

2014

Benor, D.J., 2014. Energy psychology practices and theories of new combinations of psychotherapy. *Curr. Res. Psychol.*, 5: 1-18.
<http://thescipub.com/abstract/10.3844/crsp.2014.1.18>

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 often are very rapidly effective. This article examines varieties of explanations for how EP works, including: Cognitive changes, psychological conditioning, expectation effects, distraction techniques, tapping on acupuncture points, shifts in other biological energies, 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.

Boath, E., Stewart, A. & Rolling, C. (2014). The impact of EFT and matrix reimpling on the civilian survivors of war in Bosnia: A pilot study. *Curr. Res. Psychol.*, 5: 65-73.
<http://thescipub.com/abstract/10.3844/crsp.2014.64.72>

A pilot study was carried out to establish the feasibility and effectiveness of Matrix Reimpling (MR) in treating post traumatic stress symptoms in civilian survivors of the war in Bosnia. Two Healing Hands Network Centres in Bosnia in Sarajevo and Hadzici. Clients accessing the Healing Hands Network in Bosnia were invited to participate in the pilot study of MR. At the start and end of their treatment, clients were asked to complete a modified version of the PTSD Checklist-Civilian Checklist (PCL-C; Blanchard *et al.*, 1996) at baseline, immediately after the two week MR intervention and then at 4 weeks follow-up. Eighteen clients were included MR pilot study. There was a significant reduction in the mean scores from baseline to immediately post intervention ($p = 0.009$) and again at the 4 week follow-up ($p = 0.005$). The size of the immediate effect was sustained at follow-up ($p = 0.65$). The qualitative analysis (via. an evaluation form at four weeks follow-up) identified the following four themes: Theme 1: Physical and psychological changes Theme 2: The strength to move on and to self-care Theme 3: Rapport with the MR Practitioners Theme 4: Recommending it for others. Despite the limited sample size, significant improvements were shown. The qualitative and quantitative results support the potential of MR as an effective treatment for post traumatic stress symptoms. Further controlled studies are required.

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Church, D., & Brooks, A. J. (2014). CAM and energy psychology techniques remediate PTSD symptoms in veterans and spouses. *Explore: The Journal of Science and Healing, 10*(1), 24-33.

A randomized controlled trial of veterans with clinical levels of PTSD symptoms found significant improvements after EFT (Emotional Freedom Techniques). While pain, depression, and anxiety were not the targets of treatment, significant improvements in these conditions were found. Subjects (N = 59) received six sessions of EFT coaching supplementary to primary care. They were assessed using the SA-45, which measures 9 mental health symptom domains, and also has 2 general scales measuring the breadth and depth of psychological distress. Anxiety and depression both reduced significantly, as did the breadth and depth of psychological symptoms. Pain decreased significantly during the intervention period (– 41%, $p < .0001$). Subjects were followed at 3 and 6 months, revealing significant relationships between PTSD, depression, and anxiety at several assessment points. At follow-up, pain remained significantly lower than pretest. The results of this study are consistent with other reports showing that, as PTSD symptoms are reduced, general mental health improves, and that EFT produces long-term gains for veterans after relatively brief interventions.

Dunnewold, A.L., 2014. Thought field therapy efficacy following large scale traumatic events. *Curr. Res. Psychol., 5*: 34-39.
<http://thescipub.com/abstract/10.3844/crpsp.2014.34.39>

Thought Field Therapy Efficacy Following Large Scale Traumatic Events: Description of Four Studies. Thought Field Therapy (TFT) has been shown to reduce symptoms of Posttraumatic Stress (PTS) with trauma survivors in four studies in Africa. In a 2006 preliminary study, orphaned Rwandan adolescents, who reported ongoing trauma symptoms since the 1994 genocide, were treated with TFT. A 2008 Randomized Controlled Trial (RCT) examined the efficacy of TFT treatments facilitated by Rwandan Community leaders in reducing PTS symptoms in adult survivors of the 1994 genocide. Results of the 2008 study were replicated in a second RCT in Rwanda in 2009. A fourth RCT in Uganda (in preparation for submission) demonstrated significant differences in a third community leader-administered TFT treatment. The studies described here suggest that one-time, community leader-facilitated TFT interventions may be beneficial with protracted PTS in genocide survivors.

Gaesser, A. H. (2014). Interventions to Reduce Anxiety for Gifted Children and Adolescents. *Doctoral Dissertations, Paper 377*.

Anxiety can cause many concerns for those affected, and previous research on anxiety and gifted students has been inconclusive. This study examined the anxiety levels of

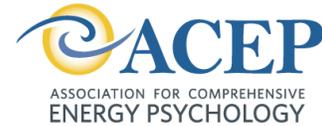
gifted students, as well as the effectiveness of two interventions: Cognitive-Behavioral Therapy (CBT) and Emotional Freedom Technique (EFT). Using the Revised Children's Manifest Anxiety Scale-2 (RCMAS-2) to measure students' anxiety levels, Phase I of this study examined anxiety in gifted youth ($n = 153$) participating in private and public gifted education programs, grades 6 -12, in two Northeastern states. ANOVAs were used to assess differences in the anxiety levels, and results indicated that gender ($F [1, 149] = 13.52, p < .001, \eta^2 = .08$) and school setting ($F [2, 149] = 21.41, p < .001, \eta^2 = .23$) were significant factors in the anxiety levels of the gifted students in this study. In Phase II, a randomized controlled research design was used to investigate the effectiveness of CBT and EFT interventions for gifted adolescents. Utilizing permuted randomized assignment, participants ($n = 63$) identified with moderate to high levels of anxiety on the pre treatment RCMAS-2 were assigned to one of three treatment groups: a) CBT, the current gold standard of anxiety treatment, b) EFT, an innovative modality presently showing increased efficacy in anxiety treatment, and c) a wait-listed control group. Students assigned to CBT or EFT treatment groups received three individual sessions of the identified therapy from upper-level counseling, psychology, or social work students enrolled in graduate programs at a large Northeastern research university. Treatment outcomes were measured by administration of the RCMAS-2 post treatment and analyzed using ANCOVA with pre treatment RCMAS-2 scores serving as the covariate. Using a Bonferroni correction of $p = .016$, EFT participants ($n = 20, M = 52.163, SE = 1.42$) showed significant reduction in anxiety levels when compared to the control group ($n = 21, M = 57.93, SE = 1.39, p = .005$). CBT participants ($n = 21, M = 54.82, SE = 1.38$) did not differ significantly from either the EFT or control groups ($p = .12$ and $p = .18$, respectively).

Stapleton, P., Devine, S., Chatwin, H., Porter, B. and Sheldon, T. 2014. A feasibility study: emotional freedom techniques for depression in Australian adults. *Curr. Res. Psychol.*, 5: 19-33. <http://thescipub.com/abstract/10.3844/crpsp.2014.19.33>

The purpose of this study was to investigate the feasibility of using Clinical Emotional Freedom Techniques (EFT) to treat Major Depressive Disorder in an adult population by way of a therapeutic group setting. Adults were assigned to EFT group treatment for a period of eight weeks. Diagnostic assessment was completed immediately pre and post treatment using the Mini International Neuropsychiatric Interview. In addition to this, self-report assessments measuring symptomatic evidence of depression were completed by the participants before the treatment, after the treatment and at three month follow-up. Comparisons with a community group were made at pre and post intervention and three month follow-up. The results indicated a change in diagnosis in each of the participants, with data indicating an overall improvement for the treatment group for depressive symptoms. Study implications and limitations are discussed.

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Sheldon, T., (2014). Psychological intervention including emotional freedom techniques for an adult with motor vehicle accident related posttraumatic stress disorder: A case study. *Curr. Res. Psychol.*, 5: 40-63.
<http://thescipub.com/abstract/10.3844/crpsp.2014.40.63>

Posttraumatic Stress Disorder (PTSD) is a significant public health concern and can have long-term emotional, social and financial consequences for individuals and society. Lifetime prevalence in the general population is estimated at 8% and rates of exposure to Post-Traumatic Events (PTE) indicate approximately 50 to 65% have been exposed to at least one PTE in their lives. This indicates that approximately 15 to 25% of people exposed may also have a diagnosis of PTSD at some time in their life. It is therefore paramount that sufferers receive effective treatment. A case of successful treatment using Emotional Freedom Technique (EFT) combined with more conventional psychological treatment for a woman, DS, suffering from acute PTSD with travel anxiety post a motor vehicle accident is presented. The client's progress was evaluated at baseline and post treatment. After six sessions, over an eight week period, improvements were noted on all identified goals and on all assessment tools such that at post treatment DS no longer met the criteria for PTSD. The case highlights the utility of single case designs to evaluate the clinical decisions made in selection of treatment of PTSD. Theoretical implications of this study are discussed and an evaluation of using EFT in this case is provided.

2013

Boath, E., Stewart, A., & Carryer, A. (2013). Is Emotional Freedom Techniques Generalizable? Comparing Effects in Sport Science Students Vs. Complementary Therapy Students. *Energy Psychology Journal*, 5(2).
doi:10.9769.EPJ.2013.5.5.EB.AC.as.su

Objectives: Previous research has shown Emotional Freedom Techniques (EFT) to be effective in reducing presentation anxiety in student populations. Generalizability is a critical issue in research, and this study compared whether EFT is as effective in a cohort of younger, predominantly male students undertaking a sports science degree as in a cohort of all female, predominantly older complementary therapy students undertaking a foundation degree in complementary therapy.

Method: Two convenience samples of students were used. A cohort of students undertaking a foundation degree in complementary therapy (also known as CAM or Complementary and Alternative Medicine) and a cohort of students undertaking a sports science degree were informed of the research and invited to give their informed consent. Those who agreed were given a 15-min assignment workshop outlining the requirements for their assessed presentation by their module leads (authors Carryer and Boath).

Results: Table 1 shows the sociodemographic details of each student cohort. There was a significant difference in gender and age between the two cohorts of students. Men were predominant in the sports science degree group, whereas the complementary therapy group were all women. Complementary therapy students were also significantly older.

Discussion: This study demonstrates that EFT is effective in reducing presentation anxiety in cohorts of students regardless of age or gender. The findings are remarkably similar to previous research (Boath et al., 2012a, 2012b, 2013).

Conclusions: The results demonstrate a statistically significant reduction in anxiety level for both cohorts of students, as well as a clinically significant reduction in anxiety for the sports science students.

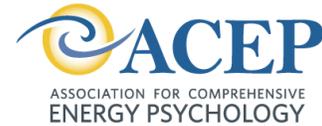
Boath, E., Stewart, A., & Carryer, A. (2013). Tapping for success: A pilot study to explore if Emotional Freedom Techniques (EFT) can reduce anxiety and enhance academic performance in university students. *Innovative Practice in Higher Education*, 1(3).

Emotional Freedom Techniques (EFT), also known as tapping, is an emerging psychological intervention that has been used to treat a variety of conditions, including exam stress and public speaking anxiety. Participants were a convenience sample of 52 3rd year Foundation Degree level students undertaking a Research Methods Module. The module included an assessed presentation, which was known to generate anxiety among students. The students were given a 15 minute assignment workshop. They then received a 15 minute lecture introducing EFT and were guided through one round of EFT focusing on their anxiety of public speaking. The students were assessed using the Subjective Units of Distress (SUDs) and the Hospital Anxiety and Depression Scale (HADS) pre and post EFT. The students were instructed that they could continue to use EFT at any time to reduce their anxiety regarding their assessed presentation. Immediately following their presentation, the students were invited to take part in a brief face-to-face interview to identify those who used EFT to explore their use of and feelings about EFT and to identify those who had chosen not to use EFT and explore their reasons for not choosing to use it.

Forty-six of the total sample of 52 students (88%) participated in the research. There was a significant reduction in SUDS ($p < 0.001$), HAD ($p = 0.003$) and HAD Anxiety Subscale ($p < 0.001$). There was no difference in the HAD Depression Subscale ($p = 0.67$). The qualitative data were analysed using a framework approach which revealed the following three themes: helpfulness of EFT in reducing anxiety and staying calm and focused; Using other complementary therapy skills; and their reasons for not using EFT.

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Bougea, A. M., Spandideas, N., Alexopoulos, E. C., Thomaidis, T., Chrousos, G. P., & Darviri, C. (2013). Effect of the Emotional Freedom Technique on Perceived Stress, Quality of Life, and Cortisol Salivary Levels in Tension-Type Headache Sufferers: A Randomized Controlled Trial. *Explore: The Journal of Science and Healing*, 9(2), 91-99. doi:10.1016/j.explore.2012.12.005.

Objective: To evaluate the short-term effects of the emotional freedom technique (EFT) on tension-type headache (TTH) sufferers.

Design: We used a parallel-group design, with participants randomly assigned to the EFT intervention (n = 19) or a control arm (standard care n = 16).

Setting: The study was conducted at the outpatient Headache Clinic at the Korgialenio Benakio Hospital of Athens.

Participants: Thirty-five patients meeting criteria for frequent TTH according to International Headache Society guidelines were enrolled.

Intervention: Participants were instructed to use the EFT method twice a day for two months.

Outcome Measures: Study measures included the Perceived Stress Scale, the Multidimensional Health Locus of Control Scale, and the Short-Form questionnaire-36. Salivary cortisol levels and the frequency and intensity of headache episodes were also assessed.

