cases led to 24 additional replies. An additional 114 written reports were generously provided by an Emotional Freedom Techniques (EFT) practitioner, Jack Schulz, who was writing a book on the topic and had accessed a database I had not searched. Of the total of 193 unique cases identified from the literature, websites, direct requests, and shared data, all reported positive outcomes, and exactly 100 met the following criteria:

- A "sender" had applied an energy psychology protocol to him or herself with the intention of being helpful to a "receiver."
- The sender did not physically tap on the receiver but may have been in the same

room (as is often the case with infants or animals) or the two may have been isolated by distance.

- The receiver did not apply the protocol to him or herself.
- The positive outcome was attributed to the surrogate tapping.

Of the 100 reports, 28 indicated that the receiver was an adult, 15 that the receiver was a child or adolescent, and 15 that the receiver was an infant; age was not specified in three of the reports. In the other 39 cases, the receiver was an animal. Surrogate sessions may be the most feasible way to use energy psychology protocols with infants, animals, or others who are themselves unable to carry out the tapping or verbalizations.

A positive outcome was attributed to the surrogate tapping in all 100 cases. The sender wrote the report in all 100 instances. In 48 of the 100 cases meeting the selection criteria, evidence of the positive outcome was based on the sender's observations. In 19 cases, the sender also related a direct account from the receiver. This account had been unprompted by the sender in 11 of these 19 instances. In the remaining 33 cases, the improvements were reported by a party other than the sender or the receiver (e.g., a medical caregiver, a parent whose infant was the receiver while someone else was the sender, or the owner of a pet when someone else was the sender).

The surrogate tapping effects reported included both physical and emotional/behavioral changes. Examples of physical changes included: improving dementia and eliminating incontinence in a 90-year-old woman, appearing to arrest a grand mal seizure in an adult male, a "miraculous" hiatus in the side effects of chemotherapy, continued stability of white blood cell counts in a cancer patient, stopping an attack of chronic pulmonary obstruction disorder, eliminating severe diaper rash in an infant, cessation of a serious case of hiccups in an infant, eliminating a rapidly growing bone cancer in a pet, eliminating overnight an oozing sore in a show dog allowing him to compete the next day, eliminating residual heartworm in a dog, greatly reducing chronic diarrhea in an adult horse, and improving the quality and extending the life of several dogs and cats beyond the hopes expressed by their veterinarians.

Examples of emotional or behavioral shifts that were reported included calming rage in an

adult male, reducing anxiety and pain in several circumstances, decreasing an elderly woman's extreme agitation about being placed in a nursing home, accommodating a request for help from a male alcoholic who had been adamant about not wanting treatment until just after surrogate tapping of which he was not aware, eliminating training barriers in an iron man triathlete, eliminating fear of heights in a female adult, and eliminating fear of vacuums and thunder in household pets. Of course, alternative, more mundane explanations could explain the changes in each of these situations, but as a group, with the desired outcomes quickly following the interventions, cause-effect possibilities warrant exploration.

An issue for those who practice surrogate tapping, as well as remote diagnosis and other forms of distance healing, is the need to obtain permission. While no uniform or widely accepted ethical guidelines address this issue directly, questions about the need to inform the receiver in advance of a remote intervention and to obtain permission are being debated (Feinstein, 2011). In 59 of the 100 reports, permission could be assumed or was clearly not required (e.g., the surrogate tapping was requested by the receiver, a father was tapping for his infant son, a woman was tapping for her cat). In five other cases, it could not be determined from the report whether permission could be assumed or was clearly not required. In nine of the remaining 36 cases, permission was explicitly sought, and in another instance, permission was obtained through the practitioner's alleged sense of clairvoyantly contacting the client to gain permission. In the remaining 26 cases, there was no mention of permission having been requested.

### **Examples of Surrogate Tapping**

Three of the cases are presented here to provide a sense of the way surrogate tapping is conducted. A woman reported using surrogate tapping on her brother:

He has had cancer and is also a severe alcoholic who really doesn't seem to care if he lives or dies. It is truly heartbreaking. He effectively shuts himself away from everyone and does not want help. During his radiation treatment for cancer, he was so ill he told our mother that he was "in hell." I began tapping in desperation, putting my heart and soul

into helping him. I tapped without anyone knowing.

