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## The Case for Energy Psychology

### Snake Oil or Designer Tool for Neural Change?

**David Feinstein, Ph.D.**

Newly appointed to the Department of Psychiatry at Johns Hopkins in 1970, I wasn't sure what to expect when the department chair called me into his office to discuss a special assignment. "I keep hearing about these 'new' therapies coming from the West Coast," he told me. "Are they just more California fluff or developments worth knowing about? Go find out." As a young therapist-researcher who was already pursuing personal improvement with the passion of someone convinced he needs a lot of it, I approached the assignment with the zeal of a young knight in search of the Holy Grail.

At the time, traditional psychoanalysis and behaviorism had been rapidly losing their "market share." More than 200 new brands of therapy were popping up on the workshop circuit, promoted in the alluring new language of "peak experiences," "personal growth," and "self-actualization." During the next seven months, I investigated 46 of these new therapies, studying their uneven literatures, conducting extensive telephone or in-person interviews with their primary proponents, and directly experiencing more than a dozen in weekend workshops or other formats. I focused on some of the brightest stars in the pop psychology firmament of the day-- Transactional Analysis, Bioenergetics, Gestalt, breathwork, sensitivity training, Rolfing, Reevaluation Counseling, LSD-assisted psychotherapy, and even a memorable nude encounter group. Many of the approaches have now faded or disappeared, some leaving a lasting mark on clinical practice, others just embarrassing memories.

The more closely I examined these therapies, the more apparent it became that doing something that *feels* like it's bringing about lasting therapeutic change is much easier than actually producing such change. I didn't conduct formal outcome research, but I did do dozens of follow-up interviews with my fellow participants after the immediate excitement of the workshops had subsided. Their reports were sobering. Just as years of psychoanalytic insights don't necessarily lead to greater happiness or success, I found that dramatic interventions and intense experiences didn't necessarily lead to lasting change. Participant enthusiasm during a workshop didn't guarantee clinical benefits following the workshop. A fervent "primal scream"

might feel like a powerful emotional breakthrough, and it might indeed provide a deep release, but evidence that it produced enduring psychological change was hard to find. Despite my hope for wonder cures, I had to admit that utopian clinical models, unshakeable therapist conviction, and even emotionally thrilling experiences didn't necessarily yield better ways of processing emotions or experience.

I did, nonetheless, witness therapeutic moments that seemed absolutely brilliant and saw positive changes that people were still describing months later. While I wasn't able to connect such results to a particular method, theory, or type of client, I came to some conclusions about what increased the odds for fortuitous therapeutic outcomes. The roots of enduring therapeutic change seemed grounded in strong emotional, interpersonal, or somatic engagement, shifts in self-understanding and behavior that extended beyond the clinical context, and a readiness in the client to approach life differently. Although none of these observations was remarkable in itself, together they gave me a much clearer appreciation of the complexity of change and the difficulty of the therapist's task. This awareness stood me in good stead for much of the next 40 years.

Beginning about a decade ago, however, something came along to challenge some of these bedrock beliefs. Energy Psychology, a method based on tapping on selected acupuncture points to address psychological problems, called into question some of the more cautious conclusions I'd drawn from the Hopkins study. In fact, having built a career around a depth-oriented clinical approach, for a long time I introduced classes I taught about Energy Psychology by saying something apologetic like: "I can't fully express how surprised I am to find myself standing here telling you that the key to successful treatment, even with extremely tough cases, can be a mechanical, superficial, ridiculously speedy physical technique that doesn't require a sustained therapeutic relationship, the acquisition of deep insight, or even a serious commitment to personal transformation. Yet, strange as it looks to be tapping on your skin while humming 'Zip-A-Dee-Doo-Dah,' it works!"

So, you may well be asking, what could possibly have possessed a wizened, seen-it-all therapist like me to embrace an approach that much of the world of orthodox psychology considers the latest incarnation of snake oil? Well, what follows is the answer.