Results: Within the treatment arm, perceived stress, scores for all Short-Form questionnaire-36 subscales, and the frequency and intensity of the headache episodes were all significantly reduced. No differences in cortisol levels were found in any group before and after the intervention.

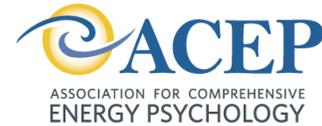
Conclusions: EFT was reported to benefit patients with TTH. This randomized controlled trial shows promising results for not only the frequency and severity of headaches but also other lifestyle parameters.

Church, D. (2013). Clinical EFT as an evidence-based practice for the treatment of psychological and physiological conditions. *Psychology*, 4(8).
<http://www.scirp.org/journal/PaperInformation.aspx?PaperID=35751>

Emotional Freedom Techniques (EFT) has moved in the past two decades from a fringe therapy to widespread professional acceptance. This paper defines Clinical EFT, the method validated in many research studies, and shows it to be an “evidence-based” practice. It describes standards by which therapies may be evaluated such as those of the American Psychological Association (APA) Division 12 Task Force, and reviews the studies showing that Clinical EFT meets these criteria. Several research domains are discussed, summarizing studies of: (a) psychological conditions such as anxiety,

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depression, phobias and posttraumatic stress disorder (PTSD); (b) physiological problems such as pain and autoimmune conditions; (c) professional and sports performance, and (d) the physiological mechanisms of action of Clinical EFT. The paper lists the conclusions that may be drawn from this body of evidence, which includes 23 randomized controlled trials and 17 within-subjects studies. The three essential ingredients of Clinical EFT are described: exposure, cognitive shift, and acupressure. The latter is shown to be an essential ingredient in EFTs efficacy, and not merely a placebo. New evidence from emerging fields such as epigenetics, neural plasticity, psychoneuroimmunology and evolutionary biology confirms the central link between emotion and physiology, and points to somatic stimulation as the element common to emerging psychotherapeutic methods. The paper outlines the next steps in EFT research, such as smartphone-based data gathering, large scale group therapy, and the use of biomarkers. It concludes that Clinical EFT is a stable and mature method with an extensive evidence base. These characteristics have led to growing acceptance in primary care settings as a safe, rapid, reliable, and effective treatment for both psychological and medical diagnoses.

Church, D., & Brooks, A. J. (2013). The effect of EFT (Emotional Freedom Techniques) on psychological symptoms in addiction treatment: A pilot study. *Journal of Scientific Research and Reports*, 2(2).

Objective: Studies have found a frequent co-occurrence of psychological symptoms such as anxiety and depression with addiction. This pilot study examined the effect of EFT (Emotional Freedom Techniques), a widely practiced form of energy psychology, on 39 adults self-identified with addiction issues attending an EFT weekend workshop targeting addiction.

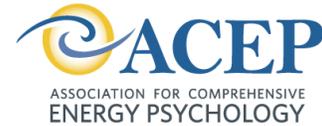
Measures: Subjects completed the SA-45, a well-validated questionnaire measuring psychological distress. It has two global scales assessing intensity and breadth of psychological symptoms and 9 symptom subscales including anxiety and depression. The SA-45 was administered before and after the workshop. Twenty-eight participants completed a 90-day follow-up.

Results: A statistically significant decrease was observed in the two global scales and all but one of the SA-45 subscales after the workshop, indicating a reduction in psychological distress (positive symptom total -38%, $P < .000$). Improvements on intensity and breadth of psychological symptoms, and anxiety and obsessive-compulsive subscales were maintained at the 90-day follow-up ($P < .001$).

Conclusion: These findings are consistent with those noted in studies of other populations, and suggest that EFT may be an effective adjunct to addiction treatment by reducing the severity of general psychological distress. Limitations of this study include a

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small sample size, lack of a control or comparison group, and attrition between primary and follow-up data points.

Church, D., Hawk, C, Brooks, A., Toukolehto, O., Wren, M., Dinter, I., Stein, P. (2013). Psychological trauma symptom improvement in veterans using EFT (Emotional Freedom Techniques): A randomized controlled trial. *Journal of Nervous & Mental Disease, 201(2)*,153–160.

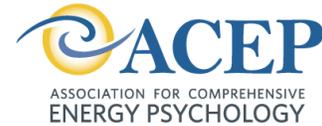
This study examined the effect of Emotional Freedom Techniques (EFT), a brief exposure therapy combining cognitive and somatic elements, on posttraumatic stress disorder (PTSD) and psychological distress symptoms in veterans receiving mental health services. Veterans meeting the clinical criteria for PTSD were randomized to EFT (n = 30) or standard of care wait list (SOC/ WL; n = 29). The EFT intervention consisted of 6-hour/long EFT coaching sessions concurrent with standard care. The SOC/WL and EFT groups were compared before and after the intervention (at 1 month for the SOC/WL group and after six sessions for the EFT group). The EFT subjects had significantly reduced psychological distress (p < 0.0012) and PTSD symptom levels (p < 0.0001) after the test. In addition, 90% of the EFT group no longer met PTSD clinical criteria, compared with 4% in the SOC/WL group. After the wait period, the SOC/WL subjects received EFT. In a within-subjects longitudinal analysis, 60% no longer met the PTSD clinical criteria after three sessions. This increased to 86% after six sessions for the 49 subjects who ultimately received EFT and remained at 86% at 3 months and at 80% at 6 months. The results are consistent with that of other published reports showing EFT's efficacy in treating PTSD and comorbid symptoms and its long-term effects.

Connolly, S.M., Roe-Sepowitz, D., Sakai, C., & Edwards, J. (2013). Utilizing Community Resources to Treat PTSD: A Randomized Controlled Study Using Thought Field Therapy. *African Journal of Traumatic Studies, 3(1)*, 24-32.

The use of Thought Field Therapy (TFT), a brief therapy technique, is examined in a randomized controlled study, to determine if there is a significant difference in the reduction of trauma symptoms between the treated group and the untreated group. Study participants in the waitlist group received treatment after having completing the posttest. Prior to the study, TFT techniques were taught to Rwandan community leaders, who then provided one-time individual trauma-focused TFT interventions to one hundred and sixty four adult survivors of the 1994 Rwandan genocide in their native language, Kinyarwanda. Pre- and post-intervention assessments of trauma symptoms used were the Trauma Symptom Inventory (TSI) and the Modified Posttraumatic Stress Disorder

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Symptom Scale (MPSS) translated into Kinyarwanda. Significant differences were found in trauma symptoms and level of PTSD symptom severity and frequency between the treatment and the waitlist control groups. Participants in the waitlist group experienced significant reductions in trauma symptoms following their subsequent treatments, which took place after the first posttest. These positive outcomes suggest that a one-time, community leader facilitated trauma-focused TFT intervention may be beneficial with protracted PTSD in genocide survivors.

Fox & Malinowski (2013). Improvement in study-related emotions in undergraduates following Emotional Freedom Techniques (EFT): A single-blind controlled study. *Energy Psychology: Theory, Research, and Treatment*, 5(2), 15–26.

EFT or Emotional Freedom Techniques is the most widely used energy psychology method. It combines psychological exposure with the stimulation of acupuncture points (acupoints). This study used 2 conditions—EFT and a control group—to assess emotional self-report and mindfulness. The sample consisted of 20 undergraduates; 8 study-related emotions and mindfulness were measured immediately before and 7 days after each 40-min intervention with the Achievement Emotions Questionnaire and Philadelphia Mindfulness Scale. Mixed analysis of variance with paired-sample *t* tests showed that EFT participants experienced significantly greater increases in enjoyment ($p < .005$) and hope ($p < .05$) and significantly greater decreases in anger ($p < .05$) and shame ($p < .05$) than did the control group. When data from all emotion-dependent variables were grouped together, analysis showed that EFT participants experienced a significantly greater increase in “positive emotions” ($p < .01$) and significantly greater decrease in “negative emotions” ($p < .01$) than did the control group. No significant change was found for mindfulness.

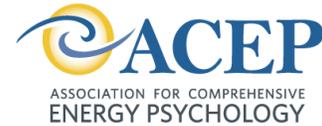
Tapping on acupoints, combined with the vocalization of self-affirming statements, appears to be an active ingredient in EFT rather than an inert placebo. The results were consistent with other published reports demonstrating EFT’s efficacy for addressing psychological conditions in students.

Feinstein, D. (2013). EP Treatments Over a Distance: The Curious Phenomenon of “Surrogate Tapping.” *Energy Psychology Journal*, 5(1). doi: 10.9769.EPJ.2013.5.1.DF

A psychotherapeutic approach that combines cognitive techniques with the stimulation of acupuncture points by tapping on them has been gaining increased attention among clinicians as well as among laypersons using it on a self-help basis. It is called energy psychology. Thirty-six peer-reviewed studies published or in press as of April 2012—including 18 randomized controlled trials—have found the method to be surprisingly

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rapid and effective for a range of disorders. More surprising are reports of “surrogate tapping.” In surrogate tapping, the practitioner taps on him or herself and applies other elements of energy psychology protocols as if he or she were the person whose problem is being addressed, all the while holding the intention of helping that person. Essentially long distance healing within an energy psychology framework, successful reports of surrogate tapping have been appearing with some frequency within the energy psychology practitioner community. A search of the literature and pertinent websites, combined with a call for cases involving surrogate tapping, produced the 100 anecdotal accounts described here where an apparent effect was observed. Studies of other long-distance phenomena, such as telepathy and distant healing, are reviewed to put these reports into context. The paradigm challenges raised by reports of positive outcomes following surrogate treatments are considered, and conclusions that can and cannot be legitimately reached based on the current data are explored.

Gallo, F. (2013). Energy for healing trauma: Energy Psychology and the efficient treatment of trauma and PTSD. *Energy Psychology Journal*, 5(1). doi 10.9769.EPJ.2013.5.1.FPG

Recently there has been increasing interest in investigating energy psychology theoretically and as clinical intervention. This article provides an overview of energy psychology, including its history, theory, active ingredients, and empirical research on the effects in general and for the treatment of trauma and PTSD. Personal and case vignettes are also provided to illustrate the treatment process. The therapeutic effects are also discussed with respect to neuroscience, cognitive restructuring, reciprocal inhibition, genetics, distraction, placebo effect, memory reconsolidation, energetic and spiritual considerations.

Pasahow, R.J., Callahan, R.J., Callahan, J. Rapp, D.J. (2013). Enhancing the Efficacy of Energy Psychology Psychotherapies by Neutralizing Individual Energy Toxins. *Energy Psychology Journal*, 5(2). doi 10.9769/EPJ.2013.5.2.RP.RC.JC.DR

This informational article examines the diagnostic and treatment methods of Thought Field Therapy (TFT), the first comprehensive energy psychology (EP) psychotherapy system. A review of the research on the efficacy of and a description of the 2 TFT models that incorporate acupoint stimulation are described. Emotional Freedom Techniques is a second EP psychotherapy model that involves acupoint stimulation. Psychological reversals (PRs) and energy toxins (ETs) are 2 impediments to the effectiveness of these psychotherapies. Treatment protocols to eliminate PRs have been documented. This article introduces diagnostic and treatment methods to eliminate the obstructive effects of ETs. Toxin testing is a unique diagnostic procedure within EP to identify ETs. Two treatment methods that utilize applied kinesiology to eliminate the

obstructive effects of ETs are described. Case examples specify how each of these treatment methods is used to eliminate distress. The similarity of one method, the Energy Toxin Neutralization Technique, to other health care interventions is explored.

Stapleton, P., Church, D., Sheldon, T., Porter, B., & Carlopio, C. (2013). Depression symptoms improve after successful weight loss with emotional freedom techniques. *ISRN Psychiatry*, article ID 573532. <http://dx.doi.org/10.1155/2013/573532>

Ninety-six overweight or obese adults were randomly allocated to a four-week EFT treatment or waitlist condition. Waitlist participants crossed over to the EFT group upon completion of wait period. Degree of food craving, perceived power of food, restraint capabilities, and psychological symptoms were assessed at pretreatment, posttreatment and at 12-month follow-up for combined EFT groups. Significant improvements in weight, body mass index, food cravings, subjective power of food, craving restraint and psychological coping for EFT participants from pretreatment to 12-month follow-up ($P < 0.05$) were reported. The current paper isolates the depression symptom levels of participants, as well as levels of eight other psychological conditions. Significant decreases from pre- to posttreatment were found for depression, interpersonal sensitivity, obsessive-compulsivity, paranoid ideation, and somatization ($P < 0.05$). Significant decreases from pretreatment to 12-month follow-up were found for depression, interpersonal sensitivity, psychoticism, and hostility. The results point to the role depression, and other mental health conditions may play in the successful maintenance of weight loss.

Stewart, A., Boath, E., Carryer, A., Walton, I., Hill, L., Phillips, D. & Dawson, K. (2013). Can Matrix Reimprinting using EFT be effective in the treatment of emotional conditions? *Energy Psychology: Theory, Research, & Treatment*, 5(1), 13-18.

Objectives: This pilot study was carried out to establish the feasibility and effectiveness of Matrix Reimprinting (MR). A dedicated MR/ Emotional Freedom Techniques service was delivered in a community setting within the National Health Service in the metropolitan borough of Sandwell, United Kingdom.

