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Energy Psychology – A Discussion of Practices and Explanatory Theories

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Abstract

Energy Psychology (EP) includes a spectrum of practices in which people tap on their bodies while focusing their minds on problems they want to change. EP therapies are very rapidly effective, compared to many other conventional forms of psychotherapy. This discussion considers a spectrum of explanations for how EP works, including: tapping on acupuncture points, shifts in other biological energies, cognitive changes, psychological conditioning, expectation effects, distraction techniques, wholistic healing, alternating stimulation of right and left sides of the body (presumably producing alternating stimulation of left and right brain hemispheres) and nerve conduction speeds.

Key words: Energy Psychology, EP, Eye Movement Desensitization and Reprocessing, EMDR, tapping, acupuncture, acupoints, biological energies, bioenergies, Chinese medicine, cognitive psychology, psychological conditioning, systematic desensitization, flooding, expectation effects, distraction techniques, wholistic healing, alternating body stimulation, left and right brain hemispheres, nerve conduction speed.

Introduction

Energy Psychology (EP) includes a spectrum of practices in which people tap on their bodies while focusing their minds on problems they want to change. EP therapies are very rapidly effective, compared to many other conventional forms of psychotherapy. Varieties of theories will be considered to explain EP:

1. *Activating biological energies*, as in tapping on various acupressure points (acupoints) and in other bioenergy interventions;
2. *Cognitive changes* brought about through well-recognized conventional psychological mechanisms, as well as through newly developed mechanisms;
3. *Shifting the balances and interactions of brain hemispheric activities through alternate tapping on right and left sides of the body;*
4. *Body-mind mechanisms*, such as conduction speeds of nerves; and
5. *Wholistic Healing* – addressing every level of a person's being: body, emotions, mind, relationships and spirit.

Three tapping techniques will be the primary focus of this exploration: Emotional Freedom Techniques (EFT), Eye Movement Desensitization and Reprocessing (EMDR), and the Wholistic Hybrid derived from EMDR and EFT (WHEE). Broadly similar benefits are experienced by people using each of these techniques, although there appear to be significant differences in their methodologies.

EP approaches

People report that all of the EP methods are extremely helpful for dealing with stress, anxieties, fears, phobias, trauma release, pains and much more. EP is proving particularly helpful to soldiers and civilians with post traumatic stress disorders (PTSDs).

Many are very pleased to be able to heal themselves rather than having had to rely on therapists or medications. They are particularly grateful for having safe and rapidly effective methods for dealing with symptoms and issues as they arise, and not having to wait for their next therapy session to deal with their problems.

EFT is by far the most widely used EP method (Craig, 2011). With EFT, clients will tap on a long series of acupoints, while focusing on the negative issues they wish to change. A standardized affirmation is used to neutralize the negatives. (See EFT procedure details in Appendix A.)

EFT practitioners may be licensed healthcare providers or may be trained solely in EFT, which as yet is not a licensed modality. EFT does not produce heavy abreactions (heavy emotional releases, which are common with EMDR – per discussion below) and EFT is widely used when and as people need it. For example, EFT may be used when a person is anxious about speaking in public, afraid of flying, is getting over the trauma of an auto accident, or stressed in any other way. A growing body of EFT research confirms benefits in treatment of Post Traumatic Stress Disorders (Feinstein, 2008; 2010), with modest evidence for efficacy in obsessive-compulsive disorders, a variety of other anxiety disorders, fears, phobias, depression, alcohol cravings, nicotine cravings, adjustment disorder, bereavement, tremors, and chronic pain (Feinstein, 2008).

Some people may complain that they are unable to remember the long series of acupuncture points for tapping when they are experiencing stress or panic reactions. They may also find it embarrassing to be seen tapping on their bodies in public. Children in particular report they hesitate to use EFT in public because they get teased or bullied.

There are other varieties of EP techniques. Prominent among them are Thought Field Therapy (TFT), the original EP approach, which has a substantial research database (Callahan & Callahan, 1996), and Tapas Acupressure Technique (TAT), with a modest research database (Fleming, Web Reference). (See further details in Appendix D.)

In all of these methods, progress is tracked with the person's subjective units of distress scale (SUDS). The initial intensity of the issue being addressed is rated on a scale of 0 – 10. With every repetition of the tapping and affirmation, the subjective intensity of the issue being addressed is assessed, and the procedures are repeated until the SUDS is reduced to zero. This is generally the endpoint of the intervention in EFT, TFT and many other EP methods.

There are several professional EP organizations: The Association for Comprehensive Energy Psychology (ACEP) in the US, The Canadian Association for Integrative and Energy Therapies (CAIET) in Canada, The Association for the Advancement of Meridian Therapy Techniques (AAMET) in the UK, and several other organizations in Europe.

EMDR is an approach in which the patient is guided in alternately stimulating the left and right sides of the body by moving their eyes from right to left and back; by using left and right auditory stimulation; or by tapping on the left and right sides of the body. At the same time, the mind is focused on issues the person wants to feel better about. No counteracting affirmation is used. The EMDR protocol is very carefully defined and practitioners are strongly encouraged to precisely follow this protocol (www.emdr.com). (See more details in Appendix B.)

EMDR can help people address the same spectrum of problems as EFT and other EP. While many EP practitioners are also trained in EMDR and consider it very closely related to EP, the EMDR International Association (EMDRIA) and Francine Shapiro, the originator of EMDR, do not acknowledge any such relationship.

You must be a licensed healthcare therapist to have training in EMDR. EMDR may produce intense emotional releases that can frighten people or even retraumatize them. For this reason it is recommended that EMDR should be used only in the therapist's office. A portion of the EMDR protocol teaches patients ways to calm themselves when such emotional abreactions occur. While many EMDR practitioners continue to have patients use eye movements, others use alternating auditory stimulation or alternating tapping on the left and right sides of the body, particularly for people who have nausea or vertigo when doing eye movements.

