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#333 - Developments in Energy Therapy

Dr. David Van Nuys Ph.D., aka 'Dr. Dave' interviews Dr. David Feinstein, Ph.D.

(Transcribed from <http://www.shrinkrapradio.com> by Renata Sielecki)

[theme music]

Dr. Dave: My guest today is Dr. David Feinstein, a clinical psychologist who has received nine national awards for his books on consciousness and energy healing. David Feinstein, PhD, has served on the faculties of the Johns Hopkins University School of Medicine, Antioch College and the California School of Professional Psychology. Author or co-author of eight books and more than 80 professional articles, he's been a pioneer in the area of Energy Psychology and Energy Medicine. His books have been translated into 18 languages and have won nine national awards, including the US Book News Best Psychology/Mental Health Book in 2007 and an Indies Best award for *The Promise of Energy Psychology*. He and his wife, Donna Eden, are the founding directors of Inner Source in Ashland, Oregon. Now here's the interview.

Dr. David Feinstein, welcome to Shrink Rap Radio.

David Feinstein: Thank you, Dr. Dave.

Dr. Dave: Well, it's a pleasure to have you on the show and to get to know you, in part through the technical difficulties that we've had trying to set this up. [laughs] And we had hoped that it would be Skype to Skype but we've had to settle for Skype to cell phone. So your voice quality is not as good as it might have been.

David Feinstein: Yeah.

Dr. Dave: But nonetheless, I'm really glad to be able to talk to you. I've been hearing your name in connection with Energy Psychology for a number of years and bringing you to the show has been on my to-do list for some time. I have to thank listener Christopher Johannes in Kyoto Japan for finally pushing me to action. He sent me an email, which I'll share with you: "There's some very exciting and breaking news concerning the APA and their revised 'positive stance' toward Energy

Psychology after the recent publication of Dr. Feinstein’s excellent and compelling review study in a leading APA journal. This will be a game changer. I think it may be good to connect with him soon for an interview. The time seems right now.”

So thank you Christopher Johannes [laughs], if you’re out there listening, for that nudge.

David Feinstein: Well, it’s really important what Chris is talking about, that in 1999 the American Psychological Association sent a memo to all of its continuing education providers telling them that they [could not] teach courses in Thought Field Therapy, which is one of the forms of Energy Psychology and give psychologists credit for those courses. That was essentially...I don’t think the APA has ever singled out a particular therapeutic approach that way before. It really branded Thought Field Therapy and it’s been applied to the other forms of Energy Psychology. It branded it as illegitimate, as unproven, as something that our professionals should not even learn about and make their own judgment. The APA was making the judgment for them.

Dr. Dave: Yeah.

David Feinstein: And that’s highly unusual. Usually the way it works is that the providers get to make their own determination of what’s appropriate and then when it’s time for the renewal of their sponsorship then the APA can decide whether they’ve been responsible and appropriate. So this was kind of jumping ahead of that and just saying, “You can’t do it.” And it has since been applied to all of the different forms of Energy Psychology with TFT, Thought Field Therapy, and EFT, Emotional Freedom Technique being by far the two most well known approaches. Tapas Acupressure Technique, TAT, is also quite well known. So there’s a number of them that have all been kind of banned since 1999, which has much more impact than simply that psychologists can’t get CE credits. When I’ve spoken with people in the Veterans Administration they say, “Well, it looks like it works but hey, your professional organization, your gatekeeping organization, is saying that this approach is not appropriate for psychologists to study. So how can I as an administrator put my reputation behind this?”

So it’s kept it out of a lot of things and the reasons... There’s a lot of speculation of the reasons. The American Psychological Association says the evidence just isn’t in

but it's also the case that tapping on acupuncture points, which is one of the major interventions, simply looks strange. You're tapping on the body, you're doing things with your eyes, you're humming, you're counting, and you're doing very strange-looking procedures. And I was trained in clinical psychology in the early 70s and I never heard of anything like that as being part of psychology. So it's really a paradigm breaker. It does not fit our models.

And to make it worse, the early proponents were so excited about this that they were making astounding public claims, like they could cure 97% of phobias within five minutes and putting those claims out without having research to back those claims. And so all of that made a very poor first impression on the professional community.