Method: Over a 15-month period, the study followed clients accessing the service for a range of emotional conditions. At the start and end of their treatment, clients were asked to complete the CORE-10 (psychological distress; main outcome variable), Warwick-Edinburgh Mental Well-Being Scale (WEMWBS; mental well-being), Rosenberg Self Esteem and Hospital Anxiety and Depression Scale (HADS; anxiety and depression) measurement scales.

Results: 24 clients were included in the MR pilot study, and the mean number of

sessions attended was 8.33 (*Mdn* = 6.5). There were both statistically and clinically significant improvements for CORE-10 (52% change, $p < .001$), Rosenberg Self-Esteem (46% change, $p < .001$), HADS Anxiety (35% change, $p = .007$), and HADS total score (34% change, $p = .011$) and a statistically significant improvement for WEMWBS (30% change, $p < .001$). All MR clients showed clinical improvements.

Conclusions: Despite the limited sample size and other limitations, significant improvements were shown. The results support the potential of MR as a cost-effective treatment to reduce the burden of a range of physical and psychological disorders. Further larger studies are called for, with protocols to minimize dropouts.

Stewart A., Boath E., Carryer A., Walton I., Hill L. (2013). Can Emotional Freedom Techniques (EFT) be effective in the treatment of emotional conditions? Results of a service evaluation in Sandwell. *Journal of Psychological Therapies in Primary Care* 2:71-84.

EFT (Emotional Freedom Technique) is a new and emerging complementary therapy. It is a gentle therapy that can be used for a variety of issues. Subjects gently tap with their fingertips on acupressure points (mainly on the head and hands) and relate this to the voicing of specific statements (Callahan & Trubo 2001; Craig 2011). Research to date has indicated that EFT (Craig 2011), and its predecessor Thought Field Therapy (TFT; Callaghan & Trubo 2001) has been used in treating a wide range of conditions and phobias such as needle phobia (Darby 2001), claustrophobia (Lambrou et al 2003), fear of small animals and insects and other phobias (Wells, 2003, Salas 2010), fibromyalgia (Brattberg 2008), weight loss maintenance (Elder et al 2007), food cravings (Stapleton et al 2011), social phobia and agoraphobia (Irgens et al 2007). EFT has also been used to treat teacher burnout (Reynolds & Walden 2010), anxiety (Andrade & Feinstein 2004), presentation anxiety (Boath et al 2012A) and post traumatic stress disorder (Karatzias et al 2011). EFT is currently the subject of several ongoing trials and studies, including one addressing the effects of EFT on Stress Hormones (Cortisol) and the impact of EFT on depression (Soul Medicine Institute 2011). A recent editorial also suggests that EFT may have the potential to lower healthcare costs by a significant amount (Church 2010).

A review of the preliminary evidence for EFT and TFT has been carried out (Feinstein 2008). This review included a range of evidence from anecdotal reports to randomized clinical trials and highlights the preliminary nature of the current evidence base for EFT and TFT, as well as the limitations of the research to date. A more recent review (Feinstein 2012) critically evaluated 18 randomised controlled trials and concluded that therapies involving the tapping of acupuncture points demonstrated strong effect sizes and positive statistical results in relatively few treatment sessions. Another recent review (Boath et al 2012B) reviewed a number of randomised controlled trials of EFT for a variety of conditions; it concluded that EFT may be an efficient and effective intervention

for a range of psychological disorders, but highlighted methodological limitations of the RCTs, and recommended further good quality research on EFT.

Sandwell, an urban district in the West Midlands introduced the EFT service in November 2010, though EFT had previously been used within the PCT. The service initially comprised two clinical sessions (each approximately half a day) per week, and this was increased to three sessions in April 2011. It was launched as part of Sandwell's Confidence and Wellbeing Team Service (CWBT, Sandwell, 2012). The Team offers a range of services, aiming to create opportunities for people to maintain and improve their own wellbeing and provide community and primary health care mental health services that are flexible and meet the emotional needs of those living and working in Sandwell. To the authors' knowledge, this was the first dedicated EFT service established within the NHS. This service evaluation was therefore undertaken to establish the effectiveness of the EFT service.

2012

Boath, E., Stewart, A. & Carryer, A. (2012). Tapping for PEAS: Emotional Freedom Technique (EFT) in reducing Presentation Expression Anxiety Syndrome (PEAS) in University students. *Innovative Practice in Higher Education*, 1(2).

Presentation anxiety is one of the most common fears that people express. Emotional Freedom Technique (EFT) which is also known as tapping is an emerging complementary therapy that has been used to treat a variety of phobias. Participants were a convenience sample of 25 3rd year Foundation Degree level complementary therapy students undertaking a Research Module. The module included an assessed presentation, which was known to generate anxiety among students. The students were given a 15 minute assignment workshop. They then received a 15 minute lecture introducing EFT and were then guided through one round of EFT focussing on their fear of public speaking. The students were assessed using the Subjective Units of Distress (SUDs) and the Hospital Anxiety and Depression Scale (HADS) pre and post EFT. Immediately following their presentation, the students were invited to take part in a brief face to face interview to explore their use of and feelings about EFT. Twenty one of the total sample of 25 students (84%) participated in the research. There was a significant reduction in SUDS ($p=0.002$), HAD ($p = 0.048$) and HAD Anxiety Subscale ($p=0.037$). There was no difference in the HAD Depression Subscale ($p=0.719$). The qualitative data were analysed using a framework approach which revealed 3 themes: nerves, novelty and the practical application of EFT. Despite the limitations of the study, the results suggest that EFT may be a useful addition to curricula for courses that include oral presentations.

Church, D., & Brooks, A. J. (2012). Pain, depression, and anxiety after PTSD symptom remediation in veterans. Data reported at the conference of the Association for Comprehensive Energy Psychology, San Diego, CA. Submitted for publication.

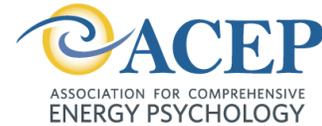
A randomized controlled trial of veterans with clinical levels of PTSD symptoms found significant improvements after EFT (Emotional Freedom Techniques). While pain, depression, and anxiety were not the targets of treatment, significant improvements in these conditions were found. Subjects (N = 59) received six sessions of EFT coaching supplementary to primary care. They were assessed using the SA-45, which measures 9 mental health symptom domains, and also has 2 general scales measuring the breadth and depth of psychological distress. Anxiety and depression both reduced significantly, as did the breadth and depth of psychological symptoms. Pain decreased significantly during the intervention period (-41% , $p < .0001$). Subjects were followed at 3 and 6 months, revealing significant relationships between PTSD, depression, and anxiety at several assessment points. At follow-up, pain remained significantly lower than pretest. The results of this study are consistent with other reports showing that, as PTSD symptoms are reduced, general mental health improves, and that EFT produces long-term gains for veterans after relatively brief interventions.

Church, D., De Asis, M., & Brooks, A. J. (2012). Brief group intervention using EFT (Emotional Freedom Techniques) for depression in college students: A randomized controlled trial. *Depression Research & Treatment*, 2012; doi:10.1155/2012/257172

Two hundred thirty-eight first-year college students were assessed using the Beck Depression Inventory (BDI). Thirty students meeting the BDI criteria for moderate to severe depression were randomly assigned to either a treatment or control group. The treatment group received four 90-minute group sessions of EFT (Emotional Freedom Techniques), a novel treatment that combines exposure, cognitive reprocessing, and somatic stimulation. The control group received no treatment. Posttests were conducted 3 weeks later on those that completed all requirements (N = 18). The EFT group (n = 9) had significantly more depression at baseline than the control group (n = 9) (EFT BDI Mean = 23.44, SD = 2.1 vs. control BDI Mean = 20.33, SD = 2.1). After controlling for baseline BDI score, the EFT group had significantly less depression than the control group at posttest, with a mean score in the “non-depressed” range ($p = .001$; EFT BDI Mean = 6.08, SE = 1.8 vs. control BDI Mean = 18.04, SE = 1.8). Cohen’s d was 2.28, indicating a very strong effect size. These results are consistent with those noted in other studies of EFT that included an assessment for depression, and indicate the clinical usefulness of EFT as a brief, cost-effective, and efficacious treatment.

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Church, D, & Downs, D. (2012). Sports confidence and critical incident intensity after a brief application of Emotional Freedom Techniques: A pilot study. *The Sport Journal, 15*, 2012.

Purpose: To determine whether a single session of Emotional Freedom Techniques (EFT) could reduce the emotional impact of traumatic memories related to sports performance and lead to increased confidence levels in athletes.

Background: A relationship has been noted in other studies between sports performance and psychological factors such as confidence and anxiety levels. Critical incidents, which are experienced as traumatic memories, are associated with increased levels of psychological distress across a variety of symptom domains. Brief EFT sessions have been demonstrated to improve sports performance and reduce anxiety.

Methods: Female college athletes (N = 10) with traumatic memories were assessed on three self-reports and one objective measure (pulse rate). Subjective measures were the State Sport Confidence Inventory, Subjective Units of Distress (SUD), and the Critical Sport Incident Recall (CSIR) questionnaire, which measured both emotional and physical forms of distress. Subjects received a single 20-min EFT session. Baseline values were obtained, as well as pre-, post-, and 60-day follow-ups.

Results: Significant post-intervention improvements were found in SUD, for both emotional and physical components of CSIR, and for performance confidence levels ($p = .001$). The change in pulse rate was marginally significant ($p = .087$). All participant gains were maintained on follow-up.

Conclusions: EFT may increase sport confidence levels by reducing the emotional and physical distress associated with the recall of critical incidents. Applications in Sport: A brief application of EFT employed immediately prior to competition may increase confidence and mediate anxiety.

Church, D., Feinstein, D. (2012). The psychobiology and clinical principles of energy psychology treatments for PTSD: A review. In T. Van Leeuwen and M. Brouwer, editors, *Psychology of Trauma*. Hauppauge, NY: Nova Publishers.

Energy Psychology (EP) protocols use elements of established therapies such as exposure and cognitive processing, and combines these with the stimulation of acupuncture points. EP methods such as EFT (Emotional Freedom Techniques) and TFT (Thought Field Therapy) have been extensively tested in the treatment of post-traumatic stress disorder (PTSD). Randomized controlled trials and outcome studies assessing PTSD and co-morbid conditions have demonstrated the efficacy of EP in populations ranging from war veterans to disaster survivors to institutionalized orphans. Studies investigating the neurobiological mechanisms of action of EP suggest that it quickly and permanently mediates the brain's fear response to traumatic memories and

environmental cues. This review examines the published trials of EP for PTSD and the physiological underpinnings of the method, and concludes by describing seven clinical implications for the professional community. These are: (1) The limited number of treatment sessions usually required to remediate PTSD; (2) The depth, breadth, and longevity of treatment effects; (3) The low risk of adverse events; (4) The limited commitment to training required for basic application of the method; (5) Its efficacy when delivered in group format; (6) Its simultaneous effect on a wide range of psychological and physiological symptoms, and (7) Its suitability for non-traditional delivery methods such as online and telephone sessions.

Church, D., Yount, G. & Brooks, A. (2012). The Effect of Emotional Freedom Technique (EFT) on Stress Biochemistry: A Randomized Controlled Trial. *Journal of Nervous and Mental Disease*, 200(10), 891–896.

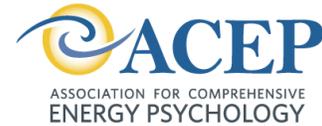
Cortisol is a physiological marker for stress. Elevated cortisol levels are associated with accelerated aging, many organic diseases, and psychological conditions such as depression and anxiety. This study examined the changes in cortisol levels and psychological symptoms of 83 non-clinical subjects receiving a single hour-long intervention. Subjects were randomly assigned to either an EFT group, a psychotherapy group receiving a supportive interview (SI), or a no treatment (NT) group. Salivary cortisol assays were performed immediately before, and thirty minutes after the intervention. Psychological conditions were assessed using the SA-45. The EFT group showed clinically and statistically significant improvements in anxiety (-58.34%, $p < .05$), depression (-49.33%, $p < .002$), the overall severity of symptoms, (-50.5%, $p < .001$), and symptom breadth across conditions (-41.93%, $p < .001$). There were no significant changes in cortisol levels between SI (-14.25%, SE 2.61) and NT (-14.44%, SE 2.67); however cortisol in the EFT group dropped significantly (-24.39%, SE 2.62) compared to SI and NT ($p < .01$). The reduced cortisol levels in the EFT group correlated with decreased severity in psychological symptoms as measured by the SA-45. These results suggest that salivary cortisol tests may be useful not only for assessing stress physiology, but also as an objective indicator of the impact of mental health treatments in reducing psychological symptoms. In the current study, EFT was shown to significantly improve both cortisol-related stress levels and self-reported psychological symptoms after a single treatment session.

Connolly, S.M., & Sakai, C.E. (2012). Brief trauma symptom intervention with Rwandan genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health*, 13(3), 161-172.

This randomized waitlist control study examined the efficacy of Thought Field Therapy (TFT) in reducing Posttraumatic Stress Disorder symptoms in survivors of the 1994

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genocide in Rwanda. Participants included 145 adult genocide survivors randomly assigned to an immediate TFT treatment group or a waitlist control group. Group differences adjusted for pretest scores and repeated measures anovas were statistically significant at $p < .001$ for 9 of 10 TSI trauma subscales and for both severity and frequency on the MPSS, with moderate to large effect sizes. Reduced trauma symptoms for the group receiving TFT were found for all scales. Reductions in trauma symptoms were sustained at a 2-year follow-up assessment. Limitations, clinical implications, and future research are discussed.