EMDR has a robust body of research confirming its benefits in treatment of PTSD, with further studies confirming its efficacy in treating other stress disorders, anxieties, depression, pain, insomnia and more (Emdria, web reference). Meta-analyses have confirmed the efficacy of EMDR (Shapiro, web reference). Meta-analyses are facilitated because EMDR has a very strict protocol for its interventions. It is now broadly acknowledged (by the American Psychiatric Association, the World Health Organization and other such professional bodies) as an effective treatment for severe stress disorders (Shapiro, web reference).

WHEE is an EP combining elements from EFT and EMDR (Benor, web reference 1) and wholistic healing (Benor, web reference 2). WHEE is an acronym for the Wholistic Hybrid derived from EMDR and EFT. WHEE procedures involve alternately tapping on the right and left sides of the body, while stating the issue you want to address and reciting affirmations to counteract the intensity of that issue. When the intensity of the issue is reduced to zero, a replacement positive statement is installed.

WHEE is extremely simple to learn and to use, yet very rapidly and deeply effective. Within minutes it can reduce physical and psychological pains, even when these have been present for a long time. WHEE can also reduce the intensity of fears, phobias, stress reactions and other problems and in many cases can completely eliminate them (Benor, 2009). WHEE can be used safely anywhere and any time a person feels a need to decrease negativity and increase positivity. The simplicity of WHEE allows it to be used discretely in public, so that no one else knows a person is using it. This can be enormously helpful in dealing with anxiety disorders, phobias, anger, cravings, triggered memories and emotions of PTSD, and other issues whenever and wherever they arise. WHEE has only a few studies showing its efficacy (Bair, 2006; Benor, Ledger, Toussaint, et al. 2009).

Composite clinical examples

The following examples could have been people who used EFT, EMDR or WHEE. The clinically observed results are very similar, with the exception that with EP people can use the modality on their own, when and as they need to.

1. ‘George’ (assumed name) is a 28 year-old veteran of the Iraq war who suffered a post traumatic stress disorder (PTSD) after his vehicle was destroyed by an improvised explosive device (IED) in 2004. He suffered severe burns that left him with disfiguring scars on his face and right arm. The other two soldiers in his vehicle were killed.

   George’s body was well treated at the military hospital but his emotional problems were not. He was given various combinations of strong tranquilizers, antidepressants and sleeping pills. None of them more than slightly numbed his depression, anxiety attacks triggered by loud noises, anger outbursts with minimal frustrations, and chronic difficulties falling asleep, with frequent nightmares that woke him repeatedly every night. Self-medication with alcohol and occasional street drugs were also problematic.

   In the six years before he came for EP treatment he was hospitalized for two serious suicide attempts, one with an overdose of his prescribed medications and the other in crashing his car into a bridge abutment when he was drunk. During his second psychiatric hospitalization he had a brief trial of flooding therapy, in which he was encouraged to re-visit his most intensely traumatizing experiences – in the hope that this would help him overcome his trauma. Instead, it just made his symptoms worse.

   His wife divorced him two years after his medical discharge because of his abusive temper outbursts. She was afraid not only for herself but for their two young children.

   George was one of the lucky veterans who managed to find an EP therapist. (The military, with very few exceptions, refuses to use EP for trauma therapy.) Within six weeks of starting twice-weekly EP sessions, George was enormously relieved to be sleeping better, no longer being triggered by loud noises, having fewer temper outbursts, and less frequent suicidal thoughts. Three months after starting to use EP, he was sufficiently clear of his traumas and controlled enough to be able to find a job. In another month he found he could use the EP whenever he was triggered, so that he no longer was losing control and having temper outbursts.

2. ‘Betty,’ a 22 year-old secretary, had been gang raped after being abandoned by her boyfriend, following an angry argument with him in a rough bar. She, too, reported that her medical emergency care had been reasonable but that none of the long series of drugs she was given were of any help, starting with the psychiatrist at the emergency room and then by her family doctor and another psychiatrist. She was groggy, couldn’t think clearly enough to hold onto any of several jobs, and was waking frequently with horrible nightmares of being attacked by people, animals or frightening monsters.

   Her parents provided enormous support, allowing her to live in the basement of their small home. Her welcome was wearing thin, however, because of her drinking, smoking, depression, irritability and short-temperedness, on top of her being unable to hold a job for more than a day or two.

   Under her parents’ urgings, she sought counseling. Cognitive behavioral therapy (CBT), the current prevalent psychological approach, helped her see more clearly what was happening to her, but did not clear her trauma memories or problematic behaviors, and she abandoned this counseling after six frustrating and disappointing months.

   Two years later, with no change in her condition, her friend, Donna, recommended an EP

therapist who had helped Donna quickly overcome fears of driving following a serious auto accident. Though skeptical, Betty made an appointment to see this therapist. She was pleased and greatly relieved to experience immediate benefits from the first session. She was particularly grateful to be able to tap on her own whenever she was anxious or triggered. In two months she was clear of her trauma, able to hold down a job and looking forward to finding a place of her own to live.

An interesting aspect of her therapy was the unearthing of traumatic memories and emotions from having been molested by an uncle in her early teen years. She had never told anyone about this before, and had completely shut it out of her mind.

These sorts of very rapid improvements are the expected norm with EP, even with people who were severely traumatized and had not responded to various other therapies over long periods of time.

Theoretical considerations

The mechanisms of action of EP have yet to be clearly and firmly established. A variety of possibilities can be postulated, some with a fair amount of research evidence to support them.

Several aspects of EP have been emphasized as explanatory mechanisms for their effectiveness. There have been controversies and occasional public discussions in EP circles and on the internet considering:

1. Are tapping on acupoints the primary procedure that produces the beneficial effects?
2. Are focusing statements and counteracting affirmations necessary aspects of EP interventions?

There are also differing opinions about whether the specific TFT sequences prescribed for particular problems are more effective, or whether the generic EFT protocol is better. There are strongly held opinions on both sides of all of these issues.

Varieties of possible explanatory mechanisms are considered here.