Dr. Dave: Right, and so it's understandable that APA would take that position. Okay, well, before we go any further, the term Energy Psychology might suggest a whole range of phenomena, and, in that context, I could understand the APA freaking out because it might include not only acupuncture, but might suggest to some people things like aura reading, healing through touch, healing at a distance, and probably a lot more. So I think we should start out right away by having you define what you mean by the term Energy Psychology, especially as it applies to psychotherapy.

David Feinstein: [In the] early 1980s, Roger Callahan, an American psychologist, was working with a woman who had a water phobia and he was making no progress after two years. It was a serious phobia. I mean, she was afraid of going out when it was raining [because] there were puddles. And so it really got in the way of her life and he had been doing some study of what's called Applied Kinesiology, which utilizes the acupuncture points and the meridians from traditional Chinese medicine. And he got the idea, "Well, nothing else is working I'll just try what I'm learning in this other training," and he had her tap on an acupuncture point that's under the eye, right on the eye socket that is for stomach meridian which is supposed to reduce worry and fear. And so she taps on these points and she has an almost instantaneous, miraculous cure. After this lifelong problem with getting into water she goes--he had a home office, he had a pool--and she goes to the pool and puts her feet into it, which she could never have done. She then goes home and on the way home—it was in a coastal town—drives up to the ocean and wades out into the water, which she could never have done. So....

Dr. Dave: Wow. [laughs]

David Feinstein: ...that was the start of Energy Psychology. And the reason that the term *energy* is used is because the acupuncture points and meridians modulate the body's energy, the flow of a subtle kind of energy that has been...echoes of it have been measured. It's really hard to measure it directly but you can see its effects in using various nontraditional devices. But, in theory, these energies flow throughout the body, feeding energy into all of the organs and when that energy is blocked in different parts of the brain in particular, that will lead to psychological difficulties. And so by tapping on acupuncture points you are sending signals to the brain and specific points actually send signals to the brain that have the effect of changing the neurochemistry in the limbic system.

So for instance, the amygdala, which is the threat response part of the brain, of the limbic system, is in high arousal and then you tap a point and it sends a signal that lowers the arousal. So you have an electrochemical signal being manipulated by the tapping that has a direct effect. So that's one of several ways that energy is involved in Energy Psychology.

Two others, really briefly, are that when you tap for a period of time, or really do any sensory stimulation in the upper part of the body over a period of time, you create Delta waves and those Delta waves are created in deep dream sleep as well. And they are the waves. In other words, this is an energetic wave [that shows up] with an EEG that is known to help edit dreams. That is to really do away with materials from the day that you don't need to remember. So what you do with the tapping is you bring to mind something that's fearful, or a trigger for anger, or other unwanted emotion, while you're doing the tapping. And these Delta waves then have the effect of changing the neuropathways that are involved with that particular emotional reaction. So those are two of them. So the direct signals to the amygdala are one energetic wave that tapping makes a difference in the body, and another is producing Delta waves, and a third is that there are actual energy waves--energy fields that organize neuroactivity--and the tapping also seems to impact those energy fields. So for Energy Psychology those are three forms of energy that are influenced by doing the Energy Psychology protocols.

Dr. Dave: Okay, well, it sounds like there's potentially a coming-together of East and West with the "subtle energies" of acupuncture on the one hand, and all that

we're learning through recent neuroscience about the brain. Now, I understand that when you first learned about Energy Psychology—and it probably wasn't even called that at the time—that you were initially quite skeptical about its claims. So tell us about that skepticism because I think I went through that myself. I mean, I have been through some demos of the tapping technique. I've been in the audience, in a sort of group session, and also seen some of the videos on Dawson Church's site. And the videos are, I must say, very...they do open up one's mind. But let's go back to the period where you were skeptical because I understand the APA's skepticism. I was initially exposed to very broad claims about this approach that just kind of made me skeptical right off the bat. So tell us about the skepticism and then how that gave way.

David Feinstein: Right, well, I thought it was ridiculous.

