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Rapid Group Treatment of Pain and Upsets with the Brief Energy Correction

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Abstract

Objective: The Brief Energy Correction (BEC) is a technique for somatic rebalancing of neurological disorganization, usually employed when meridian tapping procedures (Emotional Freedom Techniques, Thought Field Therapy, and related Energy Psychology methods) are not successfully reducing discomfort intensity. This rebalance then allows the tapping to resume reducing intensity. The objective of this study was to assess preliminary efficacy of the BEC in a group setting as a solo technique in reducing physical and/or emotional pain.
Design: Pilot cohort study
Study setting and participants: 75 participants reporting current pain or psychological upset and attending a virtual, 30-minute session at an annual, meridian-based, mind-body, psychological conference.
Intervention and Outcome measure: The BEC technique of briefly holding a sequence of five acupoint positions while thinking of an emotional or physical pain, repeated six times (BEC-6), is described for self-administration over a virtual videoconference format. Participants reported intensity of their distress before and after each of three rounds of the BEC-6, using the subjective units of distress (SUDS) scale.
Results*:* Seventy-five conference members participated (average age 60, 92% female). For 39, pain was the presenting issue, with average starting intensity 5.5 on a scale of 0-10. At the end of 3 rounds, average intensity was 1.56 (3.9- point or 70% reduction, $p<0.0001$). For 28 participants (72%), pain dropped below their typical pain range in this brief 90 second demonstration.
Upsets, reported by 36 participants started at average current intensity of 6.1 and at the end of 3 rounds average intensity was 0.9 (5.2-point or 85% reduction, $p<0.0001$)).
Conclusion*:* The Brief Energy Correction is worthy of more attention both as a solo technique and in combination with other techniques in the meridian-based psychosomatic treatment world. It is simple and can be taught as a self-help tool to manage pain and upsets. It can be applied individually and in groups. Further research is recommended to determine whether these results are replicable and durable.

Keywords: Brief Energy Correction, Tapping, Pain, Anxiety, Somatic therapy

Introduction

Meridian-based therapies show remarkable results for reduction of physical pain and emotional upsets.

The mainstay of these mind/body acupressure psychotherapy approaches are the Emotional Freedom Techniques (EFT) and Thought Field Therapy (TFT) (Feinstein, 2019; Irgens, Dammen, Nysaeter & Hoffart, 2012). These somatic approaches are often known as "tapping" or generically as "Energy Psychology". There are more than 125 published studies on these EFT/tapping therapies, including more than 50 randomized trials and 5 meta-analyses. Of these, 99% (i.e., all the studies except one) have documented efficacy for EFT, and all studies with follow-up show that the results are lasting (Feinstein, 2019). Considering anxiety, a meta-analysis of 14 randomized clinical trials of EFT found an overall large effect size ($d=0.8$, $p<0.0001$), which means anxiety reduced by 80% of a standard deviation (Clond, 2016). For psychological distress, another meta-analysis of 18 randomized trials of EFT found a moderate effect size (Hedge's g- 0.66, 95% CI: 0.33 to 0.99), in which psychological distress was reduced by 66% of a standard deviation (Gilomen & Lee, 2015).

For chronic pain, EFT was shown to significantly reduce pain severity with effect maintained at one month; patients' ability to live with pain and negative thinking around pain was also significantly reduced; and improvement was maintained at one- and six-month follow-ups (Ortner, Palmer-Hoffman, & Clond, 2014). In another study, workshop participants' pain was reduced by 57% ($p<0.0001$) (Bach, Groesbeck, Stapleton, Sims, Blickheuser & Church, 2019).