Darby, D. & Hartung, J. (2012). Thought field therapy for blood-injection-injury phobia: A pilot study. *Energy Psychology Journal*, 4(1), 25-32.

Blood-injection-injury phobia, or needle phobia, may affect 10% of a population, at times leading to life-threatening impairment when people avoid needle-mediated prevention or treatment. Twenty needle-phobic persons, serving as their own controls, were treated for 1 hour with Thought Field Therapy (TFT). Symptoms were assessed using the Fear Schedule Survey and a Likert scale. Significant improvement in symptoms was noted from pre- to posttest and on 1-month follow-up. The results are consistent with other reports of TFT's efficacy in reducing fear symptoms and warrant the design of a randomized trial to determine whether TFT is efficacious when tested under controlled conditions.

Feinstein, D. (2012). Acupoint stimulation in treating psychological disorders: Evidence of Efficacy. *Review of General Psychology*. Advance online publication. doi: 10.1037/a0028602

Energy psychology is a clinical and self-help modality that combines verbal and physical procedures for effecting therapeutic change. While utilizing established clinical methods such as exposure and cognitive restructuring, the approach also incorporates concepts and techniques from non-Western healing systems. Its most frequently utilized protocols combine the stimulation of acupuncture points (by tapping on, holding, or massaging them) with the mental activation of a targeted psychological issue. Energy psychology has been controversial, in part due to its reliance on explanatory mechanisms that are outside of conventional clinical frameworks and in part because of claims by its early proponents—without adequate research support—of extraordinary speed and power in attaining positive clinical outcomes. This paper revisits some of the field's early claims, as well as current practices, and assesses them in the context of existing evidence. A literature search identified 50 peer-reviewed papers that report or investigate clinical outcomes following the tapping of acupuncture points to address psychological issues. The 17 randomized controlled trials in this sample were critically evaluated for design quality, leading to the conclusion that they consistently demonstrated strong effect sizes

and other positive statistical results that far exceed chance after relatively few treatment sessions. Criteria for evidence-based treatments proposed by Division 12 of the American Psychological Association were also applied and found to be met for a number of conditions, including PTSD. Neurological mechanisms that may be involved in these surprisingly strong findings are also considered.

Feinstein, D. (2012). What Does Energy Have to Do with Energy Psychology? *Energy Psychology Journal*, 4(2). doi: 10.9769/EPJ.2012.4.2.DF

An obstacle to professional acceptance of the growing body of research supporting the efficacy of energy psychology is the vague use of the term “energy” in the field’s name and explanatory models. This paper explores whether the concept of “energy” is useful in accounting for the observed clinical outcomes that follow “energy psychology” treatments. Several anomalies within energy psychology that confound conventional clinical models are considered. The most vexing of these is that a growing number of anecdotal accounts suggest that one person can self-apply an energy psychology protocol, with the intention of helping another person who is in a distant location, leading to the other person reporting unanticipated benefits more frequently than chance would seem to explain. The possible roles of “energy” and macrosystem quantum effects in these anomalies are examined. A working model is proposed that attempts to explain the actions of energy psychology treatments in a manner that is consistent with established scientific knowledge while accounting for the anomalies. Three premises about the role of energy are delineated in this working model, and potential strengths of the model for practitioners and researchers are discussed.

Feinstein, D., Moore, D. & Teplitz, D. (2012). Addressing Emotional Blocks to Healing in an Energy Medicine Practice: Ethical and Clinical Guidelines. *Energy Psychology Journal* 4(1). doi: 10.9769/EPJ.2012.4.1.DF.DM.DT

As the impact of emotional factors on physical health is being increasingly recognized, energy medicine practitioners (e.g., acupuncture, acupressure, applied kinesiology, Barbara Brennan energy healing, Eden Energy Medicine, Healing Touch, medical qi gong, Reiki, Shiatsu, Therapeutic Touch, Touch for Health, etc.) are addressing this dimension of healing in a variety of ways. One that appears particularly promising involves the stimulation of acupuncture points and other energy centers, a strategy derived from the discipline of energy psychology. Having tools that directly impact the emotional aspects of physical health and healing enhances a practitioner’s effectiveness and provides an integrated approach to energy healing. This development has, however, raised important practical, ethical, and legal concerns regarding the scope of practice for energy medicine practitioners who are not trained or licensed to provide mental health services. This article addresses these issues, offering ethical and clinical guidelines for

responsibly integrating tools from energy psychology into an energy medicine practice. The discussion focuses on when introducing these protocols may be appropriate, considerations for formulating such interventions, and guidelines on when a referral to a licensed mental health professional is required. Steps to ensure that these choices are made within an appropriate ethical framework are also delineated. The article concludes with a case history illustrating the effective integration of energy medicine and energy psychology protocols for a client with a serious illness, including a description of the techniques used and the clinical and ethical choices implemented by the practitioner.

Gurret, J-M., Caufour, C., Palmer-Hoffman, J., & Church, D. (2012). Post-Earthquake Rehabilitation of Clinical PTSD in Haitian Seminarians. *Energy Psychology: Theory, Research, and Treatment*, 4(2), 33-40.

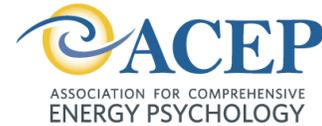
Seventy-seven male Haitian seminarians following the 2010 earthquake were assessed for posttraumatic stress disorder (PTSD) using the PTSD Checklist (PCL). Forty-eight (62%) exhibited scores in the clinical range (>49). The mean score of the entire sample was 54. Participants received 2 days of instruction in Emotional Freedom Techniques (EFT). Following the EFT training, 0% of participants scored in the clinical range on the PCL. A paired t-test analysis of the pre–post PCL scores indicated a statistically significant decrease ($p < .001$), to a mean of 27 at the posttest. Posttest PCL scores decreased an average of 72%, ranging between a 21% reduction to a 100% reduction in symptom severity. These results are consistent with other published reports of EFT's efficacy in treating PTSD symptoms in traumatized populations, such as war veterans and genocide survivors.

Hartung, J. & Stein, P. (2012). Telephone delivery of EFT (Emotional Freedom Techniques) remediates PTSD symptoms in veterans. *Energy Psychology Journal*, 4(1), 33-40.

Telephone-mediated psychotherapy is a resource for persons who have difficulty accessing office visits because of geography, economic restrictions, or fear of stigma. In the present report, phone-delivered Emotional Freedom Techniques (EFT) was compared with EFT provided in a therapy office while subjects in both conditions also received concurrent standard care. Forty-nine veterans with clinical PTSD symptoms were treated with 6 one-hr sessions, either in an EFT coach's office ($n = 25$) or by phone ($n = 24$). In each condition, some subjects were treated immediately, whereas others received delayed treatment after a 1-month waiting period. No change in PTSD symptom levels was reported by either the phone or office delayed-treatment group following the wait period, whereas both groups improved significantly after EFT treatment. Differences in benefit were found between phone and office delivery methods. Significant improvement in PTSD symptoms was found after 6 phone sessions but after only 3

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office sessions. A 6-month posttreatment assessment indicated 91% of subjects treated in the office and 67% of those treated by phone no longer met PTSD diagnostic criteria ($p < .05$). Results suggest that although less efficacious than in-person office visits, EFT delivered via telephone is effective in remediating PTSD and comorbid symptoms in about two thirds of cases.

Irgens A, Dammen T, Nysæter TE, Hoffart A. (2012). Thought Field Therapy (TFT) as a treatment for anxiety symptoms: A randomized controlled trial. *Explore: The Journal of Science and Healing*, 8, 331-8. doi: 10.1016/j.explore.2012.08.002.

Objective: To investigate if thought field therapy (TFT) has an impact on anxiety symptoms in patients with a variety of anxiety disorders.

Design: Forty-five patients were randomized to either TFT (N=23) or a waiting list (N=22) condition. The wait-list group was reassessed and compared with the TFT group two and a half months after the initial evaluation. After the reassessment, the wait-list patients received treatment with TFT. All 45 patients were followed-up one to two weeks after TFT treatment, as well as at three and 12 months post-treatment.

Subjects: Patients with an anxiety disorder, mostly outpatients.

Intervention: Thought field therapy aims to influence the body's bioenergy field by tapping on specific points along energy meridians, thereby relieving anxiety and other symptoms.

Outcome Measures: Symptom Checklist 90-Revised, Hospital Anxiety and Depression Scale, the Sheehan Disability Scale.

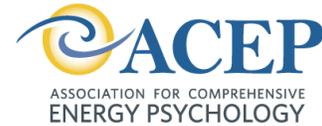
Results: Repeated measures ANOVAs were used to compare the TFT and the wait-list group. The TFT group had a significantly better outcome on two measures of anxiety and one measure of function. Follow-up data for all patients taken together showed a significant decline in all symptoms during the one to two weeks between the pre-treatment and the post-treatment assessments. The significant improvement seen after treatment was maintained at the three and 12 months assessments.

Conclusion: The results suggest that thought field therapy (TFT) may have an enduring anxiety-reducing effect.

Jain, S., & Rubino, A. (2012). The effectiveness of Emotional Freedom Techniques (EFT) for optimal test performance: A randomized controlled trial. *Energy Psychology: Theory, Research, & Treatment*, 4(2), 13-24. doi:10.9769.EPJ.2012.4.2.SJ

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Test anxiety causes, effects and interventions have been widely studied. This study seeks to determine the efficacy of a single brief intervention—Emotional Freedom Techniques (EFT)—to support the ability to shift attention appropriately to achieve optimal levels of both test anxiety and test performance. The sample consisted of 150 undergraduates from three universities in the Inland Northwest USA with debilitating test anxiety who were randomly assigned to 3 different groups. Group 1 learned EFT, Group 2 learned Diaphragmatic Breathing (DB), and Group 3 served as a no-treatment control. Participants in the two experimental groups received two 2-hour lessons. The Sarason RTT, SA-45 and Westside instruments were administered as pre- and post- measures, with a second follow-up at the end of the semester. Subsequent ANOVAs revealed significant improvements in both the diaphragmatic breathing and EFT groups on most measures, with gains maintained on follow-up.

Jain, S. et al. (2012). Healing touch with guided imagery for PTSD in returning active duty military: A randomized controlled trial. *Military Medicine*, 177(9), 1015.

Post-traumatic stress disorder (PTSD) remains a significant problem in returning military and warrants swift and effective treatment. We conducted a randomized controlled trial to determine whether a complementary medicine intervention (Healing Touch with Guided Imagery [HT-i-GI]) reduced PTSD symptoms as compared to treatment as usual (TAU) returning combat-exposed active duty military with significant PTSD symptoms. Active duty military ($n = 123$) were randomized to 6 sessions (within 3 weeks) of HT+GI vs. TAU. The primary outcome was PTSD symptoms; secondary outcomes were depression, quality of life, and hostility. Repeated measures analysis of covariance with intent-to-treat analyses revealed statistically and clinically significant reduction in PTSD symptoms ($p < 0.0005$, Cohen's $d = 0.85$) as well as depression ($p < 0.0005$, Cohen's $d = 0.70$) for HT+GI vs. TAU. HT+GI also showed significant improvements in mental quality of life ($p = 0.002$, Cohen's $d = 0.58$) and cynicism ($p = 0.001$, Cohen's $d = 0.49$) vs. TAU. Participation in a complementary medicine intervention resulted in a clinically significant reduction in PTSD and related symptoms in a returning, combat-exposed active duty military population. Further investigation of GT and biofield therapy approaches for mitigating PTSD in military populations is warranted.

Llewellyn-Edwards, T., & Llewellyn-Edwards, M. (2012, Spring). The effect of EFT (emotional freedom techniques) on soccer performance. *Fidelity: Journal for the National Council of Psychotherapy*, 47, 14–19.

This study involved the use of a short session of Emotional Freedom Techniques (EFT) with two English ladies soccer teams. It is a randomized controlled trial with a supporting uncontrolled trial. It was designed to verify the results of an earlier similar American trial by Church et al involving basketball players. The results show a significant improvement

in goal scoring ability from a dead ball situation following a short EFT session. These results support those of the earlier trial.

Mason, E. (2012) Energy psychology and psychotherapy: A study of the use of energy psychology in psychotherapy practice. *Counselling and Psychotherapy Research: Linking research with practice*, 12:3, 224-232. doi:[10.1080/14733145.2012.657208](https://doi.org/10.1080/14733145.2012.657208)

Aim: The aim of the study was to increase understanding of how energy psychology informs and affects counselling/ psychotherapy practice. By undertaking phenomenological interviews with experienced clinicians, the aim was to enrich and expand on the scientific approaches to energy psychology research.

Method: This research is based on in-depth semistructured interviews using interpretative phenomenological analysis (IPA). Five experienced psychotherapists who are also practitioners of energy psychology were interviewed.

Findings: Four main themes emerged from the analysis: energy psychology as a potent intervention that facilitates shifts in emotions, cognitions, behaviours and physiology; the safety of energy psychology techniques; the role of the therapeutic relationship when using energy psychology techniques; and the challenges of integrating energy psychology into the work context, highlighting the need for more complex, systemic models to understand how people experience distress and how change is facilitated.