She tapped for over an hour late one night, upon learning of his being in extreme distress, using statements that addressed his physical discomfort, his hopelessness, and his wanting to die. The next morning she phoned her sister, who, not knowing anything about the surrogate tapping, told her "We can't believe it! Jerry looks and says he feels so good. He is feeling really positive and up and about. It seems like a miracle." The evening before, he had been so sick after a particular radiation treatment that he was vomiting and curled up on the floor in so much pain he believed he was dying. That is what had prompted the woman to, "in desperation," begin the surrogate tapping. She continued to privately use it from time to time. She reported, "After that day, he continued to feel really good, and 18 months later he was clear of cancer."

A college athlete called her mother, crying and frustrated because she felt that no matter what she did, she could not lose extra weight that was limiting her success in her sport. She complained that all of her mother's suggestions were making her feel much worse. Having offered everything else she could think of, the mother decided to try surrogate tapping. She reported,

The next day, my daughter called me to let me know that she seemed to have lost her ravenous appetite ... for no reason. Two weeks later, she comes home for a visit and she has lost the 10 pounds she was struggling to lose. She said she just wasn't as hungry and was craving fruit instead of candy and the weight just seemed to have melted off somehow. ... I did not tell her I did this surrogate tapping protocol for her.

A more critical problem around food involved a 6-year-old boy who had a phobic concern about putting anything in his mouth, resulting in daily fear, fights, and dread about eating. His weight at the time of the session was less than that of an average 4-year-old, and doctors were considering more invasive interventions. He never asked for food, would eat only four foods, and these only after a daily struggle. There was no sense of any normal hunger-eating-satiation cycle. The practitioner, Wendy Anne McCarty (2006), frequently utilizes surrogate tapping on behalf of infants and

children while working with their parents. Her published account of this case is quite detailed and instructive about the procedure. It is condensed here in a manner approved by McCarty (personal communication, July 8, 2012):

I asked the mother if it was all right for me to tune into her son energetically. I closed my eyes and with my intention made contact with her son [who was at home, several miles away] and got a sense of his energy 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. I quietly spoke out loud my communication with the boy, my impressions, and what I sensed from him, so that the mother would be included and the two of us could connect more fully. I introduced myself to the boy and explained that his mother 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 about any change struck me. I explained to him that he didn't need to change, nor would we ask him to do anything differently than 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.

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. 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, but still eating more than she "should." 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 quieted and asked 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 pre-ecliptic. I was huge. I was in the delivery room and I pulled the doctor over 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. Now we could utilize EFT to help shift the patterns. With the remaining 30 min, I briefly explained EFT to her and suggested I surrogate the tapping on myself 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 teach parents how to surrogate with their body for their baby or child's issue.)

I first applied EFT with the mother to address the abusive, demeaning behavior she experienced with her father concerning weight and eating. We then moved on to her personal food-weight pattern. After she reported that the related emotions had shifted to close to neutral, we came back to the son. I had the mother picture him expressing his anxiety, dread, and fear of food. As I resonated with the pattern, I tapped on my body for him, "Even though I am soooooo 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 more was still there.

I then went to the messages at birth. In front of the mother, I spoke out loud what I was communicating to her son 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 emphatic statement in the birthing room as I tapped on myself 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 into his 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.

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 I received a message from the mother. The mother said that the family felt "a miracle had happened." She related that within one hour of her returning home, for the first time in his entire life, her son spontaneously 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.

This report described communication with the receiver that is far more elaborate than in most of

the cases that met the selection criteria. The case was presented for its intimate glimpse into the thought processes of a practitioner who is known as being proficient with surrogate tapping. Most often the procedure involves tuning into the receiver and the symptoms that are of concern while tapping on a standard set of acupoints and using verbalizations that reflect an empathic understanding of the receiver's situation. While the 100 anecdotal reports do not prove that surrogate tapping has positive clinical effects, they do suggest that some people may be able to evoke positive clinical effects from a distance and that tapping may be involved in these outcomes.

### **Evidence Corroborating Reports of Distant Surrogate Effects**

These accounts, of course, raise many questions. Anecdotal reports are only a preliminary stage in establishing the efficacy of a treatment, but systematic studies of surrogate tapping are yet to be conducted. Another way to form a framework for interpreting the various reports of positive outcomes following surrogate tapping is to see if analogous phenomena have been documented in other contexts.