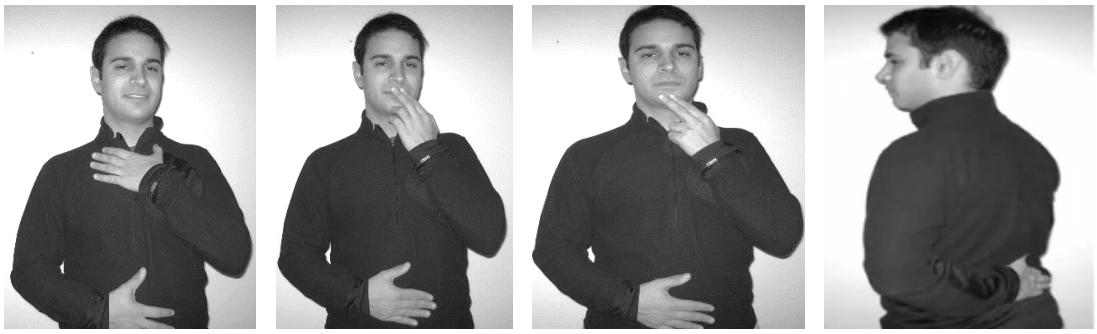
The EFT/tapping therapies combine cognitive approaches of exploring the related thoughts and imaginal exposure with stimulation of selected acupuncture points by lightly tapping or touching them. The tapping process itself has been shown to be responsible for a proportion of the effectiveness (Church & Nelms, 2016). The subjective relief is supported by multiple physiologic markers of stress, including resting heart rate reduced 8% ($p=0.001$); cortisol reduced 37% ($p<0.001$); and systolic and diastolic blood pressure reduced 6% and 8% respectively ($p<0.001$) (Bach, Groesbeck, Stapleton, Sims, Blickheuser & Church, 2019). A 43% reduction in cortisol levels was observed, following one 60-minute session of EFT in a group format (Stapleton, Crighton, Sabot & O'Neill, 2020).

The process sometimes gets 'stuck', and subsequent rounds of tapping will show very little or no change in intensity. The EFT procedure addresses this potential issue by including, as part of the initial procedure, a "setup" that incorporates tapping on a side-of-hand point with statements of acceptance of the issue. Tapping on the side of the hand and The Brief Energy Correction are commonly used to allow EFT/tapping to again become effective and reduce intensity.

The Brief Energy Correction (BEC) technique is to hold one hand stationary across the belly button. The other hand moves to the following acupoint positions and is held at each for one breath:

a) both sides of the collarbone accomplished by the fingers extended,
b) middle and pointer finger touching under the nose;
c) same fingers touching under the lip; and
d) hand placed at the tailbone (Bilazarian, 2018).

Figure 1. The Brief Energy Correction



The BEC is a brief method to correct neurological disorganization that is also known as switching, a condition where there is a disconnect in nerve impulses (Gallo, 2000). Clinically, neurological disorganization can be observed by confusion over right and left, severe psychological stress, not swinging arms or homolateral coordination of arms and legs, spatial difficulties, learning problems. This confusion generally slows down or retards responses to some acupressure-based treatments (Gallo, 2000).

In one situation, the primary author, a seasoned EFT/TFT practitioner and LCSW, got stumped in a live pain demonstration during her national tour of teaching EFT and Tapping. Normally, chronic pain reduces very quickly with several rounds of EFT tapping and using the client's metaphors describing their pain. In this case the client experienced no change during or after several rounds of tapping. She then used the BEC and her pain intensity dropped 4 points. She repeated it and pain dropped another 2 points.

The researcher then began using this process with six repetitions of the five-second process (the BEC-6) as an intervention in its own right for many things, including a better level of effectiveness with difficult-to-treat obsessive thoughts. One medical doctor used this to curb his work-stopping, painful flare-up of rheumatoid arthritis (which started at an intensity of eight out of ten and reduced to no pain), and now reapplies BEC-6 when it's needed. Another client curtails her migraines using BEC-6. One session of BEC-6 was used to stop recurrent nightmares, in a client with horrendous childhood and domestic abuse trauma. She even reported that she now awakens with her bedding intact for the first time in years.

Although the BEC has traditionally been used in energy psychology as an adjunct treatment in cases when tapping processes are not successfully reducing intensity, it has not previously been shown to be useful as a solo treatment in its own right. The current cohort study of the effectiveness of the BEC-6 in curbing pain and upsets is an initial pilot study to explore this intervention as a solo treatment.

Objectives

The objective of this study was to assess preliminary efficacy of the BEC-6 used as a solo technique in reducing physical or emotional pain. A second objective was to demonstrate that the BEC-6 could be applied successfully to groups.

Methods

This is a single cohort pilot study to assess efficacy of the BEC-6 in reducing perceived upset or pain.