Conclusion: Overall, participants in this study found energy psychology to be a valuable supplement to counselling and psychotherapy. The implications for current practice are discussed.

McCallion, F. (2012). Emotional Freedom Techniques for Dyslexia: A Case Study. *Energy Psychology Journal*, 4(2). doi: [10.9769/EPJ.2012.4.2.FM](https://doi.org/10.9769/EPJ.2012.4.2.FM)

Dyslexia is a developmental condition, often inherited, that interferes with the acquisition and processing of written language. Sequencing issues, disorientation, and emotional issues can all be successfully treated separately. This case study details the use of Emotional Freedom Techniques (EFT) to address these issues separately with a single client over 3 connected sessions: addressing 2 specific events concerning teachers, prebirth issues, and the birth process, respectively. By the end of the 3 sessions, the client was able to read easily and fluently, sequence, and understand sequences. The disorientation associated with her dyslexia had reduced to the point where it was no longer an issue. Whether this formula can be applied to all people with dyslexia, however, is not clear and requires further study.

Robson, P. & Robson, H. (2012). The Challenges and Opportunities of Introducing Thought Field Therapy (TFT) Following the Haiti Earthquake. *Energy Psychology Journal*, 4(1). doi: 10.9769/EPJ.2012.4.1.PR

The 2010 earthquake in Haiti was followed by international emergency interventions. The scale of the disaster resulted in considerable psychological trauma amongst the population, which was likely to persist after the initial emergency response. The authors visited Haiti 6 months after the earthquake with a medical team to deliver a 1-week Thought Field Therapy training program to the local community. A 2-day training program was followed by opportunities for supervised practice. The authors have continued to receive positive feedback from participants, for more than 1 year following the training. Although limited healthcare and poor preceding infrastructure impaired the local response to the disaster, efforts were helped by the resilience of the population and their community spirit. The visit success was facilitated by working with a team who were familiar with the country and negotiating with local community leaders, were adequately prepared, and gave attention to the authors' security and health.

Rotheram, M., Maynard, I., Thomas, O., Bawden, M., & Francis, L. (2012). Preliminary evidence for the treatment of type I 'yips': The efficacy of the Emotional Freedom Techniques. *The Sport Psychologist*, 26, 551-570.

This study explored whether a meridian-based intervention termed the Emotional Freedom Techniques (EFT) could reduce Type I 'yips' symptoms. EFT was applied to a single figure handicap golfer in an attempt to overcome the performance decrements the player had suffered. The participant underwent four 2-hr sessions of EFT. The EFT involved the stimulation of various acupuncture points on the body. The appropriate acupuncture points were tapped while the participant was tuned into the perceived psychological causes (significant life event) associated with his 'yips' experience. Dependent variables included: visual inspection of the 'yips', putting success rate and motion analysis data. Improvements in 'yips' symptoms occurred across all dependent measures. Social validation data also illustrated that these improvements transferred to the competitive situation on the golf course. It is possible that significant life events may be a causal factor in the 'yips' experience and that EFT may be an effective treatment for the 'yips' condition.

Sojcher, R., Perlman, A. & Fogerite, S. (2012). Evidence and potential mechanisms for mindfulness practices and energy psychology for obesity and binge-eating disorder. *Explore: The Journal of Science and Healing*, 8(5), 271-276.

Obesity is a growing epidemic. Chronic stress produces endocrine and immune factors that are contributors to obesity's etiology. These biochemicals also can affect appetite

and eating behaviors that can lead to binge-eating disorder. The inadequacies of standard care and the problem of patient noncompliance have inspired a search for alternative treatments. Proposals in the literature have called for combination therapies involving behavioral or new biological therapies. This manuscript suggests that mind-body interventions would be ideal for such combinations. Two mind-body modalities, energy psychology and mindfulness meditation, are reviewed for their potential in treating weight loss, stress, and behavior modification related to binge-eating disorder. Whereas mindfulness meditation and practices show more compelling evidence, energy psychology, in the infancy stages of elucidation, exhibits initially promising outcomes but requires further evidence-based trials.

Stapleton, P., Sheldon, T., & Porter, B. (2012). Clinical benefits of emotional freedom techniques on food cravings at 12-months follow-up: A randomized controlled trial. *Energy Psychology Journal*, 4(1), 13-24.

This randomised, clinical trial tested whether Emotional Freedom Techniques (EFT) reduced food cravings. This study involved 96 overweight or obese adults who were allocated to the EFT treatment or 4-week waitlist condition. Degree of food craving, perceived power of food, restraint capabilities and psychological symptoms were assessed pre- and post- a 4-week treatment program (mixed method ANOVA comparative analysis), and at 6-month follow-up (repeated measure ANOVA with group data collapsed). EFT was associated with a significantly greater improvement in food cravings, the subjective power of food and craving restraint than waitlist from pre- to immediately post-test ($p < .05$). Across collapsed groups, an improvement in food cravings and the subjective power of food after active EFT treatment was maintained at 6 months, and a delayed effect was seen for craving restraint. Although there was a significant reduction in measures of psychological distress immediately after treatment ($p < .05$), there was no between-group difference. These findings are consistent with the hypothesis that EFT can have an immediate effect on reducing food cravings and can result in maintaining reduced cravings over time.

2011

Church, D., Piña, O., Reategui, C., & Brooks, A. (2011). Single session reduction of the intensity of traumatic memories in abused adolescents after EFT: A randomized controlled pilot study. *Traumatology*, doi:10.1177/1534765611426788

The population for this study was drawn from an institution to which juveniles are sent by court order if they are found by a judge to be physically or psychologically abused at home. Sixteen males, aged 12 – 17, were randomized into two groups. They were

assessed using subjective distress (SUD), and the Impact of Events scale (IES), which measures two components of PTSD: intrusive memories and avoidance symptoms. The experimental group was treated with a single session of EFT (Emotional Freedom Techniques), a brief and novel exposure therapy that has been found efficacious in reducing PTSD and co-occurring psychological symptoms in adults, but has not been subject to empirical assessment in juveniles. The wait list control group received no treatment. Thirty days later subjects were reassessed. No improvement occurred in the wait list (IES total mean pre=32 SD \pm 4.82, post=31 SD \pm 3.84). Posttest scores for all experimental group subjects improved to the point where all were non-clinical on the total score (IES total mean pre=36 SD \pm 4.74, post=3 SD \pm 2.60, $p < 0.001$), as well as the intrusive and avoidant symptom subscales, and SUD. These results are consistent with those found in adults, and indicates the utility of single-session EFT as a fast and effective intervention for reducing psychological trauma in juveniles.

Connolly, S.M., & Sakai, C.E. (2011). Brief trauma symptom intervention with Rwandan genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health*, 13(3), 161-172.

This randomized waitlist control study examined the efficacy of Thought Field Therapy (TFT) in reducing Posttraumatic Stress Disorder symptoms in survivors of the 1994 genocide in Rwanda. Participants included 145 adult genocide survivors randomly assigned to an immediate TFT treatment group or a waitlist control group. Group differences adjusted for pretest scores and repeated measures anovas were statistically significant at $p < .001$ for 9 of 10 TSI trauma subscales and for both severity and frequency on the MPSS, with moderate to large effect sizes. Reduced trauma symptoms for the group receiving TFT were found for all scales. Reductions in trauma symptoms were sustained at a 2-year follow-up assessment. Limitations, clinical implications, and future research are discussed.

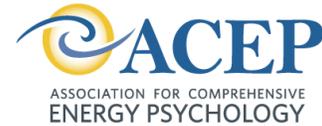
Fitch, J., Di Girolamo, J. A., & Schmuldt, L.M. (2011). The Efficacy of Primordial Energy Activation and Transcendence (PEAT) for Public Speaking Anxiety. *Energy Psychology Journal*, 4(1). doi: 10.9769/EPJ.2011.3.2.JF

Background: Primordial Energy Activation and Transcendence (PEAT) is one of the newer energy psychology protocols. The purpose of this study was to test the effectiveness of a PEAT protocol on individuals experiencing communication anxiety and compare results with existing protocols such as Emotional Freedom Techniques (EFT) and Thought Field Therapy (TFT).

Method: The current study (N = 82) examined the efficacy of the PEAT protocol in reducing communication anxiety by measuring anxiety using the Communication Anxiety

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Inventory Form State (CAI State) before and after a 20-min PEAT treatment for an experimental group and comparing the results with a control group that received no treatment.

Participants: University students enrolled in a public speaking class volunteered for participation in the study.

Results: The PEAT process produced a statistically significant downward shift in CAI State scores, relative to the control group, with a medium effect size. A qualitative content analysis of participant interviews also identified themes of effectiveness of the Basic PEAT protocol in reducing public speaking anxiety.

Conclusion: The strength of the results indicates a beneficial effect due to the PEAT treatment and that further investigation is warranted.

Fitch, J., Schmuldt, L., & Rudick, K. L. (2011). Reducing state communication anxiety for public speakers. An energy psychology pilot study. *Journal of Creativity in Mental Health, 6*(3), 178-192.

This mixed-method pilot study investigates the efficacy of implementing primordial energy activation and transcendence to address public speaking anxiety. Speech anxiety was significantly reduced from pretest to posttest, as measured by the Communication Anxiety Inventory State. Suggestions for future research, limitations of the current study, and interview responses from participants are included.

Hodge, P. & Jurgens, C. (2011). A Pilot Study of the Effects of Emotional Freedom Techniques in Psoriasis. *Energy Psychology: Theory, Research & Treatment, 3*(2).

The documented relationship between stress and psoriasis suggests that noninvasive means of stress reduction may improve quality of life in persons with psoriasis.

Objectives: The purpose of this study was to (a) educate persons with psoriasis in the use of the innovative, self-applied, noninvasive emotional healing intervention Emotional Freedom Techniques (EFT) and (b) test its effects on psoriasis symptoms.

Method: A time series, within-subjects, repeated measures design was used. Persons with psoriasis (n = 12) were taught EFT in a 6-hr workshop and instructed to use EFT daily. Symptoms were measured using the Skindex-29 questionnaire. Psychological conditions were assessed using the Symptom Assessment-45 (SA-45), which has 9 subscales, and two general scales for the severity (GSI) and breadth (PST) of psychological distress. Participants were assessed pre-intervention, post intervention, and at 1 and 3 month follow-ups.

Results: Psychological symptom severity (GSI) improved post-workshop, demonstrating both clinical (raw score) and statistical significance (-56.43%, $p=.043$). Improvements (T score) (-50.67%, $p=.002$) were sustained at three 3-month follow-up (-50.54%, $p=.001$; -38.43%; $p=.002$). Symptom breadth (PST) also improved post-workshop clinically (-49.24%, $p=.005$), and that improvement was sustained over time (-46.93%, $p=.019$). Skindex-29 scores indicated improvements in emotional distress (-41.56%, $p=.002$), symptoms (-49.05%; $p=.001$), and functioning (-58.31%; $p=.001$) post-workshop, with changes over time to -80.56% ($p<.001$), -74.95% ($p<.001$), and -89.99% ($p=.001$) respectively, and at 3 months. Differences by gender were found in psychological symptom severity and skin-related symptom distress.

Conclusion: Participants experienced significant improvement in functioning and psychological, emotional, and physical symptoms.

Jones, S., Thornton, J., & Andrews, H. (2011). Efficacy of EFT in Reducing Public Speaking Anxiety: A Randomized Controlled Trial. *Energy Psychology: Theory, Research, Treatment*, 3(1).

Thirty-six volunteers with Public Speaking Anxiety (PSA) were randomly allocated into a treatment group and wait-list control group. Subjective self-report measures were taken before, during, and after a forty-five minute treatment session with Emotional Freedom Techniques (EFT). Behavioural observations were recorded during a 4-minute speech immediately after treatment. Comparisons between groups revealed significant reductions in PSA on all self-report measures, but not in behavioural observations. Changes in scores taken before and after treatment for each participant revealed significant reduction in PSA on all subjective and behavioural measures. A significant reduction in PSA as measured by Subjective Units of Discomfort was demonstrated within the first 15 minutes of treatment with EFT, with further significant reductions also demonstrated at 30 and 45 minutes. EFT was found to be a quick and effective treatment for PSA.

Karatzias, T., Power, K. Brown, K., McGoldrick, T., Begum, M., Young, J., Loughran, P., Chouliara, Z. & Adams, S. (2011). A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder: Eye movement desensitization and reprocessing vs. emotional freedom techniques. *Journal of Nervous & Mental Disease* 199(6), 372-378.

The present study reports on the first ever controlled comparison between eye movement desensitization and reprocessing (EMDR) and emotional freedom techniques (EFT) for posttraumatic stress disorder. A total of 46 participants were randomized to either EMDR ($n = 23$) or EFT ($n = 23$). The participants were assessed at baseline and

then reassessed after an 8-week waiting period. Two further blind assessments were conducted at posttreatment and 3-months follow-up. Overall, the results indicated that both interventions produced significant therapeutic gains at posttreatment and follow-up in an equal number of sessions. Similar treatment effect sizes were observed in both treatment groups. Regarding clinical significant changes, a slightly higher proportion of patients in the EMDR group produced substantial clinical changes compared with the EFT group. Given the speculative nature of the theoretical basis of EFT, a dismantling study on the active ingredients of EFT should be subject to future research.