Bioenergy healing

Acupuncture point (acupoint) stimulation

Many EP practitioners are of the opinion that it is the tapping on acupoints which is the principal effective mechanism in achieving the observed rapid and deep effects. This is by far the most popular theory in the EP community. In some EP circles the term *Meridian Based Therapies (MBT)* is used in preference to EP. Meridians are biological energy lines that connect series of acupoints, running from the extremities through the trunk and to the head.

There is a wealth of clinical data gathered over several thousands of years from acupuncture practitioners on the effectiveness of using various forms of stimulation on acupoints. Common traditional methods for this stimulation include needles, pressure using sticks or other probes and finger pressure. Newer ones include electrical and laser stimulation.

Awareness about acupuncture was greatly stimulated in the west by the testimonial of James Reston, a well known New York Times reporter, who had an appendectomy while on assignment in China in 1971 (Reston, web reference). The sole anesthesia used was acupuncture, and he reported no pain and very rapid postoperative recovery. His rapid recovery was quite remarkable at that time because the anesthetics used in the west in those days often left people groggy for several days.

Very complex and detailed relationships have been described between functions of the acupoints – both individually and in various combinations – and with functions of the organs and physiological systems of the body, emotions, mind, environment and spirit. These bear little relationship to modern western understandings and explanations for health and illness. (More on this in a separate article to follow, on EP and wholistic healing.)

Western science and medicine have been skeptical about the very existence of acupuncture points and meridians. However, in recent decades electrical resistance at these points has been shown in some studies to differ from the skin resistance where there are no points (Prokhorov, Prokhorova, González-Hernández, et al., 2006). However, critical reviews point out weaknesses in these studies and recommend further explorations (Ahn, Colbert, Anderson, et al. 2008). Experienced, sensitive acupuncture practitioners report they are able to identify acupressure points by finger touch.

Western style clinical research confirms that acupuncture may be beneficial for several problems. "General international agreement has emerged that acupuncture appears to be effective for postoperative dental pain, postoperative nausea and vomiting, and chemotherapy-related nausea and vomiting. For migraine, low-back pain, and temporomandibular disorders the results are considered positive by some and difficult to interpret by others. For a number of conditions such as fibromyalgia, osteoarthritis of the knee, and tennis elbow the evidence is considered promising, but more and better quality research is needed" (Birch S, Hesselink JK, Jonkman FA, et al, 2004). Further studies have shown that acupuncture enhances recovery of neuromuscular functions following strokes (Johansson et al., 1993; Kjendahl et al. 1997; Naeser, et al. 1992; Zhang et al. 1987) but others did not confirm this.

Eastern explanations of the mechanisms for efficacy of acupuncture involve totally different understandings of physiology, health and illness. Ted Kaptchuk provides an excellent discussion on aspects of health that allopathic medicine seems helpless to treat, but which respond well to Traditional Chinese Medicine (acupuncture, herbal therapies, qigong, Fung Shui and Chinese cosmology). He also expands on Chinese views of health and illness.

> For instance, the Chinese do not ask what causes a particular illness. They ask, "Which patterns within the individual and his environment are in harmony and which are in conflict?" Therapy is not aimed at correcting symptoms so much as at bringing the person to greater harmony with the cosmos.
>
> …The Chinese description of reality does not penetrate to a truth, it can only be a poetic description of a truth that cannot be grasped. The Heart, Lung and Kidneys… are not a physical heart, lung or kidneys; instead they are personae in a descriptive drama of health and illness. For the Chinese, this description of the eternal process of Yin and Yang is the only way to try to explain either the workings of the universe or the workings of the human body. And it is enough, because the process is all there is; no underlying truth is ever within reach. The truth is immanent in everything and is the process itself…

The fact that western research confirms any effects of acupuncture is to some extent remarkable. Putting acupuncture to tests that are not designed to take into consideration the theories and cosmology associated with Chinese medicine is highly unfair and prejudicial, placing acupuncture at a serious disadvantage in demonstrating its efficacy. In Traditional Chinese Medicine (TCM), the uses of acupuncture are only a part of a much more comprehensive approach to health and illness. TCM often includes a rebalancing of biological energies, adjustments of diet, herbal remedies and all of these within a cosmology that views the individual being treated as a part of the balance of aspects of

the world such as *yin* (feminine) and *yang* (masculine) and five essential elements that are aspects of every living being (wood, fire, earth, metal and water).

Theories explaining how acupuncture works in EP
Let's start by honoring the origins of acupuncture. Eastern theories assume there are biological energies (*qi, ki, chi*) that infuse, activate and guide the functions of the physical body. There are higher concentrations of these energies at acupuncture points. This enables therapists to regulate increases or decreases of flows and to release blocks to the flows of these energies. The entire biological energy (bioenergy) system is harmonized rather than focusing only on the body parts or organs associated with the presenting symptoms. Thus, regulating the bioenergies of the person enables a harmonizing of their body, emotions, mind, relationships and spirit. Treatments harmonize the person with the rest of the world.

Western science assumes that stimulation of acupuncture points produces bioelectrical responses in various parts of the body, particularly in the brain. Early research suggests possible ways in which acupoint stimulations may bring about beneficial effects observed in EP. In a literature review, Lane (2009) notes:

> Recent research indicates that manual stimulation of acupuncture points produces opioids, serotonin, and gamma-aminobutyric acid (GABA), and regulates cortisol. These neurochemical changes reduce pain, slow the heart rate, decrease anxiety, shut off the fight/flight/freeze response, regulate the autonomic nervous system, and create a sense of calm. This relaxation response reciprocally inhibits anxiety and creates a rapid desensitization to traumatic stimuli.

David Feinstein (2012) observes that acupoint stimulation has been shown to alter neurochemicals (Ruden, 2005); brainwaves (Diepold & Goldstein, 2009; Lambrou, Pratt, & Chevalier, 2003; Swingle, Pulos, & Swingle, 2004); and blood cortisol levels, which are indicators of stress (Church, Yount, and Brooks, in press). The mechanisms of action and significance of these changes have yet to be fully explored and explained. These changes are suggestive of possible pathways to alterations in brain and body functions that produce healing effects.