A sizable literature has addressed the question of effects at a distance (more than a thousand studies are summarized in books such as Benor, 2001; Dossey, 1995; Jonas & Crawford, 2003; McTaggart, 2008, 2011; Radin, 1997, 2006; Swanson, 2003, 2010; Targ, 2012; Tart, 2009; and Tiller, 1997). Benor (2001) reviewed 191 controlled studies of healing with no physical intervention that had been published up to 2000. The healing was conducted through non-touch "laying-on-of-hands" or through mental influence alone, with the targets including human subjects, animals, plants, bacteria, yeasts, cells in cultures, enzymes, and DNA. Significant effects were found in 124 of the 191 studies, with the distance between the healer and the recipient ranging from a few inches to thousands of miles. Benor has continued to track studies of distance healing and posts them online at <http://www.wholistichealingresearch.com/StudiesandProgressNotes.html>. Schmidt (2012), after reviewing three meta-analytic studies of distant effects involving hundreds of trials, concluded that the evidence is strong that "benevolent intention" (p. 529) can produce positive outcomes in the receiver.

Braud and Schlitz (1997) conducted a review and meta-analysis of 30 studies in which individuals attempted to influence autonomic nervous system activity in another person at a distance (usually measured by skin conductance) and found a robust effect size across the studies. Meanwhile, the effects of focused intention on seed germination and plant growth have long been established (reviewed in McTaggart, 2007; Tompkins & Bird, 1973).

While this literature is not without adamant critics (e.g., Ernst & Singh 2009; Park, 2000; Wanjek, 2002), a few of the individual investigations into healing effects at a distance are briefly described here to provide the reader a better sense of the phenomena being reported. For instance, scientists at the University of California (UC), Irvine, exposed a lethal dose of gamma radiation to live cells in Petri dishes. Half the cells died within 24 hr. When “healing energy” was sent to the Petri dishes of the same type of cell before and after the exposure to the same type of radiation, 88% survived. It did not matter whether the healers were in the next room or thousands of miles away. After describing the UC Irvine trials, Swanson (2010) noted that “this experiment has been repeated more than 100 times with consistent results” (pp. 24–25).

Medical qigong, an ancient Chinese practice that involves controlling and directing energy for healing purposes, has been shown to be able to, from a distance, “protect normal cells from harmful assaults, increase anti-tumor immunity, reduce tumor metastases, promote cell death of tumor cells, and increase survival time of tumor-embedded animals” (Yan, Lu, & Kiang, 2003, p. 105). For instance, a qigong master named Jixing Li was able to *selectively* kill human cancer cells in a laboratory 3,000 miles away. The cells, placed in a growth medium within an incubator at Penn State University, were focused upon by Li while in California. The cells Li targeted died. A second set of cancer cells, only a few inches away, continued to grow rapidly (Neely, 2008). Yount et al. (2012) measured the effect of a healer’s efforts to diminish the growth of human cancer cells in a culture and found that the number of sessions (one, two, or five) correlated with decreased viability of the cancer cells. The positive effects were independent of the distance between the healer and the cells (0.25, 25, or 2000 meters). Experiments with human cells have shown that nontouch energy treatments can also stimulate the

proliferation of healthy human cells in a culture (Gronowicz, Jhaveri, Clarke, Aronow, & Smith, 2008).

In another distant healing experiment with cancer, people given brief training in an energy healing technique were able to dramatically raise the remittance rate of mice infected with incurable cancer to above 70%. Meanwhile, none of the mice in a control group that received no treatment survived (Bengston & Krinsley, 2000). It did not matter whether the healer believed the intervention would work. Another series of experiments found one salient characteristic of the practitioner that did appear to matter. The effects of a person’s directed intention toward others at a distance compared favorably with the person’s ability to mentally influence his or her own physiology (Braud & Schlitz, 1983). Swanson (2010), after an extensive review of distant healing research, suggested that the higher the practitioner’s “consciousness”—which he defines in terms of “coherence of the mind” (p. 616)—the greater the ability to exert physical influences from a distance.