### **A Personal Paradigm Shift**

In the interest of full disclosure, let me say that my involvement in Energy Psychology is largely attributable to a woman I met 33 years ago and eventually married, Donna Eden. Now a well-known natural healer and the author of *Energy Medicine* (the standard text in hundreds of energy healing classes, available in 15 languages), Donna has continually beckoned me off the beaten path. From the time I first met her, she claimed to be able to *see* energies that are invisible to most people just as vividly as my dog could hear frequencies that are inaudible to humans. From her viewpoint, blocked or stagnant energies were signs of disease or precursors of illness. The people seeking her services ranged from those who were generally healthy and wanted help with pain or physical limitations to individuals with life-threatening conditions, such as cancer or heart disease.

While the husband in me was proud to have a partner with so much charisma, caring, and passion for her work, the scientist in me attributed much of her success to those same qualities I'd frequently observed in my Hopkins study: a professional healer's ability to convey personal

caring, combined with a fervent belief in the transformative power of a particular approach, could generate strong enthusiasm among followers that was in itself healing. It was another example of a phenomenon long known in medicine and psychotherapy: caring, expectation, and other “nonspecific” factors that have nothing to do with the actual intervention being used can bring about therapeutic gain.

For her part, Donna was confident in her methods and didn’t even try to back them with research support. When hard-pressed, she might cite an occasional quote by an authority, such as Nobel Laureate in Medicine Albert Szent-Györgyi’s observation that, “In every culture and in every medical tradition before ours, healing was accomplished by moving energy.”

“What energy,” I’d ask. “Electrical energy? Not in any studies I’ve seen! Kinetic, thermal, magnetic, chemical, nuclear?” Donna responded by talking about the “subtle energies” of meridians and chakras. I was unconvinced. You can imagine the dinner-table discussions.

I held on to my skepticism even as Donna’s popularity grew and I was regularly confronted with the empirical fact that her work accounted for a significant chunk of the family income. It was only as Donna’s students, who didn’t exude anything approaching her confidence or charisma, began demonstrating impressive results that I started taking a closer look at the actual practices of Energy Medicine, such as using one’s hands to trace energy pathways or exerting pressure on trigger points to correct problems in the body’s “energy flows and balances.” Although I continued to be mystified, I consistently saw clients improve, even those with such serious medical conditions as multiple sclerosis or diabetes. The results weren’t instantaneous--this wasn’t Lourdes--but gradual, clear, verifiable cures happened often enough that I took notice.

When Donna asked me to help her with a book about her approach in the mid-1990s, I dutifully began a literature search on “energy fields.” I didn’t expect to find much; actually I expected the book to be more of a memoir. But I was stunned by the amount of scientific evidence that supported what she’d been saying all those years. For example, I learned of UCLA’s Human Energy Fields Laboratory, run by Valerie Hunt, a professor in the Department of Physiological Sciences. Hunt’s lab had found that the areas of the skin associated with the chakras spoken of by yogis, and described by Donna in terms of colors, emit electrical oscillations of a far higher frequency than had been detected on the human body ever before. Hunt also found that some healers could accurately identify when changes in these measured frequencies occurred just by observing a person’s energies because they could see changes in the chakra colors. This was directly relevant to Donna’s work.

I read with growing fascination *Vibrational Healing*, by physician and medical researcher Richard Gerber, which cited hundreds of scientific studies that lay a coherent theoretical foundation for thinking about healing practices based on subtle energies. I learned about the work of Robert Becker, an orthopedic surgeon and Nobel Prize nominee whose studies of the body’s electromagnetic currents informed his successful efforts to regenerate severed frog limbs and pioneering work on the use of electric currents to help heal bone fractures.

Impressed by the converging streams of research that backed Donna’s approach, I began asking more penetrating questions to try to get a better sense—as one who doesn’t see subtle energies—of her experience. I began to realize that her approach, though seemingly intuitive, was far more systematic and empirically based than I’d imagined. But it was only after her book

was published that I began to see a connection between her work as an energy healer and my own as a psychologist.

Many of Donna's students turned out to be therapists who were interested in Energy Psychology (EP). After years spent grudgingly accepting that seemingly ephemeral energies could impact physical conditions, this new wave of therapists was now asking me to believe that tapping on the body, supposedly to move these questionable energies, produces desired *psychological* changes.