Feinstein (2012) also suggests that brain imaging findings may explain how tapping on acupoints can reduce the intensity of negativity. Brain scans demonstrate that needle stimulation of acupoints can reduce activity in areas associated with fear, such as the amygdala and hippocampus (Hui et al., 2000) and also in the limbic-paralimbic-neocortical areas (Fang, et al. 2009). Feinstein (2012) suggests that in EP the focusing of the mind on an anxiety-producing issue will activate the amygdala. When acupoints are stimulated, they deactivate the amygdala. Repeating this process can lead to a learned or conditioned response of less reaction to the anxieties that are activated by the mental focus on the problem. The hippocampus stores the new memories of lessened anxieties and clinical improvements in the stress situations that are experienced.

Bioenergy healing
In acupuncture we have an overlap with bioenergy healing therapies such as Therapeutic Touch, Healing Touch, Reiki, spiritual healing and related approaches. Practitioner bioenergies are directed through light touch and/or mental intent to bring about healings. Research confirms these bioenergy therapies can reduce anxieties, pains and other problems without affirmations and without engaging the acupuncture meridian system. Research also confirms effects on animals, plants, bacteria, yeasts, cells in laboratory culture enzymes and more (Benor, 2001; 2002).

Some EP practitioners are also trained in bioenergy healing. The consensus among these

practitioners is that bioenergy interventions can enhance EP interventions. In fact, it may be that acupoint tapping is just a special case of bioenergy healing, focused on stimulating acupuncture points and meridians rather than on shifting the bioenergies of the person as a whole. Coming from the other direction, it may be that introducing bioenergies via acupoints is more potently effective for addressing various problems.

In summary, it is held by many EP practitioners that acupuncture point stimulation is the essential intervention producing the observed benefits. The fact that TAT in general, and some TFT practitioners obtain excellent results with stimulation of particular points but without using counteracting affirmations would be the clearest evidence lending support to this theory. The facts that other bioenergy interventions can help people with symptoms that respond to EP and that these therapies appear to enhance EP treatments, further supports a belief that tapping on acupoints may be the effective component in EP.

Cognitive changes as the effective agent for change in EP

Paired negative and positive cognitions used in EP

Enhancements of positive cognitions are addressed in EP along with the tapping. The prevalent procedure in the majority of EP interventions is to state the problem that a person wishes to deal with, followed by a positive, counteracting statement (per the formal procedures in Appendix A - C).

Here are some samples of paired EP format cognitions:

> For a fear of heights: “Even though I’m afraid of heights, I still love and accept myself, wholly and completely.”
>
> For exam anxiety: “Even though I’m terrified of failing my exams, despite having studied sufficiently to know the materials well outside of the exam room, and remember how my father was always critical of me, no matter how well I did as a child, I still remember by grandmother always comforting and reassuring me I’d be ok.”
>
> For trauma: “Even though I shudder when I think of seeing that child thrown from the car in that crash (adding salient details) and have nightmares about it, I know that God loves and protects me and that the child’s angels are there to guide him on his path.”

The positive counteracting affirmation neutralizes the negative issues that people want to change. This pairing of positives that counteract and neutralize negatives is very well studied in western psychology.

Pairings of positive and negative cognitions in conventional psychology

Systematic desensitization (also called *reciprocal inhibition*) is a well-accepted form of behavior modification therapy, widely practiced by conventional psychotherapists since the 1950’s. Extensive research confirms that the pairing of positive and negative thoughts and feelings leads to a decrease in the intensity of the negative issues (Goldfried, 1971; Kazdin and Wilcoxon, 1976; Wolpe, 1969).

In systematic desensitization, people with fears, phobias and trauma residues are trained in therapy sessions to focus on positive imagery, thoughts and feelings. They then practice focusing upon the negativity they want to address until they feel it with some intensity. At the point that they experience this to be moderately uncomfortable, they switch to thinking about the positive cognitions. By

repeating this process of pairing a positive cognition with negatives ones a number of times, the negativity gradually decreases until it entirely dissipates.

In systematic desensitization a person writes down a comprehensive list of their anxieties, fears, angers or other negative feelings about a given focus. They rank the intensity of each one from the mildest to the most severe. They work their way through the list, starting with the least intense and working their way up to eliminating the intensity of the worst on their list, neutralizing the negativity of each item.

I used this approach in my psychotherapy practice in the 1970's and 1980's. Although it is rather slow, it is highly effective. It helped people release fears and phobias of animals, flying, confined spaces (claustrophobia), difficulties in relationships and other anxieties. Mild to moderate trauma memories responded fairly well too, but severe trauma memories were usually resistant to such approaches. This is one of the tools of today's Cognitive Behavioral Therapy (CBT).

Exposure therapy, developed by Joseph Wolpe (1969), invites people to practice relaxation while being exposed in graduated steps to whatever they are afraid of. A person who is frightened of dogs would be exposed to a dog who is held securely at the far end of a long hall. He would practice relaxing until he was no longer anxious. The dog would be brought gradually closer and closer, with the person practicing relaxation at each interval until he could have the dog right next to him and even pet the dog without anxiety.

Flooding is a similar approach, in which people are subjected to prolonged exposures to stimuli that resemble as closely as possible the most intense issues in their original trauma. Thomas Stampfl developed a variant of flooding that is called *implosion therapy* for treating phobias (Leitenberg, 1990). These methods are commonly used today in efforts to aid emergency services personnel, soldiers and civilians who have PTSD. In some cases this can effectively reduce dealing with gruesome memories of auto accidents, burns, civilian and battlefield violence and other such horrible experiences. However, flooding techniques may make people feel worse rather than better and may re-traumatize them.

Non-specific neutralizations of negatives may be possible. In a more general way, the pairing of the negative issues with the calming effects of the therapy situation (quiet room, empathetic therapist, general suggestions and expectations of benefits) may be further contributors to the neutralization of negative thoughts and feelings by pairing them with non-specific positive cognitions. These are also labeled 'expectation effects.'