Distance effects of intention and consciousness are also well-documented in areas other than healing. Declassified Central Intelligence Agency documents have revealed that hundreds of “remote viewing” experiments sponsored by the agency and conducted at the Stanford Research Institute produced remarkable results, such as a “remote viewer” in Palo Alto, who after only being given the geographical coordinates, made an accurate drawing of a multistory crane located at a Soviet weapons laboratory 10,000 miles away (Puthoff, 1996). In a series of provocative (and controversial) demonstration projects, crime rates were reported to have decreased significantly within weeks after large numbers of meditators temporarily moved into a neighborhood (Hagelin et al., 1999). Providing possible insight into these outcomes, 11 individuals who claimed an ability to produce nonlocal effects were able to successfully influence the brain activity of participants from whom they were isolated, as detected by functional magnetic resonance imaging (Achterberg et al., 2005). Friends who are apart from one another can also, in some instances, send thoughts that measurably impact each other’s brain waves (Standish, Kozak, Johnson, & Richards, 2004). Resonance between twins was reported in a provocative study of electroencephalogram (EEG) correspondences between twins separated by distance, published

in *Science* (Duane & Behrendt, 1965) and can be found in a rich folklore of dramatic accounts, such as when a 4-year-old girl burned her hand and her twin sister at another location simultaneously developed a blister of the same size in exactly the same place (Playfair, 2009). The abilities of some individuals to influence physical events—such as to get a silver dollar to land “heads-up” 100 times in a row (Tart, 2009)—have also been repeatedly demonstrated, along with putative telepathy and other at-a-distance effects (Radin, 1997, 2006; Targ & Kutra, 1999; Targ, 2012). For instance, patterns in random number generators are slightly but reliably influenced when a crowd is mentally and emotionally focused on the same event, whether a touchdown at a football game or a national tragedy (Nelson, Bradish, Dobyons, Dunne, & Jahn, 1996).

Some controlled investigations have failed to find an effect for distant healing interventions (e.g., Koenig, 2007), and others have identified secondary factors that affect outcomes, such as knowledge or belief about the treatment (e.g., Easter & Watt, 2011). A systematic review of 23 randomized trials investigating clinical outcomes of prayer, distance healing, or other noncontact forms of healing—involving 2,774 patients—found that 57% of the studies yielded statistically significant treatment effects (Astin, Harkness, & Ernst, 2000). Performing a meta-analysis on more than 1,000 controlled studies of distant effects, Radin (1997) found that the combined odds against the reported outcomes being due to chance, even after statistical adjustments for potential selective reporting biases, are  $10^{104}$  to 1.

### **Paradigm Challenges Posed by at-a-Distance Effects**

In short, documented cases of surrogate tapping leading to desired effects add to a substantial body of evidence that (a) physical influences from a distance occur and (b) that conditions can be established for at least some practitioners in which distance healing occurs with reasonable frequency. Newtonian/reductionist scientific frameworks cannot, however, begin to explain how this might work.

When new data does not fit existing paradigms, the first impulse is to ignore or discount the data (Kuhn, 1996), as I baldly did in fielding the theoretically inconvenient audience questions about reports of successful surrogate tapping. I was not alone in using such a strategy when facing

cognitive dissonance. Many journal editors have systematically excluded even the most well-designed studies of telepathy and distant effects—research that, if accurate, requires that the “laws of physics will have to be rewritten” (Broughton, 1992, p. 76). An *American Psychologist* article focused on a scientifically rigorous 10-year research program demonstrating dream telepathy as a case in point. It highlighted this program in tracing the systematic bias in professional psychology publications against anomalous observations such as extrasensory perception (Child, 1985). Child concluded that, although the research program was rigorous and “widely known and greatly respected” among scientists active in parapsychology, the experiments received no mention in reviews to which they are clearly pertinent or have been condemned based on entirely erroneous assertions. “Insofar as psychologists are guided by these reviews,” Child observed, “*they are prevented from gaining accurate information about research*” that might significantly impact their worldview (p. 1219). Balanced presentations of parapsychological research have, in fact, despite a few notable exceptions (e.g., Bem & Honorton, 1994; Rao & Palmer, 1987), mostly been excluded from mainstream psychological journals.

But the evidence for distance healing and other so-called “paranormal” phenomena mentioned above, while remaining controversial (e.g., Dossey, 2006), is not going away. Rather it is showing up in yet another arena, this time in energy psychology, with the reports of improvements following surrogate tapping. But how can surrogate tapping produce the outcomes being reported? How can my unannounced tapping beneath my eye (the first acupuncture point of the stomach meridian) while I am in Oregon help relieve my grandson’s stomachache after he was too enthusiastic with a giant pastrami sandwich at Carnegie Deli in New York City? The options available to anyone who is paying attention to these strange occurrences include (a) accept mainstream understanding of time and space and discount the findings on distance healing, (b) accept both and live with mutually incompatible conclusions, or (c) be open to the findings on distance healing and reconsider one’s worldview accordingly. To revise a longstanding way of viewing the world is not an easy process for an individual or for a discipline that is invested in established models, but mainstream scientific and medical paradigms are being confronted with serious challenges that

strain their most basic premises (Laszlo & Dennis, 2012). Radin (2006) went so far as to say that rather than thinking of experiences such as telepathy as mysterious powers of the mind, they may prove to be “the initial stages of awareness of deeper levels of reality” (p. 277).