Lee, Jung-Hwan, Suh, Hynu-Uk, Chung, Sun-Yong, & Kim, Jong-Woo. (2011). A Preliminary study for the evaluation of the effects of EFT for insomnia in the elderly. *Journal of Oriental Neuropsychiatry*. 22(4), 101-109.

Objective: The aim of this study was to evaluate the effects of EFT-I (EFT program for insomnia) for insomnia in the elderly as a preliminary study.

Methods: This study was a single group pre-post comparative study that involved 10 elderly women (mean age=76.3±4.29), who visited a senior welfare center, complained of insomnia symptoms. Subjects received 8 sessions (twice a week for 4 weeks and 1 hour for each session) of EFT-I group training. Insomnia severity, depression, state-anxiety, and life satisfaction of each subject were evaluated twice at pre and post of EFT-I. Korean Sleep Scale of Oh (1998), Short form of Geriatric Depression Scale (SGDS), State-Trait Anxiety Inventory (STAI), and life satisfaction scale designed by Choi (1986) were used as evaluation tools. The data were analyzed with SPSS version 16.0 for windows, using paired-samples T-test.

Results: Insomnia severity was significantly improved by EFT-I (In Korean Sleep Scale, before EFT-I: 30.10±5.59, after EFT-I: 44.60±10.96). Life satisfaction was significantly improved by EFT-I (In Life Satisfaction scale, before EFT-I: 14.90±9.50, after EFT-I: 24.70±10.96). Depression was significantly improved by EFT-I (In SGDS, before EFT-I: 9.10±3.96, after EFT-I: 4.90±2.33), State-anxiety was significantly improved by EFT-I (in STAI, before EFT-I: 51.70±12.42, after EFT-I: 36.90±4.58).

Conclusions: EFT-I significantly improved Insomnia severity, life satisfaction, depression, and state-anxiety. Larger clinical trials are needed to verify effect of EFT-I as a community based insomnia management program for the elderly.

Moritz, S., Aravena, S.C., Guetzka, S. Schilling, L., Eichenberg, C., Raubart G., Seebeck, A., & Jelinek, L. (2011). Knock and it will be opened to you? An examination of meridian-tapping in obsessive compulsive disorder (OCD). *J. Behav. Ther. & Exp. Psychiat.* 42, 81-88.

Meridian-tapping (MT) is a body-oriented therapeutic technique which among other psychological problems targets anxiety disorders. Despite bold claims by some of its advocates that it brings lasting success in the vast majority of patients with anxiety disorders, solid empirical evidence for its effectiveness is scarce and its theoretical foundations are refuted by many scientists. The present study tested the effectiveness of a published MT self-help approach for obsessive-compulsive disorder (OCD). Following a baseline assessment over the internet including standard outcome measures for OCD (Y-BOCS, OCI-R) and depression (BDI-SF), 70 participants with OCD were randomly allocated to MT or to progressive muscle relaxation (PMR). Four weeks after the dispatch of the self-help manuals (including video demonstrations of the technique), participants were requested to take part in a post assessment. Whereas subjects found MT more helpful than PMR in retrospect (39% versus 19%) and would continue to use it in the future (72% versus 48%) there was no evidence for a stronger decline of OCD symptoms under MT on any of the psychometric measures. Moreover, Y-BOCS scores did not significantly change across time for both interventions. The present study does not support bold claims about the effectiveness of MT as a stand-alone technique. Cognitive-behavioral therapy remains the treatment of choice for OCD. While self-help MT may enhance the well-being of a subgroup of participants, its potential for OCD appears to be small. Exaggerated success claims on the effectiveness of MT in conjunction with degrading appraisals of conventional psychotherapy as made by some of its leading figures may in our view foster fatalism in patients not experiencing major symptom relief by MT.

Palmer-Hoffman, J., & Brooks, A. (2011). Psychological Symptom Change after Group Application of Emotional Freedom Techniques. *Energy Psychology: Theory, Research, & Treatment*, 3(1), 57-72.

A study by J. E. Rowe (2005) examined the effects of Emotional Freedom Techniques (EFT) on psychological conditions such as depression and anxiety. The sample (N = 102) consisted of participants at a weekend workshop taught by Gary Craig, the originator of EFT. Rowe found significant improvements in psychological symptoms from pre- to post-workshop assessments, with significant participant gains maintained on follow-up. The current study examined whether the improvements were attributable to Gary Craig alone or whether similar effects are noted when EFT is delivered by others. This study examined samples of participants at 4 different conferences, in which EFT was taught by others (N = 102). In all 4 conferences, there were significant improvements in the severity and breadth of symptoms pre- and post-workshop ($p < .001$), and following 3 of the 4 conferences there were significant long-term gains ($p < .001$). The results indicate that EFT may be effective at reducing psychological symptoms when delivered by individuals other than the method's founder and that EFT may reliably improve long-term mental health when delivered in brief group treatments.

Salas, M., Brooks, A., & Rowe, J. (2011). The Immediate Effect of a Brief Energy Psychology Intervention (Emotional Freedom Techniques) on Specific Phobias: A Pilot Study. *Explore*, 7, 155-161.

This study examined whether Emotional Freedom Techniques (EFT), a brief exposure therapy that combines cognitive and somatic elements, had an immediate effect on the reduction of anxiety and behavior associated with specific phobias. The present study utilized a cross-over design with participants (N=22) randomly assigned to either diaphragmatic breathing or EFT as the first treatment. Study measures included a behavioral approach test, Subjective Units of Distress Scale, and Beck Anxiety Inventory. EFT significantly reduced phobia-related anxiety and ability to approach the feared stimulus whether presented as an initial treatment or following diaphragmatic breathing. When presented as the initial treatment, the effects of EFT remained through the presentation of the comparison intervention. Further study of EFT for specific phobias is warranted.

Stein, P., & Brooks, A. Efficacy of EFT Provided by Coaches vs. Licensed Therapists in Veterans with PTSD. (2011). *Energy Psychology: Theory, Research, and Treatment*, 3(1).

Background: EFT (Emotional Freedom Techniques) is a validated method for treating posttraumatic stress disorder (PTSD), available to both lay persons and to licensed mental health practitioners (LMP). It is unknown whether results would be significantly different when EFT is administered by licensed practitioners compared to trained lay coaches.

Methods: N=149 veterans with PTSD were approached and 59 were eligible and consented to the study. They were randomized to an active treatment (EFT N=30) and wait list (WL N=29) control group and received treatment from a LMP (N=26) or a coach (N=33). PTSD was assessed using the PCL-M (PTSD Checklist-Military), and psychological symptoms using the SA-45 (Symptom Assessment-45). All study participants met diagnostic criteria for PTSD on the PCL-M. Participants received 6 sessions of EFT over the course of a month. Questionnaires were repeated after 3 and 6 EFT sessions, and at 3 and 6 months. Wait list was assessed at intake and one month before beginning EFT sessions.

Results: Results are based on post-intervention data from the combined EFT and WL groups. Significant declines in the percent meeting PTSD diagnostic criteria were seen after 3 sessions of EFT with 47% of coach and 30% of LMP participants still meeting PTSD diagnostic criteria. Improvements continued to be seen after 6 sessions (17% coach, 10% LMP) and were sustained at 3 months (17% coach, 11% LMP). Although the percent meeting clinical PTSD criteria increased slightly at 6 months (24% coach, 17%

LMP), the overwhelming majority of vets with PTSD treated with EFT remained free of clinically-defined PTSD. The trend for better outcomes for LMP did not reach statistical significance.

Conclusion: Six sessions of EFT, whether administered by a coach or an LMP is efficacious in treating PTSD among veterans suggesting that EFT provided by lay coaches would be an effective strategy to address PTSD in this population.

Temple, G. & Mollon, P. (2011). Reducing Anxiety in Dental Patients using EFT: A Pilot Study. *Energy Psychology: Theory, Research & Treatment*, 3(2).

Adult patients awaiting dental treatment were screened for self-reported anxiety using an 11-point Likert scale. Those in the higher half of the range (n = 30) received a 10-min intervention consisting of a 4-min Emotional Freedom Techniques (EFT) explanation and 6-min treatment. All patients reported a decrease in subjective anxiety, with a mean pretreatment score of 8.03 and a posttreatment score of 3.03. Paired t tests revealed a statistically significant decrease (p < .001). These results are consistent with other published reports of EFTs efficacy for anxiety. They suggest that even a very brief EFT intervention can reduce anxiety and that an additional controlled trial with both observer- and participant-rated measures should be undertaken.

Zhang, Ying; Feng, Bin; Xie, Jian-ping; Xu, Fang-zhong; and Chen, Jiong. (2011). Clinical Study on Treatment of the Earthquake-caused Post-traumatic Stress Disorder by Cognitive-behavior Therapy and Acupoint Stimulation. *Journal of Traditional Chinese Medicine*, 31(1): 60-63.

Objective: To study the curative effect of acupoint stimulation on the earthquake-caused post-traumatic stress disorder (PTSD).

Methods: The 91 PTSD patients in Wenchuan hit by a strong earthquake were randomly divided into a control group of 24 cases treated by the cognitive-behavior therapy, and a treatment group of 67 cases treated by both cognitive-behavior therapy and acupoint stimulation. The scores were evaluated according to Chinese version of the incident effect scale revised (IES-R) and the self-compiled questionnaire for the major post-traumatic psychological condition, and the curative effect was compared between the two groups.

Results: The total scores of IES-R, the scores of all factors and the total scores of the questionnaire in the two groups after treatment were much lower than those before treatment (P<0.01). The comparison of reduction in the factor scores between the two groups showed that the curative effect in the treatment group was better than that of the control group.

Conclusion: The acupoint stimulation is effective for the PTSD patients, with better results than that of cognitive-behavior therapy used alone.

2010

Baker, H. (2010). A re-examination of Church's (2009) study into the effects of Emotional Freedom Techniques (EFT) on basketball free-throw performance. *Energy Psychology Journal* 2(1). doi: 10.9769/EPJ.2010.2.1.HB

Church (2009) studied basketball free-throw performance of college varsity athletes, comparing (a) a brief treatment of Emotional Freedom Techniques (EFT) with (b) an encouraging talk. A re-examination of Church's data supported his conclusion that the EFT treatment led to relatively better performance compared with the control group.

In addition, we found (a) the reported improvement within the EFT condition was not significant, whereas the control condition decrement was significant and robust; (b) the positive effect of EFT thus took the form of an avoidance of the strong performance decrement seen in the control group; and (c) men and women contributed about equally to these findings. To avoid an apparent ceiling effect, future researchers should use a more difficult free-throw task. Because this apparent ceiling effect may have caused the distribution of scores to deviate from normality, we confirmed the above reported findings from parametric analyses using nonparametric tests.

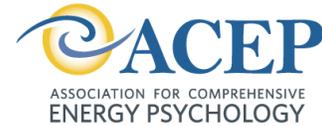
Baker, A. H. & Siegel, L. (2010). Emotional Freedom Techniques (EFT) Reduces Intense Fears: A Partial Replication and Extension of Wells et al. (2003). *Energy Psychology: Theory, Research, & Treatment* 2(2), 13-30. doi: 10.9769/EPJ.2010.2.2.AHB.LSS

Baker and Siegel inserted a no-treatment control condition in this new study and also changed the comparison condition used. In the Wells study, Diaphragmatic Breathing (which turned out to be quite similar to EFT in its effects on small animal phobias, although not as effective as EFT) was used as the sole comparison. In the Baker-Siegel study, a Supportive Interview condition in which participants were given an opportunity to discuss their fears in a respectful, accepting setting was used. It is quite similar to Rogerian Nondirective Counseling.

When Baker and Siegel compared their three groups, the results strongly supported the Wells study. As in the latter, EFT participants improved significantly from pre- to posttest in their ability to walk closer to the feared animal after having received EFT, while the other two conditions showed no improvement in this respect. With respect to the

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subjective measures used in the new study, EFT participants showed significant decreases on the two SUDS measures of fear, on the Fear Questionnaire, and on a special new questionnaire devised for this study (the FOSAQ). Participants in the other two conditions, Supportive Interview and No Treatment Control, showed no decrease in fear whatsoever on these subjective measures. As in the Wells study, only heart rate showed large but equal changes for each condition.

A minor drawback of the Wells study was that participants rated their expectations of success for the intervention to be used with them before they had actually been assigned to a specific intervention. This detail was corrected in the new study, where participants were told which of the 3 conditions they would receive and after the condition had been described to them only then were they asked to rate the degree to which they thought this described condition would help to reduce their fear. The results? EFT and Supportive Interview did not differ significantly in their mean expectation scores (i.e. participants thought each might help them) but despite equal expectations they did differ markedly in outcome, with EFT superior in terms of results. The Interview and No Treatment control conditions did differ significantly in terms of expectation however — participants didn't expect that the no-treatment condition where they would sit and read for 45 minutes would help them very much. Yet despite this, the Supportive Interview did no better than the no-treatment control condition in terms of results. This shows that expectation of the participant cannot explain the superior results obtained by EFT.