To better arm myself for the inevitable discussions with these renegade clinicians, I decided to attend a demonstration of one of the forms of EP called EFT (Emotional Freedom Techniques). A woman suffering from longstanding, severe claustrophobia had been preselected to be the subject. She was shown where and how to tap on a series of points on her skin while remembering frightening incidents involving enclosed spaces. To my amazement, she almost immediately reported that the scenes she was imagining were causing her less distress. Within 20 minutes, her claustrophobia seemed to have disappeared. This self-reported improvement was stunning enough. But when asked to step into a closet, close the door, and remain there as long as she felt comfortable, she stayed so long that finally she was beckoned to come out. She emerged jubilant and triumphant, astonished that she'd stayed calm in a situation that would have put her into uncontrollable panic half an hour earlier. Videos of live demonstrations featuring such single-session phobia cures are readily available; for example, check out <http://phobiacase.EnergyPsychEd.com>.

Although still suspecting that the claustrophobia demonstration was just a lucky shot, I was intrigued enough to enroll in a four-weekend EP training program for mental health professionals. The results I witnessed during the training, and that I began obtaining in my practice sessions between classes, continued to amaze me. The technique proved consistently effective when used with clients suffering from simple phobias. I soon found, however, that a whole range of problematic emotions—including irrational fear, anger, jealousy, and guilt—could also be rapidly quelled by tapping. I then began to experiment with more complex dynamics, such as unresolved feelings toward a parent or the residue of traumatic experiences. I quickly realized that for the procedure to be fully effective, it was critical to identify and focus on the most salient aspects of the problem being addressed. To do this, I often had to draw on other clinical methods, particularly cognitive interventions and uncovering techniques. However, it was clear to me that acupoint tapping was turbocharging my therapeutic effectiveness with a wide range of issues. After years of resistance, I found myself applying EP with my clients—even before completing the training.

### **Opposing Verdicts**

Despite the improved clinical outcomes I was enjoying, I was intellectually flummoxed. A wide range of EP treatment models existed, each claiming extraordinary results, while offering little evidence and only enigmatic, often implausible, theoretical explanations. Prompted by raw curiosity and encouraged by my previous experiences sorting through the “new therapies” at Hopkins and dissecting Donna's work as a healer, I decided to try to make sense of the strange mix emerging within EP. I gathered a team of 27 of the field's pioneers and leaders--advocates of a divergent range of EP approaches--and posed a challenge: to reach consensus on a coherent set of principles and methods for the effective practice of EP.

My inbox became a lightning rod for the controversies within the field. Differences existed on dozens of theoretical and procedural issues, but a common denominator allowed consensual guidelines to emerge. All the approaches shared two elements: calling to mind a psychological difficulty or a desired psychological state while performing a simple physical intervention that purportedly affected the body's energies or energy fields. For me, the most striking finding was that as long as these two conditions were met—however they were met—the outcomes reported were surprisingly strong and rapid, particularly with a range of anxiety-based conditions.

The project ultimately resulted in a 2004 training program published as a book and CD program titled *Energy Psychology Interactive*, which quickly became the standard text for professional EP training. In reviewing this program, the American Psychological Association's online book review journal referred to Energy Psychology as "a new discipline that has been receiving attention due to its speed and effectiveness with difficult cases. [This] ambitious work integrates ancient Eastern practices with Western psychology, [expanding] the traditional biopsychosocial model of psychology to include the dimension of energy." I expected that wide acceptance by mental health professionals wouldn't be far behind. I was dead wrong.

The problem was that by the time the book appeared, EP—which had been around in various forms since the early 1980s—had already established a reputation for vague, esoteric-sounding language, spectacular promises of quick cures, and an apparent disdain for accepted standards of scientific proof. Also damaging to the field's reputation was the fact that some early practitioners were zealously proprietary about their techniques, charged exorbitant fees to teach them, and, in some cases, sued their own graduates for providing training in their method outside of a trademarked framework.