Setting and Participants

This virtual study was conducted during a half-hour online teaching and research presentation of *The Brief Energy Correction – Is it Another Meridian-Based intervention?* at an annual meridian-based, mind-body psychological conference. All attendees were at their homes listening in via a Zoom online format.

Attendees heard the story of the experienced LCSW getting stumped in a live pain demonstration, and subsequently using the BEC as a solo technique and then the BEC-6 in clinical practice. Those with a current perceived pain or upset were asked to participate in the study component. They were asked initial questions about their age and gender, and then characteristics of the pain such as cause, duration, typical intensity range; and for upsets asked to identify the cause.

Intervention

Participants were asked to tune in to pain, if they had it; or to tune into an upset. They were asked to not bring to awareness a traumatic upset in order to be protective due to limited time and virtual presentation. All were told they could contact the presenter via email or phone if anything that came up needed further assistance. They were asked to rate their upset or pain after thinking about it as the researcher counted out 5 seconds. They were then led through using the BEC six times (BEC-6). Each BEC process takes approximately 5 seconds, and 6 repeats (BEC-6) taking approximately 30 seconds was considered a round. Participants rated intensity after each of three rounds of the BEC-6.

There was a request for information to be entered on pre-specified forms available through the conference digital site. Participants were asked to note their answers on paper during the presentation and then were given 90 seconds of music for them to transcribe their responses onto the digital format. Twenty minutes after the presentation, the data was delivered via spreadsheet from the technical coordinator Gene Monterastelli, to the primary investigator.

Additionally, the Zoom format allows for people to comment "chat" in the margin. An additional 21 responses in the chat window were entered during this time and it is not known if each is original or a duplicate of the form the clients filled out. Not all respondents identified their age, gender or the pain or upset they were rating.

Measurements

At start and after each of the three rounds, rating of the intensity of upset or pain was done using an 11-point subjective units of distress scale (SUDS) where people are asked to consider 0 represents no pain or upset and 10 represents the strongest experienced (Penney & Teatero, 2015; Wolpe, 1966).

Results

At the time of the data collection, 130 participants were listed on the Zoom site, and of these, 75 (58%) responded, 39 presenting with current pain and 36 with an "upset" (Table 1).

Table 1. Respondents' details

	Total Respondents		Pain		Upset	
Sample Size	75	(100.0%)	39	(100.0%)	36	(100.0%)
Female	69	(92.0%)	37	(94.9%)	32	(88.9%)
Male	6	(8.0%)	2	(5.1%)	4	(11.1%)
Age - mean (std dev)	59.7	(10.83)	60.2	(9.30)	59.2	(12.39)
- range (minimum, maximum)	(27,	82)	(36,	77)	(27,	82)

Although an additional 21 responses were drawn from the "chat", demographics are not available, and it is not known if any were duplicate of the first 75.

BEC-6 for Pain

For the 39 participants with pain as a presenting issue, the characteristics of that pain are shown in Table 2. There was a wide range of physical location of the pain. The majority (66.7%) had pain which had been present for longer than a month and the longest duration was 48 years. A physical cause of overuse or

accident was reported by 35.9%, and arthritis or other medical issue for another 28.2%. Stress was reported as cause by 12.8%.

The average starting pain intensity using a subjective units of distress scale (SUDS) was between 4 and 7 on a scale of 0 to 10, and the majority (76.9%), reported that the lower level of pain intensity was 3 or more on the 11-point scale.

Table 2. Pain details

Location of Pain		
Head/face	3	7.7%
Shoulder/neck/collarbone	9	23.1%
Back	8	20.5%
Hand/arm/wrist	8	20.5%
Hip	6	15.4%
Leg/foot/ankle	4	10.3%
Skin	1	2.6%
Cause of Pain		
Stress	5	12.8%
Overuse/ sitting	7	17.9%
Accident	7	17.9%
Arthritis	5	12.8%
Other medical/disease-related	6	15.4%
Unknown	9	23.1%
Pain Duration		
≤ 1 week	8	20.5%
1 week to 1 month	5	12.8%
1 month to 1 year	7	17.9%
> 1 year	19	48.7%
Lowest intensity typically experienced		
0 to 2	7	17.9%
3 to 4	11	28.2%
5 to 6	13	33.3%
7 to 8	6	15.4%
Not reported	2	5.1%
Initial Pain Intensity		
< 4	2	5.1%
4 to 5	16	41.0%
6 to 7	19	48.7%
8	2	5.1%