Dr. Dave: Yeah. [laughs]

David Feinstein: [laughs] I mean, I have total empathy for the APA's position. I started my career as a psychologist in the Department of Psychiatry at Johns Hopkins in Baltimore, which is a very fine department and the chairman of the department called me into his office one day, which wasn't always good news. And he said, "You're from California. What are all these new therapies coming out of California? Is this something we need to know about here at Hopkins? Or is it more California fluff? Is it old wine in new casks? What is going on? Go find out.

This was 1971, and I had this very, very interesting job of figuring out as much as I could. There were 200 new therapies at the time.

Dr. Dave: Oh, yes. I remember that period.

David Feinstein: Yes, and so I studied 46 of them. I interviewed people that were the main proponents or the innovators. I went to their workshops. I read about them. And one of the things I learned was that a person's belief in their therapy and their charisma could carry a great deal in terms of having satisfied customers, even if the therapy itself was not that effective, even if another practitioner would not get the same results.

And so I heard.... My first information about Energy Medicine and Energy Psychology was met by that framework in my mind. I had a very skeptical approach to it because the energies that they were talking about are not well established. They're not easily measured; we don't have the instruments for [measuring] them. I figured that it was other, nonspecific therapeutic elements they're called, that were going on: the belief that it would work, the practitioner's certainty that it would work, that type of thing.

Dr. Dave: Yeah, yeah.

David Feinstein: And when I first saw it, I just could hardly believe my eyes. I was at... A number of people had asked me to come to come to... to experience the Energy Psychology. I had been a little reluctant but I was in a city doing a workshop and the psychologist group was doing a demonstration that evening. Somebody invited me to come as a guest and I did. And the woman who had a lifelong phobia, claustrophobia, fear of being in enclosed spaces, came as... was brought by one of the psychologists who said she was having difficulty having much progress with her. [She] was brought for the person doing the demonstration to demonstrate on. And within 15 minutes she could not feel any anxiety when she brought to mind the thought of closed spaces. And that was unusual but then they asked...they invited her to go step into a closet and had them close the door and gave her very clear instructions that this was not to retraumatize her...

Dr. Dave: Yeah, really.

David Feinstein: ...if she feels any anxiety at all, that she should open the door and just end the experiment. And so she was really excited that she [could] think of a closed space and not feel anxious, which was different 15 minutes earlier. She pops into the closet, closes the door and we're waiting, and waiting, and waiting. And we finally, after several minutes, invite her to come back out and she is just overjoyed that she's having this experience. So witnessing that first hand and realizing that the woman didn't know what to expect; there hadn't been a lot of buildup, there hadn't been all the things that I was looking for to explain how it works. And yet, it still worked and worked that effectively. So I very quickly enrolled myself in a training program that was for therapists and I saw this kind of result again, and again, and again, and again.

And back then, as you said, it was not well developed. There was no research. Now there's 51 peer-reviewed articles. But then, there was no research to back up the claims and what I was observing with my own eyes, and doing with people as I started to do the internship for this training...

Dr. Dave: Okay.

David Feinstein: ...and finding these results.

Dr. Dave: Yeah, yeah. I can see how that would turn you around. Now, I wanted to share a story with you, you mentioned 1971, and how you engaged in the study of these 46 different approaches. And that was about the time that I was getting ready to leave university of Michigan and come to California. And one of my graduate student peers who had been to California, Northern California, pretty recently, he said, "Well man, they got a lot of trips going on out there. You gotta be careful which trip you get on." [laughs]

David Feinstein: Um-hmm.

Dr. Dave: So that was...that definitely did characterize that time. And so, leaping ahead to the present, you mentioned, what was the number, 50 some peer reviewed studies? So leaping to the present, you just this year—finally, against APA resistance—had an article published in the *Review of General Psychology*, which is an APA journal. And the title of your article is: Acupoint Stimulation in Treating Psychological Disorders: Evidence of Efficacy. So, from what you've said, we can see this is quite an accomplishment since the APA was very resistant to even acknowledging Energy Psychology. And you've kind of laid the background for that resistance.

So let's dig into that article a bit. In your paper, you review a whole raft of research reports in which the Energy Psychology approach was used. And I understand that there are minor differences from practitioner to practitioner. Perhaps you can describe in broad terms what they do. I think you've already kind of given us pretty much an idea. But just briefly, if we were [flies] on the wall, what would we be seeing?