Despite the field's attempts to self-correct, including forming a professional organization to advance research, practice standards, and humanitarian projects, EP remained an outcast within the world of psychotherapy. As recently as last December, the American Psychological Association (APA) denied, for the third time, the Association for Comprehensive Energy Psychology's application to become a CE sponsor, in effect affirming a decade-old policy banning APA sponsors from granting CEs to psychologists for studying EP. Arguing that "sufficient controversy exists to render uncertain the credibility of [EP's] claims and theory," the ruling disregarded existing research as well as the APA's own published criteria on acceptable CE content (the basis for this assertion is presented at <http://energymed.org/ep/ACEP-on-APA-CE-Standards.pdf>), but it did affirm the old maxim that you never get a second chance to make a first impression.

### **Evidence Accumulates**

Despite continuing professional skepticism, empirical evidence for EP's effectiveness had been accumulating. After its rocky beginnings, the field cut its teeth by deploying treatment teams to more than a dozen countries to provide mental health services following natural and human disasters. Outcome data systematically collected in at least five of these countries, and corroborated by local healthcare authorities who had no stake in EP were encouraging. The first research using established measures to investigate treatment outcomes with disaster survivors was conducted in 2006 by a team led by psychologist Caroline Sakai (see sidebar), working with an orphanage in Rwanda. Of the 400 orphans living or schooled at the facility, 188 had lost their

families during the ethnic cleansing 12 years earlier. Many had witnessed their parents being slaughtered, and they were still having severe symptoms of PTSD, including flashbacks, nightmares, bedwetting, withdrawal, or aggression. The study focused on the 50 teenagers identified by the caregivers as having the greatest difficulties. All 50 were rated on a standardized symptom inventory for caregivers and scored above the PTSD cutoff. They then received a *single* acupoint tapping session lasting 20 to 60 minutes, combined with approximately 6 minutes spent learning two simple relaxation techniques. Not only did the scores of 47 of the 50 adolescents fall below the PTSD range following this brief intervention, these improvements in serious conditions that had persisted for more than a decade held at a one-year follow-up.

Another recent study, a randomized, controlled trial (the scientific “gold standard” for establishing the effectiveness of a treatment) with traumatized male adolescents in Peru also used a single acupoint tapping session. The findings, currently under peer review, showed that 16 boys who’d been abused all scored above the PTSD cutoff on a standardized self-report inventory before treatment. Of this group, 8 were given a single EP session, after which none scored in the PTSD range, and they were still below the cutoff a month later. Scores for the 8 in the waitlist control group were unchanged at the one-month follow-up.

In the first randomized controlled trial of the use of EP with combat veterans, presented last April at the Society of Behavioral Medicine Conference in Seattle, 49 vets showed dramatic improvement after six treatment sessions--42 of them no longer scored above the PTSD cutoff. Conducted under auspices of the Vets Stress Project (see <http://stressproject.org>), participants were recruited from throughout the U.S. and treated by volunteer practitioners. The gains persisted at the six-month follow-up. There was only one drop-out. In contrast, less than one in ten of the 49,425 veterans of the Iraq and Afghan wars with newly diagnosed PTSD who sought care from facilities run by the Department of Veterans Affairs actually completed the conventional treatments as recommended.

After the Seattle report, I contacted the study’s principal investigator and asked whether I could interview some of the therapists involved. One of them, Ingrid Dinter, described to me her work with Keith, an infantry soldier who’d served in the Mekong Delta during the Vietnam War. He’d reported that in his initial therapy session in April 2008 that he’d seen “many casualties on both sides.” More than three decades later, he was still tormented with nightmares and repeated flashbacks. “Sometimes I think I see Viet Cong soldiers behind bushes and trees,” he added. His severe insomnia, complicated by the nightmares, made him fatigued and unable to function during the day. He’d been diagnosed with PTSD and reported that his group and individual therapy through the Department of Veterans Affairs (VA) hadn’t helped with his symptoms.

Keith had six hour-long sessions with Dinter, during which she had him tap on acupoints while he focused on traumatic war memories and other psychological stressors. In their first session, he reported that since the war’s conclusion, he’d rarely gotten more than one to two hours of sleep at a stretch and averaged about two nightmares each night. By the end of the six sessions, he was getting seven to eight hours of uninterrupted sleep and was having no nightmares. He said that other symptoms, such as intrusive memories, startle reactions, and overwhelming obsessive guilt had abated as well. A six-month follow-up interview and further testing showed that the improvements held. A 10-minute clip containing brief excerpts of interviews with four combat veterans before and after EP treatment, along with snippets from the treatments they received, can be found at [www.vetcases.com](http://www.vetcases.com).