The average starting pain intensity and then average decrease at the second and the third repeat are shown in Table 3. The initial intensity ranged from 2 to 8 with average of 5.5. For each of the rounds, the drop in intensity from the previous round averaged 1.8 for the first round (33% change), 1.1 for the second and third round and the overall change in intensity was 3.9 (a reduction of 71% from the initial level). Each of these changes in intensity was highly statistically significant, that is with a high probability the change is not due to random variation.

Table 3. Pain as the presenting issue for brief energy correction

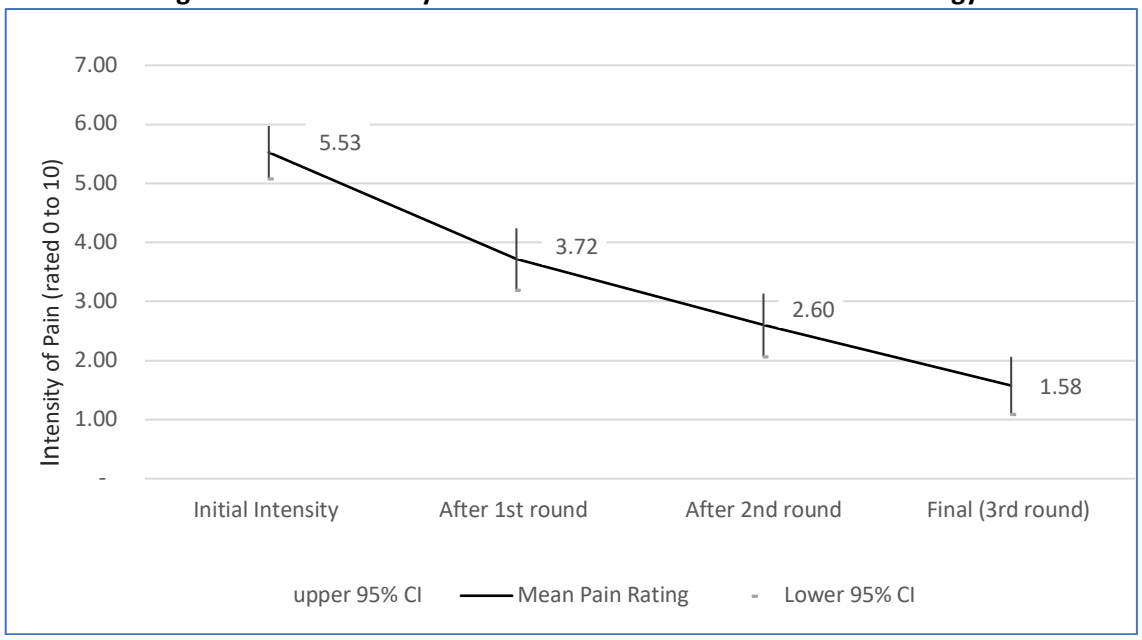
	Intensity	Change in intensity				
		Mean Drop	Range	Std deviation	95% CI	p-value
Baseline	5.53		(2, 8)	1.381	(5.08; 5.97)	
Round 1	3.72	1.8	(-2, 6)	1.546	(1.31; 2.31)	p<0.0001
Round 2	2.60	1.1	(-1, 4)	1.010	(0.79; 1.44)	p<0.0001
Round 3	1.58	1.0	(-1, 3)	0.959	(0.71; 1.34)	p<0.0001
Total Drop in intensity		3.9	(0, 8)	1.919	(3.33; 4.57)	p<0.0001

CI = confidence interval; Range is (minimum, maximum)

Further, a question for the pain group was to give their typical range of pain intensity on a SUDS scale. This means a person may say that their typical pain range fell in the 5-8 range. For 26 people (66.7%) their pain dropped to at least one point below their typical range.

Figure 2 presents the SUDS for pain at each time point, and its confidence interval.

Figure 2. Pain Intensity reduces after each round of the Brief Energy Correction



BEC-6 for Upsets

For the 36 participants with "upset" as a presenting issue, the cause of the upsets were more frequently personal issues rather than upsets with another person or relationship (Table 4).