Pairings of positivea and negatives in complementary/alternative therapies

Neurolinguistic Programming (NLP) employs a bioenergetic approach that works on the same principles of positives cancelling negatives.

1. People are instructed to press with one finger on a part of their body (e.g. on their thigh, where their hand is resting) while holding in their awareness a memory of a negative experience with negative feelings attached to it. They assess the intensity of the negative cognitions. They hold the pressure for 15-30 seconds. Upon releasing the pressure, they carefully leave their hand resting in exactly the same position so that they can again press with the same finger on exactly the same spot. After releasing their finger pressure they deliberately release their focus on their negative cognitions.
2. Next, they repeat (1) with one finger of their other hand on another part of their body, while focusing on positive thoughts and feelings. After releasing their finger pressure they deliberately release their focus on their positive cognitions.
3. Without holding any mental focus, they simultaneously press each finger again on the same

spot as they did earlier, holding the pressure of both fingers for 15-30 seconds, and then release the pressure.
4. They again assess the intensity of the negative cognitions.

In most cases, the intensity of the negative cognitions is significantly decreased. This process is called *discharging anchors.*

NLP also demonstrates that the same effect of positives neutralizing negatives can be achieved through a visualization process. People can visualize that they are holding an energetic bubble in one hand that contains negative cognitions and a bubble in the other hand with positive cognitions. Bringing the two hands together and visualizing that the bubbles coalesce with each other, the positives neutralize the negatives.

Any or all of the following may explain these results:

1. A psychophysiological conditioned response is established when a portion of the body is touched while the mind is focused on specific cognitions. Pressing simultaneously on two points, one of which has been conditioned to a positive and the other to a negative cognition will lead to the positive cancelling the negative, as in systematic desensitization.
2. A bioenergetic imprint of cognitions may be anchored at the point of finger pressure on the body. When a positive anchor is activated at the same time as a negative anchor is activated, the positive biological energies neutralize the negative ones.
3. The efficacy of the bubble imagery procedure may also be explained as an energetic neutralization of the positive and negative bioenergies that are created through visualizations of the bubbles.
4. Concurrently or alternatively, the anchoring through touch and/or the bubble imagery may simply be mental constructs that facilitate visualizations of merging positive and negative cognitions.

Pendulations: Alternating stimulations of the body and rhythmic alternations of attention

Peter Levine (2010) coined the term 'pendulations,' which is a most helpful concept in understanding one of the aspects of releasing physical and psychological trauma.

Somatic Experiencing of Peter Levine

Peter Levine (2010) observes that repetitive, alternating focus of attention may contribute to healing.

> In general, focusing inward and becoming curious about one's inner sensations allows people to experience a subtle inner shift, a slight contraction, vibration, tingling, relaxation and sense of openness. I have named this shift from the feelings of dread, rage or whatever one likes to avoid toward "befriending" one's internal sensations *pendulation*, the *intrinsic rhythm* pulsing between the experienced polarities of contraction and expansion/openness (Step 3 in Chapter 5). Once people learn to access this rhythmic flow within, "infinite" emotional pain begins to feel manageable and finite. This allows their attitude to shift from dread and helplessness to curiosity and exploration. (p. 351)

Parallels with EP and EMDR

This is an interesting parallel with WHEE and EMDR, in which there repetitive, rapid physical pendulations with stimulation of right and left sides of the body and brain hemispheres, as well as slower, cognitive pendulations between focus on problematic issues and counteracting affirmations. EFT includes simultaneous R/L physical stimulation, and slower, cognitive pendulations between focus on problematic issues and counteracting affirmations. There may be one or more common denominators within these methods.

Other cognitive approaches to change

Giving oneself permission to change

Simply agreeing to allow oneself to change has been developed into a systematic therapy. The Sedona Method (Web reference) can be an even faster approach than EP. This involves simply asking people whether they are prepared to let go of their problems and then inviting them to do so. A structured series of questions is used. This method is trademarked by the Sedona Method instructors. I find that adults and older children respond better than younger children to this approach. This would be a more focused example of an expectation effect.

Distraction techniques

Cognitive Behavior Therapy (CBT), the current prevalent approach in psychological treatments, utilizes varieties of distraction techniques. CBT therapists suggest that "pleasant imagery, counting methods, and use of a focal point helps patients learn to divert attention away from severe pain episodes" (Keefe, 1996). Research confirms distraction can be an effective strategy for dealing with pain (Miller, et al., 1992; Vesey et al. 1994); anger (Frey, ND); stress (Mills, et al., Web reference); moodiness (Dombeck and Wells-Moran, Web reference); and more.

Distraction through tapping may contribute to the efficacy of EP. Pairing of negative issues with the calming environment of the therapy situation may again be the effective factor in distraction therapies.

Any or all of the above helpful pairings of negatives with positives may contribute to the positive effects observed in EP.

Relevance of cognitive changes to EP

There are several parts common to many EP modalities that fit the model of systematic desensitization.

1. Affirmations protocols in which the problem is stated, followed by a counteracting affirmation.
2. Repeatedly assessing the levels of intensity of the SUDS, observing that the levels of negativity are decreasing, provides feedback and reinforcement of confidence in the efficacy of the EP procedures. Similarly with the feedback from increases in positivity with EMDR and WHEE.
3. Users find that confidence is built up in the efficacy of EP when successful eliminations of problems are repeatedly experienced with EP. This reinforces the efficacy of further uses of EP. (I call these 'meta-positive' effects.)

Considering the evidence for the efficacy of cognitive changes in bringing about therapeutic changes, it is reasonable to postulate that the affirmations used in many EP modalities, plus other, non-specific positive clinical factors, may be effective in neutralizing the negatives. Similarly, pairing very strong positive cognitions and feelings with replacement positives may strengthen the replacement positives.

Explanations for the efficacy of EFT, TFT and related therapies have not delved to any great extent into speculations about the contributions of the cognitive interventions to the observed outcomes. In EMDR there have been discussions on this topic, with various suggestions that are clearly relevant to other EP approaches.