David Feinstein: You would be thinking that this practitioner has lost their mind.

Dr. Dave: [laughs] No, I'm talking about concrete perceptions. Not judgment.
[laughs]

David Feinstein: [laughs]

Dr. Dave: What would we see?

David Feinstein: You would see the practitioner interview the person for a little while, and come, and really identify a conditioned response or an emotional response that gets in the person's way. And then the practitioner would give it a reminder phrase that [puts] it into just a few words: *my fear of the dark*. And then the person would start tapping on different parts of their body: the inside of their eyebrow, the outside of their eyebrow, under their eye, about 14 different points while saying "fear of the dark."

Dr. Dave: Um-hmm.

David Feinstein: And then they would keep tapping on a point on their hands while they close their eyes, open their eyes, look down onto the right, look down onto the left, circle their eyes in one direction, circle their eyes in the other direction, and then hum. Then count, and then hum again. Then do a sweep where their eyes go from the floor up the wall, up the ceiling. Then the tapping and "fear of the dark," and then after all of that they would go back in and go to their memory of the fear of the dark, or a situation where fear of the dark is frightening to them, and give it a rating [from] zero to ten of how much distress it still causes in their mind, or in their body.

And that would be about a three minute round of EFT, Emotional Freedom Technique, the most popular of the different therapies, but it would look somewhat similar with the other ones, too, but that was an EFT example.

Dr. Dave: Okay well, that's a great example, a great description. So maybe let's dig in to your article a little bit more. Maybe you can say a bit about how you carried out your study, what the basic method was.

David Feinstein: Right well, it's actually very interesting what you were saying about how the APA is ambivalent about this because the APA journals have actually been very open to us.

Dr. Dave: Hmm.

David Feinstein: This is my fourth article in the American Psychological Association Journal. And it is kind of a bipolar response because psychologists for the most part are persuaded by data. And so this paper, for instance, had 51 peer reviewed articles that it summarized. It started out with a literature search of terms like “acupoint tapping”, “acupuncture and psychology”, that kind of thing, that lead to thousands of article. But most of those articles have to do with the use of acupuncture for physical conditions.

Dr. Dave: Yes.

David Feinstein: I was looking specifically for tapping on acupuncture points to treat psychological problems and these 51 articles were not all studies, some of them were case histories. But there were 39, I believe, 38 or 39 were actual studies. And interestingly, 39 of them came out in the last four years. So the research on this has just kind of been exploding in the last few years.

Dr. Dave: Yes.

David Feinstein: You mentioned also Church. He started a journal on Energy Psychology and has been really instrumental in helping all of that to unfold.

Dr. Dave: Um-hmm.

David Feinstein: So when I set about to write this article, it was simply a review article. I was not doing my own research. I was looking at what is out there and putting it into a framework for understanding that there are different levels of evidence that exist: anecdotal and case reports, systematic observation where people have gone to disaster areas and worked with people that were [in] either a natural disaster like an earthquake or a tsunami, or a manmade disaster like warfare coming into civilian populations, ethnic destruction, those kinds of horrors that people go through. So teams have gone in and done systematic research where they

aren't really doing full research. But what they are doing is getting some kind of measure beforehand and some kind of measure afterwards and then looking at the difference. And did the intervention make a difference?

Then we have more formal research where you're actually using instruments that have been really standardized, their reliability is known. So you give those instruments before the treatment, and after the treatment, and often on follow-up.

Dr. Dave: Let me just insert here that when you say instruments, you're talking about paper and pencil questionnaires, surveys, that sort of thing, not mechanical instruments.

David Feinstein: Yes, thank you. Yeah. It can be a self-guided instrument like a checklist. Or, it can be...like in one of them the caretakers of an orphanage were given a rating on, again, a checklist [applied to] the children that they were taking care of: how many symptoms did they observe in [these] children? They see this symptom. Do they see this symptom? So, those are the kinds of instruments, the kinds of measures that were used.

Dr. Dave: Yes.

David Feinstein: Of the 51 papers, 18 of them were what are called randomized controlled trials, RCTs. And RCTs are kind of the gold standard. These are clinical trials where you are comparing your treatment against another group. And the other group may be a wait listed [group] that gets no treatment, or it may be a group that gets a different kind of treatment. And by making the comparison, you account for many of the variables that are not controlled for if you're just looking at your method, the method that you're interested in.