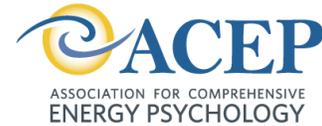
Baker and Siegel conducted a follow-up study after a 1.4 years lapse between the time of the original testing and the follow-up. On most measures, the significant effects for the single session of EFT still persisted after this considerable lapse of time and were superior to the results for the two comparison conditions. It is striking that only one session of EFT could still show effects almost one and half years later. This can be said of very few interventions in the field of psychology.

Burk, L. (2010). Single Session EFT (Emotional Freedom Techniques) for Stress-Related Symptoms After Motor Vehicle Accidents. *Energy Psychology: Theory, Research & Treatment*, 2(2), 65-72.

Motor vehicle accidents (MVA) are a common cause of posttraumatic stress disorder (PTSD). Energy psychology (EP) approaches such as EFT (Emotional Freedom Techniques) are a new form of exposure therapy used to treat PTSD from a variety of different causes. These techniques provide an attractive alternative to more well-established approaches such as cognitive behavioral therapy because of their potential for accelerated healing similar to what has been demonstrated with eye movement desensitization and reprocessing. There are only a few reports in the literature of the use of EP for the treatment of PTSD resulting from MVA. This clinical report presents 3 case histories documenting the use of single-session EFT for the treatment of acute psychological trauma immediately after a car accident, urticaria as a component of acute

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stress disorder 2 weeks after a car accident, and PTSD and whiplash syndrome 11 months after a car accident. These cases are discussed in the context of a review of the current literature on PTSD after MVA and are followed by recommendations for future research.

Church, D. (2010a). The Treatment of Combat Trauma in Veterans Using EFT: A Pilot Protocol. *Traumatology, 15*(1), 45-55.

With a large number of U.S. military service personnel coming back from Iraq and Afghanistan with posttraumatic stress disorder (PTSD) and comorbid psychological conditions, a need exists to find protocols and treatments that are effective in brief treatment time frames. In this study, a sample of 11 veterans and family members were assessed for PTSD and other conditions. Evaluations were made using the SA-45 (Symptom Assessment 45) and the PCL-M (Posttraumatic Stress Disorder Checklist–Military) using a time-series, within-subjects, repeated measures design. A baseline measurement was obtained 30 days prior to treatment and immediately before treatment. Participants were then treated with a brief and novel exposure therapy, EFT (Emotional Freedom Techniques), for 5 days. Statistically significant improvements in the SA-45 and PCL-M scores were found at posttest. These gains were maintained at both the 30- and 90-day follow-ups on the general symptom index, positive symptom total, and the anxiety, somatization, phobic anxiety, and interpersonal sensitivity subscales of the SA-45, and on PTSD. The remaining SA-45 scales improved posttest but were not consistently maintained at the 30- and 90-day follow-ups. One-year follow-up data were obtained for 7 of the participants and the same improvements were observed. In summary, after EFT treatment, the group no longer scored positive for PTSD, the severity and breadth of their psychological distress decreased significantly, and most of their gains held over time. This suggests that EFT can be an effective postdeployment intervention.

Church, D. (2010b). Your DNA is Not Your Destiny: Behavioral Epigenetics and the Role of Emotions in Health. *Anti Aging Medical Therapeutics, 13*.

In a series of studies published in 2000 and later, researchers began to demonstrate the importance of epigenetic influences on gene expression. Genes might be silenced through methylation, or their expression facilitated by acetylation. A further step occurred when behaviors and psychological states were noted to regulate the activity of genes. A body of evidence has now been accumulated that assesses the specific genes affected by behavioral influences such as nurturing, by lifestyle interventions such as meditation, by emotions, and by alleviating psychological conditions such as depression, anxiety and PTSD (posttraumatic stress disorder). Comparisons of the relative lengths of telomeres in identical twins, who start life with identical genes, show that emotional

stress can result in one twin having a cellular age that is as much as 10 years older by age 40. New studies in the field of energy psychology also indicate that these psychological and emotional stressors may be remediated much more rapidly than previously believed possible, and that behavioral and psychological influences regulate the genes responsible for inflammation, immune function, and cellular regeneration, among others. These advances provide fruitful new avenues for research into the epigenetic properties of simple behavioral and emotional skills such as meditation, the Relaxation Response, and EFT (Emotional Freedom Techniques), and point to the potential of these methods as potent anti-aging and medical interventions.

Church, D. & Brooks, A. (2010). The Effect of a Brief EFT (Emotional Freedom Techniques) Self-Intervention on Anxiety, Depression, Pain and Cravings in Healthcare Workers. *Integrative Medicine: A Clinician's Journal*, Oct/Nov.

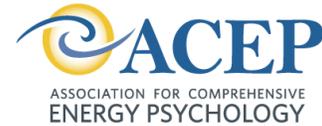
This study examined a cross section of 194 healthcare professionals, including physicians, nurses, psychotherapists, chiropractors, psychiatrists, alternative medicine practitioners, and allied professionals. It examined whether self-intervention with Emotional Freedom Techniques (EFT), a brief exposure therapy that combines a cognitive and a somatic element, had an effect on subjects' levels of anxiety, depression, and other psychological symptoms. The study utilizes a within-subjects, time-series, repeated measures design. It evaluates symptoms using the SA-45, a well-validated 45 item questionnaire. Besides measuring the breadth and intensity of psychological distress, this instrument has nine subscales for specific conditions, including anxiety and depression. It was administered to subjects before and after an EFT demonstration and self-application that lasted about 90 minutes. Subjects also self-reported physical pain, emotional distress, and cravings on a 10 point Likert-type scale. The SA-45 followup was administered 3 months later, to determine whether any improvement held over time. Subjects received a single page homework EFT reminder sheet, and their frequency of practice was tracked at followup. EFT self-application resulted in statistically significant decreases in pain, emotional distress, and cravings, and improvements for all nine subscales. On the two general scales on the SA-45, symptom severity dropped by 34%, and symptom breadth by 40% relative to normal baselines (both $p < .001$). Pain scores dropped by 68%, the intensity of traumatic memories by 83%, and cravings by 83% (all $p < .001$).

Church, D., Brooks, A. (2010b). Application of Emotional Freedom Techniques. *Integrative Medicine: A Clinician's Journal*, 2010, August/September 2010.

This paper describes an intervention called Emotional Freedom Techniques (EFT). EFT is a brief exposure therapy combining cognitive and somatic elements and focuses on resolving emotional trauma that might underlie a presenting condition. Research

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indicates that EFT is an effective treatment for anxiety, depression, posttraumatic stress disorder, phobias, and other psychological disorders, as well as certain physical complaints. This article describes the techniques, how EFT is taught in a workshop setting, and provides case examples. The clinical benefits of EFT and future research directions are discussed.

Feinstein, David. (2010). Rapid Treatment of PTSD: Why Psychological Exposure with Acupoint Tapping May Be Effective. *Psychotherapy: Theory, Research, Practice, Training*, 47(3), 385-402.

Combining brief psychological exposure with the manual stimulation of acupuncture points (acupoints) in the treatment of post-traumatic stress disorder (PTSD) and other emotional conditions is an intervention strategy that integrates established clinical principles with methods derived from healing traditions of Eastern cultures. Two randomized controlled trials and six outcome studies using standardized pre- and post-treatment measures with military veterans, disaster survivors, and other traumatized individuals corroborate anecdotal reports and systematic clinical observation in suggesting that (a) tapping on selected acupoints (b) during imaginal exposure (c) quickly and permanently reduces maladaptive fear responses to traumatic memories and related cues. The approach has been controversial. This is in part because the mechanisms by which stimulating acupoints can contribute to the treatment of serious or longstanding psychological disorders have not been established. Speculating on such mechanisms, the current paper suggests that adding acupoint stimulation to psychological exposure is unusually effective in its speed and power because deactivating signals are sent directly to the amygdala, resulting in reciprocal inhibition and the rapid attenuation of maladaptive fear. This formulation and the preliminary evidence supporting it could, if confirmed, lead to more powerful exposure protocols for treating PTSD.

Feinstein, D. & Church, D. (2010). Modulating Gene Expression through Psychotherapy: The Contribution of Non-Invasive Somatic Interventions. *Review of General Psychology*, 14, 283-295.

Mapping the relationship between gene expression and psychopathology is proving to be among the most promising new frontiers for advancing the understanding, treatment, and prevention of mental disorders. Each cell in the human body contains some 23,688 genes, yet only a tiny fraction of a cell's genes are active or "expressed" at any given moment. The interactions of biochemical, psychological, and environmental factors influencing gene expression are complex, yet relatively accessible technologies for assessing gene expression have allowed the identification of specific genes implicated in a range of psychiatric disorders, including depression, anxiety, and schizophrenia.

Moreover, successful psychotherapeutic interventions have been shown to shift patterns of gene expression. Five areas of biological change in successful psychotherapy that are dependent upon precise shifts in gene expression are identified in this paper.

Psychotherapy ameliorates (a) exaggerated limbic system responses to innocuous stimuli, (b) distortions in learning and memory, (c) imbalances between sympathetic and parasympathetic nervous system activity, (d) elevated levels of cortisol and other stress hormones, and (e) impaired immune functioning. The thesis of this paper is that psychotherapies which utilize non-invasive somatic interventions may yield greater precision and power in bringing about therapeutically beneficial shifts in gene expression that control these biological markers. The paper examines the manual stimulation of acupuncture points during psychological exposure as an example of such a somatic intervention. For each of the five areas, a testable proposition is presented to encourage research that compares acupoint protocols with conventional therapies in catalyzing advantageous shifts in gene expression.

Pasahow, R. (2010). Methodological and Theoretical Problems in the Waite and Holder (2003) Study on Fears and EFT. *Energy Psychology Journal*, 2(2). doi: 10.9769/EPJ.2010.2.2.RP

Energy psychology (EP) represents a paradigm for the treatment of mental health problems. A number of studies and case reports have demonstrated its efficacy in reducing psychological conflicts and symptoms. Emotional Freedom Techniques (EFT) are the most extensively researched model of EP. For EFT to be classified as an empirically based treatment according to American Psychological Association (APA) Division 12 Task Force criteria, research needs to demonstrate its efficacy in a number of experimental and clinical settings. It is also necessary to provide alternative explanations when experimental data are interpreted as disproving major hypotheses. In Waite and Holder's (2003) study on EFT, inclusion of two sham treatment groups and a control group attempted to isolate the factors that cause symptom reduction. Initial reviewers interpreted these data as disproving the fundamental hypothesis of EFT. The APA's Continuing Education Committee cited this study as 1 factor for disputing the scientific basis of EFT. Subsequent analyses have interpreted this study as being supportive of EFT hypotheses. However, numerous statistical omissions, incorrect applications of EFT procedures, and insufficient treatment time preclude meaningful conclusions regarding EFT. The only dependent variable was participants' fear ratings, which many researchers do not consider an adequate outcome measure. Multidimensional assessments would have provided more precise data and limited how much demand characteristics influenced the results.

Sakai, C., Connolly, S., Oas, P. (2010). Treatment of PTSD in Rwandan Child Genocide Survivors Using Thought Field Therapy. *International Journal of Emergency Mental Health, 12*(1), 41-50.

Thought Field Therapy (TFT), which utilizes the self-tapping of specific acupuncture points while recalling a traumatic event or cue, was applied with 50 orphaned teens who had been suffering with symptoms of PTSD since the Rwandan genocide 12 years earlier. Following a single TFT session, scores on a PTSD checklist completed by caretakers and on a self-rated PTSD checklist had significantly decreased ($p < .0001$ on both measures). The number of participants exceeding the PTSD cutoffs decreased from 100% to 6% on the caregiver ratings and from 72% to 18% on the self-ratings. The findings were corroborated by informal interviews with the adolescents and the caregivers which indicated dramatic reductions of PTSD symptoms such as flashbacks, nightmares, bedwetting, depression, isolation, difficulty concentrating, jumpiness, and aggression. Following the study, the use of TFT on a self-applied and group utilized basis became part of the culture at the orphanage, and on one-year follow-up, the initial improvements had been maintained as shown on both checklists.

Schoninger, Beverly, and Hartung, John. (2010). Changes on Self-Report Measures of Public Speaking Anxiety Following Treatment with Thought Field Therapy. *Energy Psychology: Theory, Practice, Research, 2*(1), May 2010.

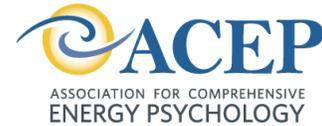
The effects of one 60-minute treatment with thought field therapy (TFT) on public speaking anxiety with 48 participants were studied. Participants were randomly assigned to treatment or delayed-treatment conditions and to one of 11 licensed therapists trained in TFT. Participants receiving TFT treatment showed decreases in public speaking anxiety and increases in positive measures related to anticipation of future public speaking experiences. Participants in the delayed-treatment condition showed no improvement while on a wait list, but after treatment showed similar effects on all measures.

Stapleton, Peta, Sheldon, Terri, Porter, Brett, & Whitty, Jennifer. (2010). A Randomized Clinical Trial of a Meridian-Based Intervention for Food Cravings with Six Month Follow-up. *Behaviour Change, 28*(1), 1-16.