EMDR may be a form of exposure therapy (Lee, et al., 2006). It could be that the repetitions of focusing statements leads to extinction of the negative focus.

Shapiro (2002) suggests that shifting repeatedly from disturbing issues to new cognitions and feelings may build confidence in one's ability to deal effectively with problems. In the language of WHEE, this builds a meta-positive belief that successful releases of negativity will occur. Such positive beliefs facilitate releases of negativity. It appears that EMDR may be a variant of systematic desensitization.

While the factor of repetitions as exposure therapy might contribute a modest measure of improvement, the progress made by people using EMDR and WHEE is reliably very much faster and deeper than those therapies using exposure therapy or any if its related variants without the tapping.

An adaptive information processing (AIP) model is suggested by Francine Shapiro (2002):

> [This] model (Shapiro, 2001) guides EMDR treatment. This theory posits that many disorders are based, at least in part, on the inadequate processing of information related to distressing experiences. It is proposed that this information is stored, with the emotions and physical sensations, in a state-dependent fashion. Essentially the memory becomes isolated, without adequate integration with semantic knowledge or assimilation into other memory networks.
>
> During effective treatment, traumatic material is linked to more adaptive material and new associations are made, resulting in complete information processing and adaptive resolution. What is useful is learned, stored with appropriate emotion, and is able to effectively guide one in the future. What is useless (such as high arousal, disturbing emotions, irrational beliefs, sensations) is discarded.
>
> In practice, EMDR is a structured integrated approach, synthesising elements of many other effective psychotherapies such as psychodynamic, cognitive-behavioural, person-centred, body-based, and interactional therapies... The integration of these orientations provides a unique set of procedures and protocols...

Alternating stimulation of the right and left sides of the body, presumably producing alternating brain hemispheric stimulation

Alternating right and left stimulation of the body produces releases of negative thoughts, *memories and feelings and enhances the installation of positive ones in EMDR* (Gunter & Brodner, 2008; Lee & Drummond, 2008). Clinical reports from EMDR (Shapiro, 2001) and WHEE (Benor, 2009) confirm this approach is highly effective.

The R-L stimulation of the body is presumably effective through L-R stimulation of the brain. R-L stimulation of various sorts produces the same effects:

1. Eye movements
2. Auditory stimulation
3. Tactile stimulation of any area of the body, from head to toes

In EMDR, alternating right and left (R-L) stimulation is used without affirmations. There is no theory with solid research evidence to explain how alternating right and left stimulation of the body produces these releases. The following discussion considers various possibilities.

Explanations for the contributions of alternating right and left stimulation to releasing negativity and enhancing positivity

Theories built upon experiences with EMDR: stimulation of particular areas of the brain
Early research suggests there may be responses in the frontal lobes that account for the effectiveness of eye movements (EMs) in EMDR. Per notes on the EMDRIA website:

> Specifically, the EM manipulation used in the present study, reported previously to facilitate episodic memory, resulted in decreased interhemispheric EEG coherence in anterior prefrontal cortex. Because the gamma band includes the 40 Hz wave that may indicate the active binding of information during the consolidation of long-term memory storage (e.g., Cahn and Polich, 2006), it is particularly notable that the changes in coherence we found are in this band. With regard to PTSD symptoms, it may be that by changing interhemispheric coherence in frontal areas, the EMs used in EMDR foster consolidation of traumatic memories, thereby decreasing the memory intrusions found in this disorder." (Propper, et al., 2007)

Theories built upon experiences with WHEE: right and left hemispheric global stimulation
WHEE practitioners and users regularly report very rapid and deep releases of physical and psychological problems of all sorts. Multiple mechanisms appear to contribute to the observed benefits.

The evidence from conventional psychological research strongly suggests that the neutralization of negatives through pairing them with positives is an essential mechanism explaining how WHEE and other EP. It is quite likely that this mechanism also contributes to the efficacy of EMDR.

In addition, both the alternate right and left stimulation of the body (by whatever method) and the tapping on acupoints enhance these processes.

Clinical observations and research with EMDR demonstrate that alternating R-L stimulation alone (with a focusing statement but without counteracting affirmations) produces emotional releases of trauma. Not only is the intensity of the trauma reduced by the tapping, but memories also surface to consciousness about aspects of the trauma that had been buried outside of conscious awareness.

Right and left stimulation of the body is broadly presumed to be effective through alternating activation of particular portions the left and right hemispheres of the brain. While specific brain areas that are essential for these effects have not as yet been identified, it may also be that global stimulation of the R and L brain hemispheres may be the effective mechanism for change.

The left hemisphere (LH) abstracts what is perceived by the senses and by RH into cognitive representations of the external world. LH organizes perceptions into recognized patterns. LH functions tend to be more within conscious awareness. LH modes of conceptualizing the world are very familiar in western society, where they are strongly emphasized.

The right hemisphere (RH) processes external awarenesses of the world that are more general, gestaltic and closely identical to the outer world. RH mediates internal awarenesses and processing of emotions and empathy with others in the outside world. Much of the awareness people have through their RH involves perceptions and experiences that are unconscious. The degree to which they are outside of conscious awareness varies in different people.

In general, these differences in predominance of RH and LH expressions appear to be broadly correlated with overall personality preferences, as described by Jung (1967). Jung proposed a continuum of polarities from thinking to feeling as personality traits. But even in those who are relatively more consciously aware of their emotions, many aspects of emotions and cognitions remain unconscious.

Iain McGilchrist (2009) provides an excellent summary of research on right and left hemispheric functions. He also emphasizes that LH cognitions are "re-presentations" of the perceived and experienced world. That is, the LH builds models of the world to explain it to the conscious mind. The

LH then becomes so used to these models for interpreting its experiences that it takes the models to be accurate perceptions (rather than self-constructed representations) of the world.

People have a strong tendency to adopt the hemispheric modes that are preferred by their families of origin. They also tend to choose friends and colleagues who share similar preferences. Thus, their own hemispheric models of the world appear to them to be validated as 'the way the world is supposed to be.' While RH dominant people tend to be more accepting of differences in people who have strong LH functions, LH dominant people's re-presentations of the world tend to be more exclusive, rejecting the worldviews and approaches of anyone who differs from themselves.