So these 18 randomized controlled trials gave really what I consider, and many consider, very strong evidence that Energy Psychology is effective with a number of conditions, including PTSD, which is kind of on everybody's minds because of what's happening with our soldiers coming back and so many veterans being so psychologically and emotionally damaged from the warfare, to other anxiety disorders--PTSD is an anxiety disorder but others, like phobias and generalized anxiety disorders—to depression, to things like athletic performance. People that make their living by performing, either as athletes or on skates can really get a lot of

help by these methods. So there's a whole range of areas where this seems to be quite effective and these 18 studies really gave a basis for being able to say that this is not only a treatment that works, this is a treatment that works very quickly. And even if we don't know exactly why, we have evidence here that this is not just a passing fad, that for 30 years this has been around and it's gaining more and more users, both on a self help basis and also within the clinical community.

Dr. Dave: Yeah, you reviewed about seven or eight psychological conditions, PTSD, and as you say, athletic performance, and stage fright, and so on. And of the conditions that you covered in your article, I think the one I'm most interested in is PTSD because of, as you mentioned, all the returning war veterans from Iraq and Afghanistan. And also because, historically, it's been especially difficult to treat in any long lasting way. And now we have this situation, speaking of trauma, that's just happened in Connecticut with the shooting of the children and the teachers, this is a heartbreaking situation. And I'm wondering if EFT is going to be playing a role there, if any practitioners are rushing to the scene there to try to help traumatized children and parents. Do you know anything about that?

David Feinstein: Well, there actually is a very important development there, which is that people that really believe that this can make a significant difference. Three people have donated \$10,000 each, \$30,000 to fly practitioners there to work with the local community to bring them the tools of Energy Psychology, EFT in particular. In disaster relief there's a number of stages that need to be respected: that you don't do psychotherapy in the first week or two. You are doing much more... helping people to cope with what they're just faced, to cope with the nightmares, to cope with the anxiety, just being able to give them a chance to integrate what has happened. So if someone is in close proximity to a tragedy like that and they are feeling anxiety all the time, if you have a tool that can immediately lower, reduce their anxiety, it doesn't do anything negative.

Some people say, well, if you do that then can the natural healing still happen? Absolutely. They're still able to process information, they're still able to recognize that what happened is horrible but they're able to now begin to process it with all of their brain, with more of a full deck than if the threat centers are just buzzing all the time so that they really don't have a chance to begin to integrate what happened and talk about it even, without being reactivated. So in terms of the immediate response, this is before PTSD has set in. You don't diagnose PTSD for a whole month after it

because a lot of the reactions that look like PTSD are normal. They're adaptive for people.

Dr. Dave: Yeah, I think there's evidence, in fact, that early intervention, as you say, kind of before it's set in, that early intervention is a good thing.

David Feinstein: Yes, as long as it's done well. What's gotten people in trouble has been programs where they kind of force people to talk about what happened to them, which is maybe good for four people out of five, but that fifth person, it actually does harm.

Dr. Dave: Yeah, there's a danger of retraumatizing them, right?

David Feinstein: There is, there absolutely is, and a danger of interfering with their natural way of coping. Some people cope by going into denial for a while and being in denial is really the state that they need to be in in order to process things. And so forcing them to talk about it doesn't help them. But for most people, as long as you're really sensitive to those issues, you can do a great deal of good immediately after a trauma. And we're hoping that the group that's pulling this together, it's called the Tapping Solution, will be able to... The issue for them is going to be whether the people who are responsible for the schools, the school psychologists, the churches, the people that are really on the front lines helping the survivors of this will be open to a technique that looks strange, even [one that is] widely understood or accepted.

So that remains to be seen, how much the [inaudible] establishment will be able to really allow these people that are coming in who have worked, for instance have gotten tremendous results helping orphans in Kosovo and Rwanda, and people who's traumas are also off the charts. So that they are people that are familiar with unthinkable trauma and they have a track record of helping people who have gone through those traumas. So will they be allowed to work with the children, and families, and schools system remains to be seen.