Table 4. Participants reporting an upset

	N = 36	
Cause of Upset		
Relationship	13	36.1%
Personal	23	63.9%

Personal upset examples included: “mouse in the house”, “doing chores”, “health concern”, “desk disorganized” Relationship upset examples included: “friend doesn’t call”, “someone wanting me to babysit”, “Irritation with family member”, “regret what I said to client”

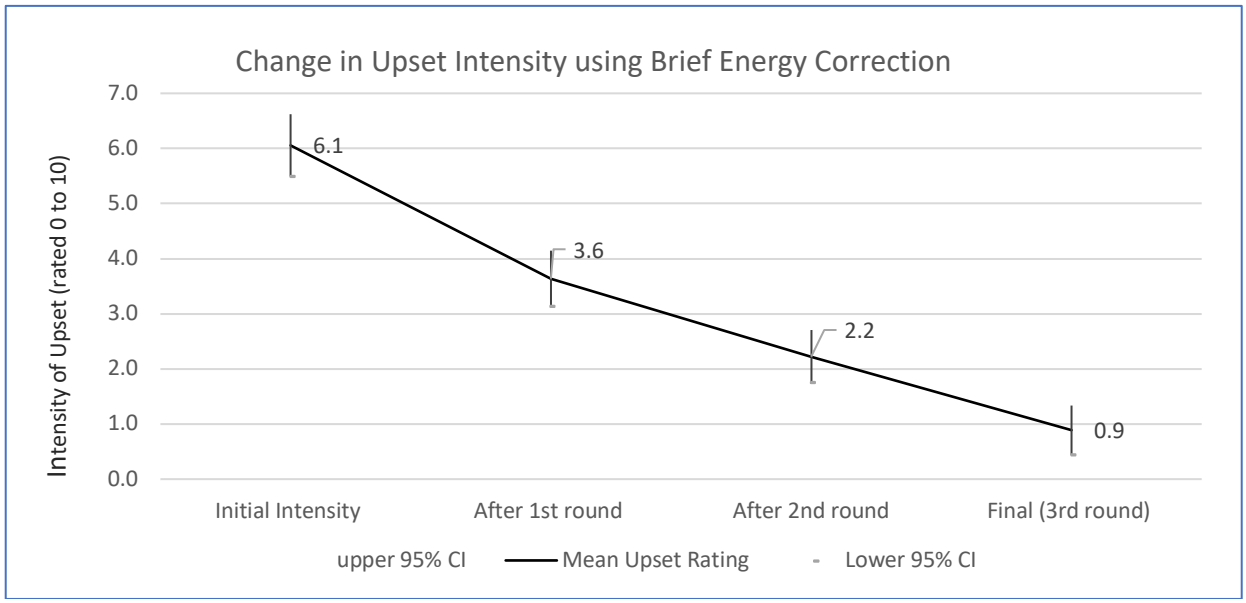
For upsets, the initial intensity, and then the average decrease at the first, second and the third rounds are shown in Table 5. The initial intensity ranged from 3 to 10 with average of 6.1. The drop in intensity from the first round averaged 2.4 (40% change), 1.4 for the second and 1.3 for the third round. The overall change in intensity after 3 rounds was 5.2 to 0.9 average intensity (a reduction of 85% from the start). Each of these changes in intensity was highly statistically significant, that is with a high probability the change is not due to random variation.

Table 5: Brief energy correction for upset – pain intensity change after each round

		Change in intensity				
	Intensity	**Mean Drop**	**Range**	**Std deviation**	**95% CI**	**p-value**
Baseline	6.06		(3, 10)	1.672	(5.49; 6.62)	
Round 1	3.64	2.4	(0, 5)	1.180	(2.02; 2.82)	p<0.0001
Round 2	2.22	1.4	(-1, 4)	1.025	(1.07; 1.76)	p<0.0001
Round 3	0.89	1.3	(0, 4)	1.042	(0.98; 1.69)	p<0.0001
Total Drop in intensity		5.2	(0, 9)	1.875	(4.53; 5.80)	p<0.0001

CI = confidence interval; Range is (minimum, maximum)

Figure 3. The SUDS upset Intensity reduces after each round of the Brief Energy Correction



BEC-6 for Pain or Upsets – Chat data

For the 21 chat entries that could be a pain or an upset, the results were consistent with those who reported a pain and those who reported an upset. The initial intensity of a pain or upset was 6.0 and after three rounds of BEC-6, the average intensity was 1.6. The drop in intensity ranged from 1 to 10 points with average drop of 4.4 points or 75% (95% CI 3.92, 4.93, p<0.0001).