There is a preponderance of LH thinking in the educational, industrial, financial and governmental institutions of the world today. These strongly validate and reinforce the LH thinking individuals in the validity of their re-presentations of the world. Most people broadly ignore the fact that there are countless LH beliefs that are held by countless other individuals and groups of people other than their own – all of whom also believe their own re-presentations of the world are the only valid descriptions of external, perceived experiences and internal, experienced/ perceived experiences. This contributes to prejudices, tensions and conflicts between individuals, groups and nations on our planet.

Memories of stressful and traumatic experiences, along with their associated feelings, are often buried (partially or completely) outside of conscious awareness. This is a helpful survival mechanism in dangerous and frightening situations. It leaves people with more cognitive and emotional resources during the period of danger to deal with whatever is threatening them. The problem is that after the danger has passed, the trauma memories and feelings often remain buried outside of conscious awareness, but they may continue to be experienced as traumatic within the unconscious mind.

> *The Unconscious is not unconscious. It is only the Conscious that is unconscious of what the Unconscious is conscious of.*
>
> - Francis Jeffrey

It appears reasonable to postulate that the biological repository or gateway for these buried memories lies in several portions of the right hemisphere. RH protects the more conscious LH by keeping the traumatized person from being re-traumatized by recalling the original dangerous, traumatic situations and the resulting negative emotions. RH actively promotes avoidance of any experiences that could trigger the recall of these buried feelings and memories.

LH (conscious awareness) feels anxiety when strong negative emotions arise in RH. People who are stronger in LH (thinking, analytic, linear, either/or thinking) generally prefer to avoid experiencing strong emotions in interactions or in memory. LH appears to invite RH to protect it from disturbing memories of negative, traumatic experiences. RH and LH appear to set up alerts, warnings and rules for avoiding new behaviors and situations that might trigger memories of negative experiences.

At the same time, RH is burdened by keeping these materials buried and by constantly having to keep the person alerted and on guard against encountering anything in life that might trigger their recall. This drains a lot of cognitive and emotional energies and also narrows and diminishes many options for positive experiences. So RH will invite interactions that will trigger some portions of these buried memories into conscious awareness, hoping that LH will pick up on the hints and agree to clear them away. This is why people who have been traumatized will often engage in behaviors and enter relationships that recreate the original trauma. People abused in childhood, who have buried many of their trauma memories, will find themselves in abusive relationships; those who have suffered violent trauma will often place themselves in situations that invite triggerings of violent reactions. RH is staging these interactions in the hopes of releasing the buried memories – at times when the person

is no longer in the dangerous situations and has more resources to deal with them and clear them.

It appears reasonable to hypothesize that:

1. Alternating stimulation of RH and LH while focusing the mind on troublesome, traumatic feelings and memories stimulates the release of the blocks to conscious recall of the buried materials.
2. These materials are rapidly and deeply neutralized through the variations of systematic desensitization that occur when the positive cognitions and feelings are paired with the negative memories and feelings.
3. There are then marked improvements in the presenting problems, which had been caused by combinations of memories and feelings repressed from conscious awareness; enervating vigilance required to avoid triggering these memories and feelings into conscious awareness; and unconscious efforts to recreate life experiences that invite releasing the RH from these burdensome tasks.
4. As we continue to use these methods we shed fears of addressing our repressed feelings and memories, and we develop a meta-positive attitude about dealing with our traumas, saying to ourselves, “I can handle this one too, just like I handled all the other ones!”
5. Installing positive cognitions and feelings to replace the negative ones that have been released brings even stronger healings.
6. As we continue to install replacement positives we gain even greater confidence that we can address any problems, and we develop meta-positive expectations, saying to ourselves, “I can convert my negative experiences into positive lessons just as I’ve done with the others!”

> *Emotion and the body are at the irreducible core of experience: they are not there merely to help out with cognition. Feeling is not just an add-on, a flavoured coating for thought: it is at the heart of our being, and reason emanates from that central core of the emotions, in an attempt to limit and direct them, rather than the other way about. Feeling came, and comes, first, and reason emerged from it…*
>
> - Iain McGilchrist

Could EP acupoint tapping effects be due to a simultaneous R-L tapping?

There is a distinct possibility that some portions of the efficacy of EP tapping on acupoints are due to simultaneous R-L tapping. In some or all of the acupoint tapping people will use their hand from one side to tap on the other side of their body. This may or may not be true for tapping on acupoints on the head, but is always true of tapping under the opposite arm and on the opposite hand. While stimulating the acupoints on the opposite side of the body, they are also stimulating the finger that is doing the tapping. Thus they are engaging in simultaneous bilateral tapping.

This raises the possibility that, in addition to the effects of acupoint stimulation, there is a simultaneous (rather than an alternating) R-L tapping that is occurring. As mentioned above, some people using WHEE find that simultaneous, repetitive R-L tapping on the body works better for them than alternating R-L tapping.

RH and LH alternating and simultaneous stimulation in popular uses

When people are nervous, some will rhythmically tap their feet on the floor, or tap their fingers in various rhythms on a table or the arm of a chair or on their laps. More often, these are single-sided tapping patterns. These, too, appear to relieve tensions, though not as deeply or thoroughly as R-L tapping.

Music stirs people spontaneously to engage in R-L self-stimulating activities. Lively tunes will elicit rhythmic hand clapping (simultaneous R-L stimulation) and foot tapping, stomping or dancing

(alternating R-L stimulation). Waving one's hands and arms rhythmically from right to left and back is another common R-L response to music. It may be that the beneficial effects of R-L stimulation were intuitively recognized by people in various cultures and used for self-healing.

This video may point to where right-left stimulation for relief of tensions originated.
http://www.youtube.com/watch?v=5LLbGYbZbes

Combined tapping and affirmations
Early observational evidence suggests that tapping combined with mental focus on cognitions and feelings appears to be more effective than either approach alone. This has yet to be systematically investigated. The contributions of tapping to cognitive interventions have yet to be investigated with neural imaging.