Dr. Dave: I was wondering about that. How they would gain entree, entry and that does seem like it could be a challenge. You know, I've wondered, if this is so darned effective, why hasn't the VA system taken it on wholesale? Or maybe they have, I don't know.

David Feinstein: No, the VA is one of the groups where the administrators said to me, “Yeah, it looks good. It looks too good to be true. But your own American Psychological Association is saying it’s not valid by implication. And so I can’t just bring it in here.”

So what I’m hoping, we’re all hoping, that now that the American Psychological Association is allowing continuing education providers to teach Energy Psychology to psychologists for CE credit, that it will change all of this.

Dr. Dave: Oh, you say it is being allowed now?

David Feinstein: That’s what Chris was writing about is that the American Psychological Association, even though this 1999 ruling... They just took a different position. The Association for Comprehensive Energy Psychology has been turned down three or four times in the past several years and they had tried again this summer and found out last month that they were accepted. So they are now allowed to teach Energy Psychology courses and give psychologists continuing education credit for it. So that’s a giant breakthrough.

Dr. Dave: Oh, yes, it does sound like a giant breakthrough. And it seems to me that there’s another issue that I’m sure has been discussed and debated in the community, which is professionalization versus deprofessionalization. The technique, on the face of it, that you described is simple enough that one would think that nonprofessionals could practice it and also, thinking back to that period in the 60s and 70s, where it seemed like there were many people that would take a weekend workshop, let’s say in Gestalt Therapy, and then they would go off and kind of call themselves Gestalt therapists without extensive psychological training.

So where does that fit in? Because I understand that people can take this training without professional credentials, you know, and then what? So where is this in [laughs] that tangle and where do you stand?

David Feinstein: Right David, it’s a very delicate question, a very tricky one. More than 500,000 people participated in each of the last several years in the online tapping summit. Which means that there are probably millions of people using tapping on themselves or on their families who have no training in psychology, no

background. Yet it works. But can they do damage? Yes, they can. And it's really a very tricky situation for us, when we went through our own training as therapists, we were taught very clearly not to work with our families.

But if your child is having nightmares, and is afraid of the bogeyman, and can't get back to sleep, is there anything wrong with tapping on acupuncture points that calm your child, that let your child go back to sleep, that give your child a sort of empowerment because the child learns these points and can tap on them whenever they're feeling scared? Is there something wrong with that? Well, it's tricky. Where the line has been drawn most clearly is that people who learn this are really asked to be very vigilant to not treat psychiatric disorders. And to learn enough of what the warning signs are that someone has a serious psychiatric disorder so that they are not putting out a shingle, like you said. We used to joke at Esalen. At the exit there was a little stand there where somebody printed business cards, so that as people came away from their weekend in Gestalt therapy...

Dr. Dave: [laughs]

David Feinstein: ... they could get a business card. [laughs] But that people not do that. That they not work with the general public and offer services for pay or for free, if they don't have some training in how to recognize mental illness and how to recognize DSM, which is the psychiatric codes for mental disorders. And it's tricky, because someone uses it and it helps them overcome their fear of heights. And then they think it's the hottest thing going and they want to try it on everybody they know. And one of those people that they try it on is somebody that has PTSD and they go into a flashback that becomes very real for them. And the person sitting there has no training, has no idea what to do as the person is shaking, has lost touch that they're in 2012. They're now in 2010, when they were in battle conditions, and they're in that, as far as they know, they're in that battle condition and they have just been seriously retraumatized.

Dr. Dave: Yeah.

David Feinstein: So it's a very good question that you're asking and the answers are still being worked out.

Dr. Dave: Yeah, I could really see that that would be a difficult question to resolve but one that's worth struggling with. Now, we mentioned the children in Connecticut and also you gave the example of a child having nightmares. I'm wondering if there have been any studies exploring the efficacy of Energy Psychology with children. At first blush, it would seem to me that maybe it would be particularly effective with children. But is there any research to support it or anecdotal evidence?