## Can Tapping Change the Brain?

Even if studies continue to confirm that EP works and works quickly, the fundamental question remains: *How* does it work? How could tapping on the skin be an ingredient in producing rapid cures for severe psychological disorders? How, in fact, can *any* intervention reliably overcome PTSD within a few sessions? The emerging understanding of neuroplasticity--particularly the ways that thought and experience can decisively change the brain--suggests that significant therapeutic shifts can happen far more rapidly than we once believed. It's now at least plausible that therapeutic interventions can be developed that quickly alter the neural pathways maintaining emotional and behavioral patterns that were once protective (like trauma-based hyperarousal) but have become dysfunctional.

A series of studies conducted over the past decade as part of the Neuroimaging Acupuncture Effects on Human Brain Activity project at Harvard Medical School provides clues to why acupoint tapping may be such an approach. According to project leader Kathleen Hui, "functional MRI and PET studies on acupuncture at commonly used acupuncture points have demonstrated significant modulatory effects on the limbic system."

How does that apply to EP? It's always been obvious that psychological exposure is an ingredient in EP. Traumatic memories or other cues that trigger unwanted emotional responses are mentally activated during the acupoint tapping. Since exposure is the single therapeutic component present in virtually all studies of effective PTSD treatments, the success of EP has often been attributed simply to its use of that approach. But this doesn't address the fact that clinicians utilizing the technique, and now numerous studies, have found that by adding acupoint tapping, the exposure can be much briefer, requires fewer repetitions, and leads to positive outcomes with a greater proportion of clients. The new understanding provided by the Harvard neuroimaging studies is that stimulating specific acupoints generates signals that instantly reduce arousal in the amygdala.

So rather than relying on repeated or prolonged exposure to extinguish the threat response, EP introduces acupoint tapping during a brief exposure, which immediately counters the threat response. The process appears to work like this:

1. The client is asked to bring to mind an anxiety-provoking memory, thought, or related cue, activating an alarm response in the amygdala;
2. The simultaneous stimulation of acupoints sends deactivating signals to the amygdala, initiating an opposing process, reminiscent of Joseph Wolpe's "reciprocal inhibition";
3. The signals sent by the acupoint stimulation turn off the alarm response, even though the trigger is still present;
4. With a few repetitions, the trigger no longer evokes fear, and this innocuous experience, which becomes the defining memory about the trigger, is stored in the hippocampus.

The apparent operating principle, although not yet demonstrated by laboratory research, is that when a traumatic memory or other trigger is paired with an intervention that turns off the alarm response, such as the stimulation of selected acupoints, the neural pathways that were keeping the alarm response in place are altered. In *When the Past Is Always Present: Emotional Traumatization, Causes, and Cures*, trauma researcher Ronald Ruden speculates on how interventions such as acupoint tapping during traumatic recall result in the elimination of conditioned fear pathways in the amygdala. Activating the memory makes the glutamate

receptors that maintain long-standing signal transmissions between neurons vulnerable to disruption (this is well-established), and in a clinical one-two punch, the acupoint tapping sends new signals that “depotentiate” the vulnerable receptors. In this way, the conditioned fear is permanently eliminated.

When the maladaptive fears that are at the core of PTSD have been eradicated in this manner, associated symptoms also diminish. A marked decrease of flashbacks, nightmares, intrusive thoughts, concentration problems, numbing, and even self-defeating thoughts and behaviors has been reported by clinicians and is now being corroborated by systematic research. So while EP utilizes psychological exposure, the acupoint tapping allows for a kinder intervention, requiring far fewer and much shorter exposures to traumatic material.