Additional postulated mechanisms for EP

Nerve conduction speeds
Eric Leskowitz (2010) suggests that in EP treatments for pain relief, the nerve conduction times from skin to brain for touch are much faster than from skin or other body parts to brain (Neuroscience for Kids, web reference). See Table 1.

Table 1. Nerve fiber functions and conduction speeds

Types of nerve fibers	Function	Conduction speed meters/second
A-beta	touch	35 - 75
A-delta	sharp pain	5 - 35
C-nerve	dull, aching pain	0.5 - 2

Repeated tapping on the body may stimulate the skin touch fibers, which could interrupt habitual pain responses because they reach the brain much faster. This could contribute to the other beneficial effects of tapping and affirmations.

Hypnotic suggestion
Leskowitz also suggests that EP and EMDR could be variations on the theme of hypnotherapy. The use of a pendulum swinging in front of a person as a method of induction certainly suggests an overlap with the direct R-L stimulation of EMDR and WHEE, and the covert R-L overlap with other tapping methods.

Wholistic healing

The part can only be known when the whole is apparent.
– Ted Kaptchuk

Wholistic perspectives acknowledge that each of us is composed of body, emotions, mind, relationships (with other people and the environment) and spirit. Wholistic healing extends beyond many of the more conventional boundaries of focus and therapeutic interventions. Many EP modalities include aspects of wholistic healing. WHEE deliberately promotes wholistic healing. More on this topic in an article to follow and in Benor (web reference 2).

In summary

The universe is a communion of subjects, not a collection of objects.
- Thomas Berry

There are varieties of clinical paths to healing with EP. All lead to psychological and physical improvements. Evidence suggests that it may be combinations of diverse mechanisms that contribute to the rapid changes achieved through each of the various EP approaches.

Appendix A. Emotional Freedom Techniques (EFT) procedures

EFT is by far the most widely used EP method (Craig, 2011; Craig web reference).

1. Tap on a standardized, long series of acupuncture points, including:
   a. the inner tip of the eyebrow;
   b. the outside corner of the eye;
   c. just below the center of the eye;
   d. the upper lip below the nose;
   e. the chin;
   f. just below where the collarbone meets the breastbone;
   g. under the arm;
   h. on the pinkie side of the hand; and
   i. at the very top (vertex) of the head.
2. Focus awareness on issues that they want to change. A typical setup statement would be "Even though I have this _____";
3. Recite an affirmation to counteract and neutralize the intensity of (2). A typical counteracting affirmation is "I deeply and completely love and accept myself."

Formal procedures are described at http://www.emofree.com/eft/recipe.html

Appendix B. EMDR procedures

EMDR is an approach in which the patient is guided in alternately stimulating the left and right sides of the body by:

1. Alternately moving their eyes right and left (the original and recommended method), or through auditory stimulation or tapping on the body;
2. Focusing the mind on troublesome thoughts and feelings, as well as on physical sensations present during this focusing;
3. Refocusing on further troublesome thoughts and feelings that arise following a round of (1) + (2);
4. Repeating (1-3) until the intensity of the troublesome thoughts and feelings has been reduced to zero (on a scale of 0-10); and
5. Installing and strengthening positive feelings and thoughts to replace (the troublesome thoughts and feelings of (2-4) after they have been completely neutralized. (The intensity of the positivity is assessed on a scale from 0-7, and it is strengthened to the point that it is a 7.)

Formal procedures are described at
http://www.emdr.com/general-information/what-is-emdr/what-is-emdr.html

Appendix C. WHEE procedures

WHEE is an EP combining elements from EFT and EMDR. WHEE is an acronym for the Wholistic Hybrid derived from EMDR and EFT.

The WHEE procedure involves:

1. Tapping alternately on any part of the right and left sides of the body. (Eye movements are an option but people very rarely choose this. A few people find that simultaneous, repetitive R-L tapping on the body works better for them than alternating R-L tapping.);
2. Focusing awareness on feelings and thoughts (in that order) that people want to change. Feelings are highlighted in this process and addressed as a priority. A typical *focusing statement* would be: "Even though I feel _____ when I think about _____";
3. Reciting a *counteracting affirmation* to neutralize the intensity of the cognitions in (2). A typical counteracting affirmation could be "I wholly and completely love and accept myself" or any other strongly positive statement;
4. Adding new feelings and thoughts that arise following a round of (1 - 3) to the ones identified in (2);
5. Repeating (1-4) until the intensity of negative feelings and thoughts has been reduced to 0 (on a scale of 0-10);
6. Installing and strengthening positive feelings and thoughts using a *replacement positive affirmation* for the troublesome feelings and thoughts of (2) after these have been completely neutralized by (3);
7. The strength of the positivity is assessed on a Subjective Units of Success Scale;
8. A wholistic approach is emphasized, addressing every level of a person's being: body, emotions, mind, relationships (with other people and the environment) and personal spiritual awarenesses and beliefs (Benor, wholistic web reference); and
9. Individualizing the above protocol to the preferences of each person.

When the intensity of the issue is reduced to zero, a replacement positive statement is installed: While tapping alternately on right and left sides of the body, the positive is stated, followed by a reinforcing positive statement (often the same as the counteracting affirmation). This is repeated until the intensity is raised on a Subjective Units of Success Scale (from 0 to 10) to a level of 10 or higher.

Formal procedures are described at
http://www.wholistichealingresearch.com/whee_process_1.html

Appendix D. Variations in practices among different EP methods

TFT practitioners prescribe different series of acupuncture points to tap on for each problem. EFT teaches people to tap on an entire series of points, in a 'one shoe fits all' approach. Other EP methods utilize different series of acupoints. Procedures generally follow the protocol of EFT steps (1 – 3) in Appendix A. TAT uses touch at acupoints and other places on the head and focuses the mind on an issue, but does not use a counteracting affirmation.

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