### **Expanding the Paradigm to Accommodate at-a-Distance Effects**

The prevailing paradigm in medicine remains curiously Newtonian. Lipton (2005), a cell biologist who did some of the early work on gene expression while on the faculty of Stanford University’s School of Medicine, has suggested that physics is a century ahead of medicine. Specifically, quantum physics recognizes that the universe is not made of matter suspended in empty space but of energy. After enumerating the modern technological miracles whose invention depended on the application of quantum mechanics—from cell phones to space ships—Lipton turns to the advances in biomedical science that can be attributed to quantum physics. “Let’s list them in order of their importance,” he prepares his readers, and then answers: “It is a very short list—there haven’t been any” (p. 109).

The property of quantum systems that is of most direct relevance to surrogate tapping and distance healing is called nonlocality or entanglement, which Einstein famously referred to as “spooky action at a distance.” The theory of entanglement proposes, and many experiments have verified, that if two subatomic particles such as photons or electrons have interacted, what happens to one will simultaneously influence the other, even if they are separated by great distances (Fraser & Massey, 2008). Pointing to this theory to explain distance healing has been regarded as naïve since quantum mechanics applies to the unimaginably small world of subatomic particles, not to macrosystems like human brains or bodies. However, the brain is a system of communication among billions of neurons with trillions of synapses sharing a common mechanism: an electrochemical wave reaches a neuron’s synapse causing channels to open that allow calcium ions to enter, which when they reach a critical number, cause the neuron to release neurotransmitters, the building blocks of cell communication. The quantum element “enters at the ion channels,” which are at some points less

than a billionth of a meter in diameter, a scale at which “quantum effects become quite noticeable” (Radin, 2006, p. 258, reporting findings by Stuart Hameroff). Quantum effects in macrosystems are, in fact, now taken for granted by physicists, and the dividing line between classical and quantum physics has been breaking down. In an article in *Nature*, Vedral (2008) noted that over the course of “less than a century, researchers have moved from distrusting entanglement because of its ‘spooky action at a distance’ to starting to regard it as an essential property of the macroscopic world” (p. 1004).

Vedral (2009) defined entanglement as a degree of observable correlation that “exceeds any correlation allowed by the laws of classical physics” (p. 1005) and presented evidence that entanglement “can exist in arbitrarily large” systems involving not just two photons or electrons but millions of atoms (p. 1007). Macrosystem applications of entanglement can already be found in solar technology and in the fledgling field of quantum computing, which utilizes quantum properties, including nonlocal effects, to represent and perform operations on data. Experiments have already been carried out in which quantum computational operations were successfully executed.

The effects of entanglement in nature are generally quite weak, though Vedral (2008) explained that with “a great deal of effort” it is possible to create “high overall entanglement and connectivity” (p. 1006). The two basic approaches to generating large-scale entanglement are: “bottom up” and “top down” (p. 1006). The bottom-up approach may be what is occurring with surrogate tapping. It involves “gaining precise control of a single system” (tapping on one’s own body) and “then extending that control to two systems” (the targeted benefactor of the process). In the top-down approach, an intervention in the environment (sometimes as simple as changing the temperature) can initiate entanglement in entities within that environment. This may be what is occurring when crime rates decrease after large numbers of meditators have entered a community. While Vedral noted that it is still an open question whether macroscopic entanglement operates in living systems, the fact that the property is now widely recognized in complex nonorganic systems involving solar technology and quantum computing points in that direction.