Discussion

This pilot cohort study found that the BEC-6 significantly reduced intensity of both pain and upsets each time that it was applied and over the course of the 3-rounds. For those reporting upsets, the starting intensity (average 6.1) reduced by an average of 85% by the end of 3 rounds. For those reporting pain, the starting intensity (average 5.5) reduced by an average of 70%, and for 67% of participants, the pain dropped below their typical pain range in this brief 90-second demonstration. For both pain and upsets, BEC-6 was applied 3 times, and there were substantial and statistically significant drops at each subsequent round.

The BEC-6 potentially provides faster pain relief than most other meridian therapies, as the process was approximately 90 seconds in total for these results. The magnitude of pain relief is consistent with other

meridian-based therapies. In a workplace population with stress, using a group format, EFT reduced pain by 41% ($p<0.001$) and was maintained at 2-year follow-up (Church & David, 2019). In other pain populations, EFT reduced pain of "frozen shoulder" by 50% (average intensity 4 reduced to 2, $p=0.003$; Church & Nelms 2016) and maintained this at 3-month follow-up. In frequent tension headaches EFT gave a statistically significant reduction in pain (3.6 SUDS points; $p<0.001$) maintained at follow-up (Bougea, Spandideas, Alexopoulos, Thomaides & Chrousos, 2013). A hybrid of Eye Movement and Desensitization Reprocessing (EMDR) and EFT for chronic pain patients reduced pain severity in the wait list group after their wait period ($p<0.05$) and this remained decreased to weeks 4 and 6, but not at 3-month follow-up (Benor, Rossiter-Thornton & Toussaint, 2017).

The Brief Energy Correction, (BEC) (Bilazarian, 2018, p183-4, Diepold, Britt & Bender, 2004) also known as the Basic Un-switching Procedure (Gallo, 2000) is a known method in the meridian-based world of energy psychology (EFT/ TFT/ tapping) and kinesiology. It was derived from applied kinesiology (Walther, 1988); is used in TFT (Callahan, 2001; Diepold, Britt & Bender, 2004); and is similar to the Brain Gym "brain buttons" technique (Dennison & Dennison, 1989).

The BEC technique has typically been used as a rebalancing to address neurological disorganization or "switching", in which "the central nervous system is misinterpreting and misconstruing nerve impulses" (Gallo 2000, p. 216). When this occurs, energy psychology processes do not reduce intensity effectively. After 'rebooting' the system with the BEC, the process again works. In this instance, it is used only once to 'reboot' the system and then the practitioner or subject continues with EFT, TFT, or other meridian-based therapies. The first author of this article estimates that in over 100 presentations to clinician trainee audiences of approximately 40 participants each, approximately 10% of participants report a need this rebalance, evidenced by a minimal 0 or 1-point drop after 3 rounds of EFT/tapping on their introductory group practice of "hate of a chore".

This method has other "sisters" in the fields of energy psychology and energy medicine that assist to correct disruptions when meridian therapies appear to not work. They include tapping or holding an acupoint on the side of the hand ½ inch below where the small finger connects to the base of the hand (acupressure point SI-3); Wayne Cook's Hook-up (another similar mind-body energy rebalancing system with interlaced arms and crossed ankles); Bilazarian's "pretzel" (a softer adaptation of Cook's Hook-up); Collar-bone breathing; and more. All are adjuncts to allow stuck meridian-based therapies to work (Bilazarian, 2018; Callahan, 2001; Craig, 2010; Freger, 2019; Gallo, 2000; Lambrou & Pratt, 2000).

