

What's What in Energy Psychology: Making the Path by Walking It

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Comprehensive Energy Psychology is literally healing at your fingertips guided by the body's innate wisdom accessed by manual muscle testing. Balancing of bioenergy systems enables rapid transformation of negative thoughts, emotions and physiological correlates. Current research, applications and self care are explored.

Description

A review of the current state of affairs in Comprehensive Energy Psychology including what it is, what it does, how it works, current research and EP in our lives.

Energy Psychology is a collection of psychotherapeutic tools that utilize meridian, chakra and biofield interventions to bring about improvement in emotional and mental health and wellbeing. At the professional level, treatment is often guided using manual muscle testing to access the body's innate wisdom to facilitate the determination of system wide and specific sources of energetic interference and a wide variety of treatment choices. Most energy psychology practitioners recognize that the mind-body distinction does not accurately represent the reality encountered in practice. The line between medicine and psychology appears increasingly arbitrary as many energy psychology interventions result in noticeable improvements in physical health and many of the same interventions are used in the treatment of physical problems in the practice of energy medicine. The mind-body distinction is perpetuated by the medical and psychological licensure laws that are well established in our western societies and as such are unlikely to change quickly or easily. None-the-less, the more holistic concept of Energy Health Practices has emerged as a more accurate description of the realities observed in clinical practice and is likely to gain increasing support over time. Hence, many of the following remarks and observations about Energy Psychology

can appropriately be viewed in terms of body-mind-spirit health practices.

Energy Psychology (EP) has a history with deep roots in a variety of fields including: biofield and chakra influences from the Yogas, Pranic Healing, Therapeutic and Healing Touch; meridian influences deriving largely from Oriental Medicine and acupuncture. Energy Psychology arose in the 1970s from the field of Applied Kinesiology as elaborated in the seminal work of John Diamond, a psychiatrist who effected emotional changes via meridian interventions and first noted the "reversal of the body's morality."

Roger Callahan extended this work into the first thought field therapy that utilized a recursive formula that first corrected for "psychological reversal", activated all of the meridians by tapping, employed a bridging technique that engaged whole brain activity and repeated activation of meridians selected through the use of manual muscle testing or applied by emotion specific algorithms. The 1990's saw subsequent evolutions included my work on Thought Energy Synchronization Therapy (TEST), Tapas Acupressure Technique (TAT), Fred Gallo's EDxTM, Larry Nim's BSFF, and what would become the most widely used EP technique, the Emotional Freedom Technique (EFT), popularized by Gary Craig who distilled Callahan's recursive use of what had been called "the algorithm of last resort," tap on everything. EFT has enjoyed popular success and has been the preferred technique to be studied in most research to date due to its ease of learning and fidelity in application, not because it is judged to be superior in efficacy to other EP techniques, of which there are many that tailor the treatment to the client and have expanded the range of application to diverse populations. The new millennium brought about 25 or more iterations of EP techniques all of which combine cognitive interventions with interventions to rebalance the human vibrational matrix to facilitate rapid positive individual change and optimal psychotherapeutic outcomes. And that is what EP is and what it does!

So how does EP work? Good question, which deserves my favorite correct answer: "Well, that depends." In this case how EP works depends on what level of analysis you choose to investigate. Callahan espoused the theory that meridian tapping removed perturbations from thought fields thereby calming the attendant emotions via a cascade of neurochemical events. Although this may prove true in the final analysis, it is beyond our current ability to confirm or deny and landed us in the land of Woo woo explanations. EP treatments combine physical (sometimes not, but let's save this discussion for another day), so, combine physical interventions for regulating electrical signals or energy fields with mental representations involving a feeling, cognition, or behavior that is the target for change. This simultaneous pairing of the physical activity and mental activation is believed to balance aspects of the human vibrational matrix resulting in a therapeutic alteration of the targeted response. This sounds like a great explanation of how EP works, if you're from China and practice Qi Gong! But for the western scientist it conveys little more than $(\text{Woo woo})^2 = (\text{Woo woo} \times \text{Woo woo})$. So, here's the latest and the greatest explanation that can be related to by those of you not of the land of Woo! Recent research indicates that manual stimulation of acupuncture points regulates cortisol and produces opioids, serotonin, and gamma-aminobutyric acid (GABA). These neurochemical changes regulate the autonomic nervous system decreasing heart rate, anxiety and pain, as well as inhibiting the fight or flight response and create a sense of calm. This relaxation response reciprocally inhibits anxiety and creates a rapid desensitization to traumatic stimuli (Lane, 2009). In the most traditional psychological terms, EP can be viewed as an exposure technique that utilizes a dual attention task of stimulating (AP) points on the skin that sends signals to the amygdala that deactivate the stress response. These opposing processes, brief exposure via a traumatic memory or related cues activate the threat response; while, tapping AP points deactivates it overcoming the fear and threat response (Feinstein, 2010). This is the explanation that has recently been accepted by one of the American Psychological Association's flagship journals just a few days after their 3rd refusal to allow EP to be studied by psychologists for continuing education credit. Although I suspect

that some APA representative can make sense of these seemingly incompatible actions, we at ACEP were told only that EP remains too controversial to be certain of its claims and theory and that there was no measurable criteria regarding the amount of research needed to overcome the controversy objection that was determined based solely on their professional judgment. So let's look at the current status of research in EP.