The medium that would account for distant influences such as entanglement is yet to be detected by scientific instruments. No one has explained the precise mechanisms that allow two photons or two people to physically influence one another, even when separated by large distances, though theories abound (e.g., Jahn & Dunne, 2011; Leder, 2005; Radin, 2006; Sheldrake, 2009). The Higgs field, a ubiquitous energy field (described throughout the Internet as “the energy of the vacuum from which all else came”), is believed to give elementary particles their mass and has been confirmed through the probable verification of the boson, the so-called “god particle” (Than, 2012). Zero-point energy, formulated in a 1913 paper by Einstein and Otto Stern that built on the work of Max Planck, is the lowest possible energy a quantum mechanical system can have. It suggests that the “vacuum,” the space between particles, is not empty but is an energy field! While zero-point energy is still generally accepted, the standard model of quantum physics has left some unanswered questions (Kane, 2005). For instance, it has been able to conceptually unite three of the four fundamental forces of nature—electromagnetism and the “weak” and “strong” quantum forces—but not the fourth, gravity. “String theory,” which proposes that the electrons and quarks within an atom are one-dimensional lines of vibration (“strings”) in a multidimensional universe, attempts to reconcile this by providing a self-contained mathematical model that describes all the fundamental forces and forms of matter (Becker, Becker, & Schwarz, 2007). A holographic model in which “all parts of a greater universe are expressed fractally in each smaller part” posits an invisible field of information that is believed to give form to all physical structures (Kelly, 2011, p. 25). A theory proposed by a group of Russian physicists attempts to explain anomalous phenomena by positing “torsion fields,” which can carry information at speeds far faster than the speed of light (Akimov & Shipov, 1996), explaining apparent simultaneous effects across distances. A “synchronized universe” model has been proposed by Swanson (2003, 2010), also to account for observations of such phenomena as telepathy, remote viewing, distant healing, out-of-body experiences, and, most significantly, consciousness itself.

## Interpreting the Surrogate Tapping Reports

If a cause–effect relationship between surrogate tapping and positive clinical outcomes is scientifically established, another bit of evidence will have been added to the ledger calling for such expanded models as those described above. How strong is the evidence? Anecdotal reports are considered “heuristic” in science, enough to guide further investigation but in themselves not interpretable as evidence. From the 100 reports collected that suggest there is an effect following surrogate tapping, we do not know if most people who have tried the method obtained results similar to those in the reports or if the ratio is closer to 1 in a 1,000, suggesting that the hits were due to factors other than the tapping. Nor are there any controls on the assessments of those reporting, who would likely have been predisposed to see improvement. When my grandson’s tummy ache improved at the same moment I was doing the surrogate tapping, I found myself willing to let our daughter know what I had been up to and take the credit.

The accumulated reports are, however, provocative enough to call for further research into what could be a paradigm-challenging, not to mention highly useful, procedure. While not without design challenges, research on surrogate tapping could be patterned after the first published randomized controlled trial investigating an energy psychology treatment (Wells, Polglase, Andrews, Carrington, & Baker, 2003), which has been corroborated by two partial replications (Baker & Siegel, 2010; Salas, Brooks, & Rowe, 2011). Similar procedures for client selection, randomization, and pre-/postassessments of targeted symptoms could be utilized; but during the period the participants in the original research was receiving the energy psychology treatment, a task with no known clinical benefit, such as working a puzzle, could be performed. Meanwhile, the treatment would be conducted through surrogate tapping by a practitioner in another room or another location. Variables that might be investigated in the first or subsequent studies include the amount of distance between the participant and the practitioner, whether the participant and practitioner had been introduced or had formed some sort of relationship, whether the practitioner had previous success with surrogate tapping (various

reports suggest that some people are more highly proficient than others), and the exact procedures used by the surrogate practitioner. Directly following the treatment, and on subsequent follow-up, the initial assessments of targeted symptoms would be repeated. A control group would be led through an identical protocol except the surrogate tapping would be omitted. Informed consent would need to delicately address ethical issues regarding permission for remote interventions while adequately disguising the nature of the investigation.

Even in the absence of such investigation, however, when the anecdotal reports are placed into the larger context of (a) established evidence for at-a-distance effects and (b) the models that have been proposed by credible sources to explain them, speculation on cause–effect relationships between surrogate tapping and the reported outcomes gains credibility. The observed effects are consistent with the data on distant healing, intercessory prayer, and other nonlocal influences (e.g., Cardeña, Lynn, & Krippner, 2000). The outcomes in the 100 cases that were collected seem unlikely to have all occurred by chance. Striking results have, in fact, been described frequently enough that surrogate tapping is assumed to be a viable intervention by many within the energy psychology community. While research is needed to scientifically establish whether this practice is more than wishful thinking, it is appealing to have a formula for directing your good intentions when your grandson is in trouble. And for family members who are separated by miles and feeling helpless when a loved one is suffering, there is just enough indication that it works to consider giving it a try.

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