David Feinstein: There actually is. There is. There aren't many studies but the ones that are out there are very impressive. I mentioned one and I'll give it a little more detail. A team went to Rwanda--this is 12 years after the genocide--and worked in an orphanage. And worked with--now these are teenagers, so they're not children but they're teenagers. And they are old enough that they remember seeing their parents get killed—that's how they were orphaned was in the horror that happened in Rwanda. And they're having nightmares, they're having flashbacks, they're having difficulty concentrating for 12 years.

So they have the caretakers identify which... There were 400 children in the orphanage, 188 children remember having lost their parents during the genocide. And they rated those 188 and they worked with the 50 that had the worst symptoms. They gave them tests, standardized tests that rated their PTSD symptoms. And all of them were above the PTSD cutoff on this particular test. Then the one session, one session, only one session—they planned to do three sessions but what happened was that there was a crisis in the country right when they were doing their research and half their team went to help with that crisis.

So they said, well, we're understaffed but they decided they'd already done the pretesting and were set up, so they gave one session hoping that it would do some good and 92 percent of these 50 kids, all but three of them, 47 of them were then beneath the PTSD cutoff on this same test after just one session. So that was an amazing finding. Far more effective than what the therapists were expecting. They thought one session would just not be enough. And then they came back a year later and did follow-up. And the results had held. Of the 47 kids that had shown that strong improvement, 46 were still beneath the PTSD score cutoff. It's a very impressive study.

There was a certain amount of seeding that went on, however, because in the follow-up, it wasn't just that they were given that one session and it still had held. We don't know if it still would have held because tapping became part of the culture in this orphanage.

Dr. Dave: [laughs]

David Feinstein: A boy would wake up screaming in a nightmare and his three bunkmates would come and have him tap his way back to calmness. So it literally is used now in the orphanage all the time. So that strong follow-up maybe have been because they were continuing to use it. But either way, I'm trained as psychologist. I do take a somewhat jaundiced eye to lay people using powerful psychological techniques but you really can't complain. You don't have much basis to complain when you see that kind of result where this technique becomes part of the culture at an orphanage and it's helping

Dr. Dave: Yeah.

David Feinstein: It's a powerful tool and the few studies that have been done with children have been done generally with older children. But the anecdotal reports of work with 6 year-olds and younger are very strong. There's a woman that had a school for emotionally disturbed children and she introduced the tapping. And story after story after story, just amazing, of children who have massive anger control issues having a way that they could take control of their emotional responses. Children that were depressed, children that had a lot of anxiety, really getting enormous help outside of therapy per se. It was done within this private school and done very effectively. We talked about that in Chapter 5 of a book called *The Promise of Energy Psychology* that I wrote with Gary Craig and Donna Eden.

Dr. Dave: Well, that is very dramatic. And you made reference to 18 controlled studies where... And part of that is to use control groups, as you pointed out, to kind of isolate what the active factors are or are not. And it brings to mind in the history mesmerism, it's reported that one day Anton Mesmer forgot to put the bottles of magnetized iron filings in the tub that he was using at that time, called the baquet, that people would sit around and people still had the dramatic "healing crisis experience". So the skeptic in me is wondering if anyone has studied having the patient do the tapping but not on the acupuncture points. Maybe just tapping on

their knees and there would still be symptom relief, which would suggest that the acupuncture points are not a key ingredient. Has anybody explored that?

David Feinstein: Yes, it's a very good question and it's certainly that the history of mesmerism and the incident that you described is what was in my mind in the early days of making sense of this, that it's not the procedure, it's belief and et cetera. So the studies on doing what are called sham acupoints are mixed. There was a study where they trained paramedics who went to the scene of an injury where the person need to be hospitalized but it wasn't a severe injury, wasn't life threatening. And before they would transport them, they would do acupressure. And they do the acupressure, half of them were on actual traditional points and half of them were on points that are not on the Chinese maps of acupuncture.

So they found that using the actual points reduced the person's level of anxiety [and] the person's need for pain medication significantly over the points that were sham points. And the paramedics did not know whether they were doing real points or sham points, so the study was blinded that way. So that was a really good test and that was replicated a number of years and got the exact same results. However, there have been other studies where that is not the case, where the sham points did almost as well as the real points.