Evidenced based psychology has been the rallying cry of organized psychology over the last decade and the randomized controlled study is regarded as the gold standard of research studies. To date, there are 14 randomized controlled studies of EP. Three studies investigated the treatment of phobias: Wells et al. (2003), Salas et al. (2009), and Baker & Siegel (2005); while, Benor et al. (2009), Sezgin & Ozcan (2010), Schoninger (2004) and Korber et al. (2002) investigated EP treatments for anxiety. EFT treatment for PTSD has recently been investigated in two studies by Church et al. (2009a) & (2009b) as well as Single et al. (2004). EP treatment of depression has also been investigated by Brattberg (2008), Rowe (2005) and Church & Brooks (2010). Finally Elder et al (2007) investigated the use of Tapas Acupressure Technique (TAT) on weight loss maintenance. Although much more of this type of "gold standard" research remains to be done to firmly establish EP techniques in the armamentarium of accepted psychotherapeutic tools, energy psychology has reached the minimum threshold for being designated as an evidence-based treatment, with EFT having met the APA Division 12 criteria as a "probably efficacious treatment" for specific phobias, test anxiety, and PTSD; and TAT for maintaining weight loss. Widespread acceptance of EP as an efficacious treatment will likely require a tenfold increase in the sample size and number of this type of study in order to enable a meta-analysis that sits at the top of the hierarchy of scientific research. According to the stringent criteria of the National Institute of Medicine not even cognitive restructuring, EMDR, or medication are considered to be efficacious treatments of PTSD, despite their widespread use! So we are in good company.

It is however, bad science to depend upon only one type of scientific inquiry, one type of research method, no matter how good it may be in

determining causal relationships, especially in situations where there is insufficient research evidence to support the common every day treatment decisions that are made in practice. Evidenced based medicine has largely turned medicine into drug prescribing. Certainly psychiatry has become almost exclusively the practice of psychopharmacology.

My grandfather was a physician who retired from surgery at age of 81, having delivered thousands of babies in his long career. At 85, while in the process of turning over his practice to a new young doctor, farmer Reeves came walking down the path to the office door. On seeing him, I heard Grandpa tell the young doc what he prescribed for the farmer's condition and the new doctor saw Mr. Reeves for the first time. The next day the farmer returned with the same complaint and the young doctor asked, "Why didn't the prescription work?" My grandfather said, "You gave him the right medicine but you didn't let him tell you about his problem. You didn't listen to him and he doesn't know you care." What patients have to say about their health and treatment is important. We must not replace judgment with simplistic assessment of the quality of evidence. We need to encourage observational studies, basic research into mechanisms of action, narrative studies and case studies that account for patient outcome measures.

And indeed we are doing that with a wide variety of quasi experimental studies including the largest study of 2500 anxiety disordered patients in which EP tapping compared very favorably to CBT and to needles (Andrade & Feinstein, 2004). A number of other studies extend the range of application of EP to agoraphobia (Irgens et al, 2007), cognitive dysfunction (Nicosia & Cellinni, 2006). Several other case studies shed light on the normalization of brain functioning after EP treatments (Lambrou et al., 2003; Swingle et al, 2004; Diepold and Goldstein, 2000; Feinstein, 2004). This review is by no means an exhaustive list of the EP research literature. Such a list can be accessed on the ACEP website www.energypsych.org.

Research is an attempt to demonstrate scientifically what we have come to know through our own experience. The only reason we persist with these somewhat odd looking procedures is as a rabbi's

wife said to me, "I don't know from this clacking and banging, but it sure calms me down faster than xanax." It is our own experience of the positive changes that EP brings about in practice that has convinced us to overcome our initial skepticism and forge a new field. Nowhere is this so clear as it is in disaster relief efforts.

Using TFT, Professor Carl Johnson's compiled and impressive record in Kosovo and other areas of ethnic cleansing in Africa having successfully treated 334 of 337 individuals completely resolving 1013 of 1016 identified traumas. Most recently, Stone et al. (2009) also successfully employed EP in Rwanda making EP a major contributor to the resolution of disaster trauma in at least 14 countries (Feinstein 2008b).

Personally, I have been blessed not only to have experienced thousands of inspiring transformations in traumatized individuals, but also to have experienced tranquility in the course of curing cancer. My journey began when I accompanied a patient with MS to see John of god in Brazil. She wanted to be cured, I wanted to help her and become a better healer. Her MS went into remission; I got non-Hodgkin's lymphoma for Christmas. My good friend appeared at my hospital bedside the next day. He said little but used Bengston's cancer curing technique as he sat there quietly before chemotherapy commenced. Although I am vegetarian for over 30 years, I followed a very strict diet to control the raging Candida that the post chemo steroids engendered. I had Reiki treatments twice a week, sometimes during chemotherapy. I used polarity balancing and strengthening techniques daily. I never feared for my life, a fact that amazes me to this day. I made up a story about the tumor, which was the size of a large egg, so I got it for Christmas and would give it to the Easter bunny. And I did! A few days after Easter the PET scan that was to be used to stage the cancer found none, anywhere. Was it the Bengston work, the Reiki, the diet, the EP? Can't tell. I guess I did a poor job as a researcher. Wait, there's more. Although my doctors were quite amazed that the Easter bunny really did take the egg, they feared that I would not complete the 2nd half of the chemotherapy. No problem I am a man of my word so I proceeded with the next treatment that resulted in massive blood clots in my leg and lung. Three weeks later I was leg with these

unable to walk and diagnosed with post phibitic leg syndrome, too bad, live with it. Maybe not. New diet, ionic foot baths and some roto rooter assist made 50% improvement. Then drawn to the wizardry of Matrix Energetics, whose field I recognized within a few minutes and I entered a new story into the program of my life, discarded my pressure stockings and awoke to a body that again can dance the night away. I got what I asked for after my life by circumstance became all about healing and I acquired a playful knowingness and curiosity about how to help the healing of those who seek good health. Is this Energy Psychology? I am not sure, but I know the words I spoke almost 20 years ago are true: EP will certainly revolutionize your practice and more importantly transform your life.

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