### **State of the Art**

In Emotional Freedom Techniques, Thought Field Therapy, and numerous other variations of EP, the core procedure is simple and straightforward: mentally activate a problem or a desired positive mental state while stimulating a set of acupoints. Targeted problems can range from simple phobias to severe trauma-based reactions to highly nuanced emotional responses, such as distrust of any man whose height is reminiscent of one’s tall father. Desired positive states that can be cultivated might include increased confidence when speaking to an audience, better eye-hand coordination on the tennis court, or an enhanced ability to express difficult feelings to one’s spouse. EP can be self-administered or integrated into virtually any existing clinical framework. With its quick learning curve and ease of application, it’s become somewhat of a pop psych phenomenon, with more than 1.2 million people already having downloaded *The EFT Manual*, a guide for home application, and 30,000 to 40,000 more downloading it each month by the end of 2009.

Because EP is easy to apply and often works quickly with well-contained stimulus-response conditions, such as a simple phobia with no complicating history or secondary gains, the practitioner doesn’t necessarily need a great deal of clinical sophistication. But how many well-contained conditions are actually encountered in a clinical practice? And therein lies not only the need for highly skilled clinicians to use the relatively simple techniques offered by EP, but an explanation for the many variations in how it’s used.

For instance, if your client has a gambling problem (or any other complex condition), you have numerous areas where acupoint stimulation might be usefully applied. Some therapists put more emphasis than others on the psychodynamic roots of a problem. You could identify formative experiences regarding money and other forms of gratification that still hold a psychological charge and have the person tap on acupoints while recalling them, one at a time, until problematic emotional responses to the memories no longer occur. Or you could begin by focusing on the gambling behavior. You could use tapping to reduce the grip of environmental cues that trigger the urge to gamble. If you discover that stress is a trigger for the impulse to gamble, as it often is, the target for the tapping might be the emotions caused by stress that are habitually subdued through gambling. By bringing to mind frequent stressors and reducing the charge on the emotions caused by each, an emotional inoculation occurs through which the stressors lose their power to induce compulsive gambling. You could also teach the client to use acupoint tapping at home to reduce cravings when they occur.

All this can be done within whatever clinical framework you already use. You might still use cognitive-behavioral therapy to challenge your client's unhealthy beliefs and rationalizations regarding gambling, recommend a support group, such as Gamblers Anonymous, encourage the cultivation of enjoyable activities to replace gambling, and make therapeutic contracts that require your client to restrict direct personal access to funds and to tempting situations. EP doesn't replace a comprehensive clinical approach to complex conditions, but it provides a tool for quickly shifting the way critical dimensions of the problem seem to be coded in the brain.

EP is being used in the British and French militaries to treat soldiers for PTSD, and Britain's National Health Service, which has been using EFT as a treatment modality for years, is now offering it to the public as part of its Mental Health Improvement Training. In the United States, however, partially as a consequence of the APA's unbending position on EP, many therapists still have to introduce the therapy surreptitiously or risk censure. Still, EP methods are slowly finding their way into mainstream psychotherapy practice as well as institutions such as hospitals, VA centers, and HMOs, with major studies underway at Kaiser Permanente, the Sutter Health network, and the Walter Reed Army Medical Center.

EP's strongest enthusiasts speak of it as if it were the psychotherapeutic equivalent of penicillin, a clinical breakthrough that will revolutionize therapy, while its critics view it as a pseudoscience whose new ingredients are no more potent than sugar water. Because it's so easy to learn the basic technique--the hard part being using it well with challenging cases--I'll sometimes ask a spirited skeptic, "Why not try it and evaluate it yourself? What's to lose?" In fact, that's how those bringing EP to disaster areas have often gained the cooperation of local health care leaders.

While empirical studies to fully demonstrate the speed and power of EP are still needed, it's hard not to be deeply moved seeing emotionally devastated people come back into happier, more effective lives after a few EP sessions. For instance, the video described earlier shows an Army combat veteran who'd suffered with panic attacks, nightmares, hypervigilance, anger, and depression for more than 30 years. His symptoms were getting worse, to the point that he was regularly and convincingly threatening to shoot his family. In his intake session at a five-day EP program where two to three hour-long sessions per day would be offered, he said, "The dichotomy is so great between what I was when I went in and what I became when I got out that it's a very messy situation inside my head!" In his exit session on day five, he triumphantly announced, "I can't emphasize enough how important it is to actually feel like you're a real person again, and not be afraid, and not have to cover up all of your junk every single day of your life." His wife also participated in the five-day program. On day three she said, "He's had all the symptoms! We've been in psych wards for years. And in three days, we're talking! We haven't talked in five years; really talked!" Post-treatment testing confirmed his observable improvements, which persisted on follow-up assessments.