It is consistent with the BEC being effective when tapping therapies are not working to note that significant relief was achieved for substantial pain still being experienced by some participants at the end of a 2-day somatic techniques (EFT/ tapping) conference, whereas we would have expected participants to be pain-free after two days of tapping. It is noteworthy that it was residual and resistant pain that was substantially relieved by the BEC-6.

The outcome measure used was an 11-point subjective units of distress scale (SUDS), for subjective experience of current intensity of pain and upsets. This measure has been widely used and validated within the field of kinesiology (Wolpe, 1966, Tanner, 2012) and has been used in somatic interventions (Salas, Brooks & Rowe, 2011; Penney & Teatero, 2015; Kim, Bae & Park, 2008).

Limitations

The current study was conducted as a cohort comparison of pre and post treatment for a group participating in a 2-day workshop. Although a change in physical or emotional pain was demonstrated after the BEC intervention compared to before, and it is highly unlikely that pain or upsets resistant to two days of tapping would change on its own, there was not a control group which did not receive the intervention to prove that the intensity would not have changed without intervention. Additionally, there is no follow-up to assess whether reductions in intensity held at follow-ups such as several months or a

year later has been found for other tapping therapies (Church & Nelms, 2016; Bougea, Spandideas, Alexopoulos, Thomaides & Chrousos, 2013).

Also, treatment in this study was administered online using a group format. The setting was a virtual presentation of a workshop using videoconferencing technology. Although 130 attendees were logged as present to the videoconference, there is no way to know how many were actually present. For example, one colleague told the presenter he had to take a call during the presentation. As a point of clinical responsibility, participants were asked to not focus on a traumatic or large event in this public and remote virtual setting. The primary investigator did give her email address and cell phone to offer that the participant could reach out to have this further addressed if any participant was feeling triggered.

This unusual setting is becoming more common in this Corona Virus -19 era. A Covid-19 sensitive method of not touching the face is not part of this research, but this was tried with a small sample, with a measure of success in this method. The first stationary hand covered the belly button area, the second hand moved to the collarbone with fingers extended to cover both sides (K-27 Kidney Meridian), then to the top of head to cover the governing vessel meridian, and then with a hand flat on the top of the chest to cover the central/conception vessel and another hand at the tailbone.

Based on these preliminary results, the BEC-6 is brief, appears to be safe with no side effects and can be repeated as needed. It may have merits as an intervention in-the-moment for recurrent pain.

This method has potential for use in several settings. It may provide an additional pain approach for prevention of and aid in relapse recovery for opioid and drug addiction. It can be used in therapy or as a self-help tool for upsets. For either of these, it can be used individually or in groups, and has the potential to be used as a debriefing tool in critical incidents, or administered to a homogenous group, such as nurses, teachers, first graders, first responders, to lessen emotional and physical stress symptoms.

Conclusion

The Brief Energy Correction is worthy of more attention both as a solo technique and in combination with other techniques in the meridian-based, mind-body, somatic treatment world. It is simple and can be taught as a self-help tool to manage pain and upsets. It can be applied individually and in groups. Further research is recommended to determine whether these results are replicable and durable.

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Author Information:

Margaret Hux, , MSc, Dip SP, Health Economist and Registered Psychotherapist (Qualifying) has worked in medical research for 20 years with specialties in health economics, real world data and patient outcomes research. Marg used EFT personally for many years and completed a coaching training in EFT, before leaving the corporate environment and continues to conduct research. Marg is now a Registered Psychotherapist (Qualifying) with a practice in Spiritual Psychotherapy using EFT as one key modality. Marg works with stress, depression, anxiety, life change issues, trauma, relationship issues.

Robin Bilazarian, LCSW, DCSW, DCEP, EFTi Certified Master EFT Trainer attended the University of Pennsylvania and is a graduate of UNC-Chapel Hill School of Social Work and trained at Duke Medical Center Outpatient Psychiatry. She is a seasoned psychotherapist and clinical educator for 4 decades, specializing in all aspects of inpatient and outpatient mental health. She incorporated EFT/Tapping 24 years ago bringing it into mainstream practice in a community mental health center, private practice, and in an urban, Level 1 Trauma hospital. There, she utilized EFT/tapping with the hospital staff, physicians, medical students, as well as police, first responders, and teachers. Currently she is touring the USA training psychotherapists how to bring EFT/Tapping into their clinical practice.

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