And so, it's a very open question. And I think part of the question is: would tapping anywhere work? Is it that because tapping is a form of suggestion? Or is it that the actual act of tapping sends signals to the body anyway, that it sends electromagnetic signals to the body? And it's a really unanswered question. My own guess is that the actual acupuncture points are more effective but that there's a lot else going on. So that you really have good results, even if you miss the actual points.

Dr. Dave: Yeah, and one other possible mechanism that comes to mind to me is distraction. That the person has just been rehearsing verbally, the anxiety-arousing situation, they're going through that. And tapping, whether they're tapping or moving they're eyes from side to side as in EMDR, that they're sort of doing something that is splitting their attention, taking them [in] a different direction. So that's something that I kind of wonder about as a possible mechanism.

David Feinstein: There's a variety of these kinds of nonspecific therapeutic factors but none of them cures PTSD in one session like what you saw with those kids in Rwanda. There's nothing that comes close.

Dr. Dave: Okay. We're getting pretty close to the end here but one of the things that I'm wondering about, and maybe it's all too new with the APA just finally accepting CE units, but I'm wondering what the situation is in terms of state regulations. Would a psychologist be risking their license by openly practicing an approach such as EFT? I can imagine a nightmare experience of having to defend oneself in court, maybe. I'm wondering about insurance billing and whether people could get reimbursed for honestly reporting that they were doing tapping. What are your comments about that?

David Feinstein: Well, every state is different so that kind of complicates things. But, as I said, the psychologists pay attention to data. So I think that psychologists and other mental health professionals that are using this have much more cover now that there is really good research that is in top journals. In the early days people would use different language. They would call it as "stress reduction technique" or they would use terms that did not include Energy Psychology--TFT, EFT—they didn't, they'd just stay away from that. And it was still legitimate. In their case notes they would say that, "Witnessed such and such type of anxiety and a stress reduction technique lowered the person's self-reported level of anxiety from an 8 to a 2." And that was what was in the case notes.

What I think is going to happen is that we are still under the radar of the drug companies. But I think that the pharmaceuticals will fight us but we will find an unexpected ally in the insurance companies because the insurance companies want to save money. And if this works fast and more effectively than other treatments, they are going to be interested and in fact the first insurance company to really do a major study on this is Kaiser Permanente with HMO. They did a study on an energy technique for weight control and that is kind of a pilot study that was encouraging and now they're doing a more thorough study of that.

So I think the insurance companies are, not yet, but as you said, this just happened. But as the implications of the APA's decision start to spread, that the insurance companies will encourage and maybe even ask therapists who are using other

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methods why they're not using a more effective method like Energy Psychology. So that's what I'm expecting down the road.

Dr. Dave: Okay, well that peek into the future is a great place for us to wrap it up. It'll be interesting to see how it does unfold but I tend to think you're right. So Dr. David Feinstein, it's great to speak with you and I want to say thanks for being my guest today on Shrink Rap Radio.

David Feinstein: Thanks Dave. It's been a pleasure.

[music]

[afterword]

Dr. Dave: I hope you learned as much as I did about Energy Psychology from this conversation with Dr. David Feinstein. You can find some dramatic videos on his website of the Emotional Freedom Technique, or EFT, at www.energypsyched.com. You'll find four video vignettes of PTSD work with war veterans on the "Articles and More" tab on that site. And by the way, "psych" is spelled p-s-y-c-h.

My interview questions were based on two of his many articles. One was in the APA Journal, *The Review of Psychology* that we discussed and the other appeared in the Psychotherapy Networker during 2010. I'll put a link to both of these in the show notes. They are highly recommended reading.

I think this interview really fits into the Neuroscience/Brain series that I've been doing, especially come to mind Shrink Rap Radio **#319 on the Frontier of Neurotherapy** with Paul Swingle, **#329 The Emotional Foundation of Mind** with Jaak Pancepp, and **#330 Unlocking the Emotional Brain** with Bruce Ecker.

There are a number of theories that have been put forth to explain the remarkable results produced by EFT and its cousins. You heard Dr. Feinstein touch on some of that when he was talking about the amygdala. We didn't have time to get into it more deeply but personally, I think it fits right into the memory reconsolidation work that we've covered in those three earlier interviews I just referenced, especially the one with Bruce Ecker. I again have the strong feeling that an overarching brain therapy is aborning.

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