As we deepen our explorations of the complex mysteries of the human nervous system, rapid, noninvasive ways of repairing damage and dysfunction seem not so far away. Energy Psychology holds promise for blazing a trail toward that goal. As bizarre as it may have once sounded, the evidence has moved far beyond the early anecdotes, suggesting that tapping on the skin can reliably facilitate decisive emotional change with a range of conditions. However uncomfortable such findings may make old-time clinicians like me, they may force all of us to rethink our models of psychotherapy.

**David Feinstein, PhD**, a clinical psychologist, is the author or coauthor of seven books and more than 80 professional articles. His books have won eight national awards, including the *U.S. Book News* Best Psychology/Mental Health Book of 2007. A paper he recently published in *Psychotherapy*, one of the APA's flagship clinical journals, contains references to the EP studies cited in this article can be downloaded from <http://mechanisms.EnergyPsychEd.com>.

## **SIDEBAR: Energy Psychology on the Front Lines**

In 2006, psychologist Caroline Sakai conducted a study of Energy Psychology treatments with 50 Rwandan orphans. The outcomes, recently reported in *The International Journal of Emergency Mental Health* and summarized in the article, vastly exceed those of any previous peer-reviewed study of a PTSD treatment in terms of speed, degree of effectiveness, and percentage of subjects who were helped. Here, Sakai describes the experience of one of the study's participants, a 15-year-old girl who was 3 at the time of the 1994 genocide:

“She'd been hiding with her family and other villagers inside the local church. The church was stormed by men with machetes, who started a massacre. The girl's father told her and other children to run and to not look back for any reason. She obeyed and was running as fast as she could, but then she heard her father 'screaming like a crazy man.' She remembered what her father had said, but his screams were so compelling that she did turn back and, in horror, watched as a group of men with machetes murdered him.

“A day didn't pass in the ensuing 12 years without her experiencing flashbacks to that scene. Her sleep was plagued by nightmares tracing to the memory. In her treatment session, I asked her to bring the flashbacks to mind and to imitate me as I tapped on a selected set of acupuncture points while she told the story of the flashbacks. After a few minutes, her heart-wrenching sobbing and depressed affect suddenly transformed into smiles. When I asked her what happened, she reported having accessed fond memories. For the first time, she could remember her father and family playing together. She said that until then, she had no childhood memories from before the genocide.

“We might have stopped there, but I instead directed her back to what happened in the church. The interpreter shot me a look, as if to ask, 'Why are you bringing it back up again when she was doing fine?' But I was going for a complete treatment. The girl started crying again. She told of seeing other people being killed. She reflected that she was alive because of her father's quick thinking, distracting the men's attention while telling the children to run.

“The girl cried again when she reexperienced the horrors she witnessed while hiding outside with another young child--the two of them were to be the only survivors from their entire village. Again, the tapping allowed her to have the memory without having to relive the terror of the experience.

“After about 15 or 20 minutes addressing one scene after another, the girl smiled and began to talk about her family. Her mother didn't allow the children to eat sweet fruits because they weren't good for their teeth. But her father would sneak them home in his pockets and, when her mother wasn't looking, he'd give them to the children. She was laughing wholeheartedly as she relayed this, and the translator and I were laughing with her.

“We then went on to work through a number of additional scenes. Finally, when she was asked, 'What comes up now as you remember what happened at the church,' she reflected, without tears, that she could still remember what happened, but that it was no longer vivid like it was still happening. It had now faded into the distance, like something from long ago. Then she started to talk about other fond memories. Her depressed countenance and posture were no longer evident.

“Over the following days, she described how, for the first time, she had no flashbacks or nightmares, and was able to sleep well. She looked cheerful and told me how elated she was about having happy memories about her family. Her test scores had gone from well above the PTSD cutoff to well below it after this single treatment session, and remained there on the follow-up assessment a year later.”