This randomised, clinical trial tested whether The Emotional Freedom Technique (EFT) reduced food cravings. This study involved 96 overweight or obese adults who were allocated to the EFT treatment or 4-week waitlist condition. Degree of food craving, perceived power of food, restraint capabilities and psychological symptoms were assessed pre- and post- a 4-week treatment program (mixed method ANOVA comparative analysis), and at 6-month follow-up (repeated measure ANOVA with group

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data collapsed). EFT was associated with a significantly greater improvement in food cravings, the subjective power of food and craving restraint than waitlist from pre- to immediately post-test ($p < .05$). Across collapsed groups, an improvement in food cravings and the subjective power of food after active EFT treatment was maintained at 6 months, and a delayed effect was seen for craving restraint. Although there was a significant reduction in measures of psychological distress immediately after treatment ($p < .05$), there was no between-group difference. These findings are consistent with the hypothesis that EFT can have an immediate effect on reducing food cravings and can result in maintaining reduced cravings over time.

Stone, B.; Leyden, L.; Fellows, B. (2010). Energy Psychology Treatment for Orphan Heads of Households in Rwanda: An Observational Study. *Energy Psychology: Theory, Research and Treatment*, 2(2).

A team of 4 energy therapy practitioners visited Rwanda in September of 2009 to conduct trauma remediation programs with 2 groups of orphan genocide survivors with complex posttraumatic stress disorder (PTSD) symptoms. Results from interventions with the first group were reported previously (Stone, Leyden, & Fellows, 2009). This article reports results from the second group composed of orphan head of households. The authors used a multimodal intervention with 3 energy psychology methods (Tapas Acupressure Technique, Thought Field Therapy, and Emotional Freedom Techniques), with techniques selected on the basis of participant needs. Interventions were performed on 2 consecutive workshop days and were followed by 2 days of practitioners making field visits with students. Data were collected using the Child Report of Posttraumatic Stress (CROPS) to measure pre- and postintervention results and a time-series, repeated measures design (28 orphans with clinical PTSD scores completed a pretest; 21 completed 1-week posttests; 18 completed 3-month posttests; and 10 completed 6-month posttests). The average overall reduction in PTSD symptoms was 37.3% ($p < .009$). These results are consistent with other published reports of the efficacy of energy psychology in remediating PTSD symptoms.

Swingle, Paul. (2010). Emotional Freedom Techniques (EFT) as an Effective Adjunctive Treatment in the Neurotherapeutic Treatment of Seizure Disorders. *Energy Psychology: Theory, Research, & Treatment*, 2(1), 29-38.

Neurotherapy, including brainwave biofeedback, has been found to be an effective treatment for seizure disorders. A principal component of this treatment is an increase in the amplitude of the Sensory Motor Rhythm (SMR) over the sensory motor cortex in the brain. Electroencephalographic (QEEG) assessment of brainwave activity indicated that Emotional Freedom Techniques (EFT) increased SMR amplitude. The present article

reviews the research on the effects of components of the EFT procedure on brainwave functioning that have been found to be beneficial in the treatment of seizure disorders.

2009

Baker, A.H., Carrington, P., Putilin, D. (2009). Theoretical and Methodological Problems in Research on Emotional Freedom Techniques (EFT) and Other Meridian Based Therapies. *Psychology: Theory, Research & Treatment*, 6(2), 34-46.

Controlled research into Emotional Freedom Techniques (EFT) and other meridian-based therapies is at its beginnings. We examined several issues facing EFT researchers, including: the number and type of dependent measures; expectancy effects; the need for follow-up assessment; a newly proposed procedure for keeping participants blind; the duration of the intervention; the value of treating the hypothesized Energy Meridian System and EFT's operations as separate constructs; and the possibility that EFT's efficacy is mediated by processes long known to be associated with psychotherapy. Such issues are considered in the context of three recent EFT studies: Waite and Holder (2003); Wells et al. (2003); and Baker (2010). Some limitations of these studies are delineated and guidelines on EFT research are suggested.

Benor, D. J., Ledger, K., Toussaint, L., Hett, G., & Zaccaro, D. (2009). Pilot study of Emotional Freedom Technique (EFT), Wholistic Hybrid derived from EMDR and EFT (WHEE) and Cognitive Behavioral Therapy (CBT) for Treatment of Test Anxiety in University Students. *Explore*, 5(6).

Objective: This study explored test anxiety benefits of Wholistic Hybrid derived from EMDR (WHEE), Emotional Freedom Techniques (EFT), and Cognitive Behavioral Therapy.

Participants: Canadian university students with severe or moderate test anxiety participated.

Methods: A double-blind, controlled trial of WHEE (n = 5), EFT (n =5), and CBT (n = 5) was conducted. Standardized anxiety measures included: the Test Anxiety Inventory (TAI) and Hopkins Symptom Checklist (HSCL-21).

Results: Despite small sample size, significant reductions were found for WHEE on the TAI ($p < 0.014-.042$) and HSCL-21 ($p < 0.029$); on the TAI ($p < 0.001-.027$) for EFT; and on the HSCL-21 ($p < 0.038$) for CBT. There were no significant differences between the scores for the three treatments. In only two sessions WHEE and EFT achieved the same

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or better benefits as CBT did in five sessions. Participants reported high satisfaction with all treatments. EFT and WHEE students successfully transferred their self-treatment skills to other stressful areas of their lives.

Conclusions: WHEE and EFT show promise as effective treatments for test anxiety.

Church, D. (2009). The Effect of EFT (Emotional Freedom Techniques) on Athletic Performance: A Randomized Controlled Blind Trial. *The Open Sports Sciences Journal, 2*, 94-99.

This study investigated whether the most widely practiced form of Energy Psychology, called Emotional Freedom Techniques (EFT), could affect athletic performance. It evaluated whether a single brief EFT treatment for performance stress could produce an improvement in two skills for high-performance men's and women's college basketball teams at Oregon State University. The treatment group received a brief EFT session while the control group received a "tips and techniques reading" (TTR). Performance was measured on free throws and vertical jump height. Basketball players who received the EFT intervention scored an average of 21% better individually in free throws after treatment than the control group, while the control group scored an average of 17% lower ($p < 0.028$). However, there was no statistically significant difference between the groups in their percent change in jump height. When analyzed separately, there was a trend for females in the EFT condition to have better performance on both free throws and jump height than females in the control group. These findings suggest that EFT performed as an intervention during the course of an athletic event may reduce performance stress, and improve individual player function for free throws, and is thus worthy of further study.

Church, D. (2009). The Treatment of Combat Trauma in Veterans using EFT (Emotional Freedom Techniques): A Pilot Protocol. *Traumatology, 15*(1).

A six session protocol of a brief and novel exposure therapy, EFT (Emotional Freedom Techniques) has been efficacious in reducing PTSD and co-occurring psychological symptoms in a within-subjects time series trial. The current study uses a randomized design and a wait list control group ($n=13$). Experimental group subjects ($n=19$) received six hour-long EFT coaching sessions, with pretest and posttest evaluations, as well as intermediate tests after three sessions. PTSD was assessed using the PCL-M (Posttraumatic Stress Disorder Checklist – Military), on which the lowest possible score is 17, and a score of 50+ is clinical. The severity and breadth of psychological distress was measured using the SA-45 (Symptom Assessment 45), a short form of the SCL-90. Neither symptoms nor PTSD scores declined in the wait list during the passage of time. The breadth of psychological distress diminished highly significantly in the EFT group, as

did the severity (both $p < 0.001$). In examining the EFT treatment results for the WL and EFT groups combined, after 3 sessions 70% scored PTSD-negative, with mean scores going from 62 pre (SE ± 1.63) to 44 (SE ± 2.83) after 3 sessions (both $p < 0.001$). After 6 sessions of EFT, 87% were PTSD-negative, with a mean score of 35 (SE ± 2.68 , $p < 0.001$). Thirteen subjects completed a 3 month follow-up, and all scored PTSD-negative (mean=31, SE ± 2.77 , $p < 0.001$). The results are consistent with other published reports showing EFTs efficacy at treating PTSD and co-morbid symptoms.

Church, D., & Geronilla, L. (2009). Psychological symptom change in veterans after six sessions of EFT (Emotional Freedom Techniques): an observational study. *International Journal of Healing and Caring*, 9(1).

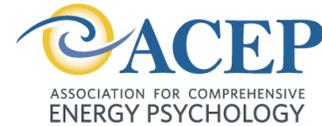
Protocols to treat veterans with brief courses of therapy are required, in light of the large numbers returning from Iraq and Afghanistan with depression, anxiety, PTSD and other conditions. This observational study examined the effects of six sessions of EFT on seven veterans, using a within-subjects, time-series, repeated measures design. Participants were assessed using a well-validated instrument, the SA-45, which has general scales measuring the depth and severity of psychological symptoms. It also contains subscales for anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychotism, and somatization. Participants were assessed before and after treatment, and again after 90 days. Interventions were done by two different practitioners using a standardized form of EFT to address traumatic combat memories. Symptom severity decreased significantly by 40% ($p < .001$), while breadth of symptoms decreased by 29% ($p < .032$). Anxiety decreased 46% ($p < .003$), depression 49% ($p < .001$), and PTSD 50% ($p < .026$). Most gains were maintained at the 90-day follow-up.

Craig, G., Bach, D., Groesbeck, G., & Benor, D. (2009). Emotional Freedom Techniques (EFT) For Traumatic Brain Injury. *International Journal of Healing and Caring*, 9(2), 1-12.

This article describes the resolution in one session of several residual symptoms following severe Traumatic Brain Injury (TBI) six years earlier in a 51 year-old woman. The intervention was Emotional Freedom Techniques (EFT). Mind Mirror electroencephalogram (EEG) monitoring during EFT sessions revealed increasing patterns of relaxation and centeredness as the treatment progressed. Implications for further research and for assessment and treatment of wartime TBI, PTSD and depression are discussed.

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Dinter, I. (2009). Working with military service members and veterans: A field report of obstacles and opportunities. *Energy Psychology Journal* 1(1). doi: 10.9769/EPJ.2009.1.1.ID

The first few moments of an encounter with a veteran may be crucial in establishing a therapeutic alliance. A posture of respect and acknowledgment of their service provides a good start. Political observations should be avoided. Many service members identify with the archetypal warrior, laying down their lives to protect others and have a sense of betrayal that their purpose has been interrupted. They are often reluctant to talk about their experiences, or engage with a mental health practitioner, because of similar past experiences that did not bring relief. EFT is useful in this context because it can be used without the veteran describing the emotionally triggering event. Veterans may experience these as real, present-time events, not as memories distant in time. Service members may also be afraid that their mental health symptoms may make them appear weak to their comrades and superiors, potentially damaging their careers. Symptoms like flashbacks and nightmares often occur when healthcare providers are unavailable, and a portable self-help method like EFT is useful at such times. EFT also provides a coping technique to families of service providers and improves resilience. Successful implementation in a military culture requires sensitivity to these issues.

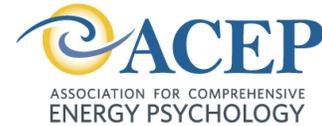
Feinstein, D. (2009). Controversies in Energy Psychology. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 45-56.

In the nearly three decades since tapping on acupuncture points was introduced as a method psychotherapists could use in the treatment of anxiety disorders and other emotional concerns, more than 30 variations of the approach have emerged. Collectively referred to as energy psychology (EP), reports of unusual speed, range, and durability of clinical outcomes have been provocative. Enthusiasts believe EP to be a major breakthrough while skeptics believe the claims are improbable and certainly have not been substantiated with adequate data or explanatory models. Additional controversies exist among EP practitioners. This paper addresses the field's credibility problems among mental health professionals as well as controversies within EP regarding (a) its most viable explanatory models, (b) its most effective protocols, (c) how the approach interfaces with other forms of clinical practice, (d) the conditions it can treat effectively, (e) what should be done when the method does not seem to work, and (f) how the professional community should respond to the large number of practitioners who do not have mental health credentials.

Gallo, Fred. (2009). Energy Psychology in Rehabilitation: Origins, Clinical Applications, and Theory. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 57-72.

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Three forces have dominated psychology and psychological treatment at different times since the early 1900s. The first force was Freudian psychoanalysis and its offshoots that focus on unconscious psychodynamics and developmental fixations, with principal therapeutic techniques including free association, dream analysis, interpretation, and abreaction. Second came behaviorism, spearheaded by Pavlov, Watson, and Skinner, which emphasized environmental stimuli and conditioning—its techniques including respondent and operant conditioning, exposure, desensitization, schedules of reinforcement, modeling, and more. The third force involved humanistic and transpersonal approaches that attend to values and choice, including client-centered therapy, gestalt therapy, phenomenology, and cognitive therapy, some of the principal leaders being Rogers, Maslow, Perls, Rollo May, Binswanger, and Ellis. Recently the new paradigm of energy psychology has emerged, which may be considered psychology's fourth force. The earliest pioneers included Goodheart, Diamond, and Callahan. This theoretical and practice approach offers the field some unique findings, as it views psychological problems as body–mind interactions and bioenergy fields, providing treatments that directly and efficiently address these substrates. Some of energy psychology's techniques include stimulating acupoints and chakras, specific body postures, affirmations, imagery, manual muscle testing, and an emphasis on intention. This review covers energy psychology's historical development and experimental evidence base. Case illustrations and treatment protocols are discussed for the treatment of psychological trauma and physical pain, two of the most important and ubiquitous aspects common to rehabilitation conditions. Additionally, the research on energy psychology is highlighted, and the distinction between global treatments and causal energy diagnostic-treatment approaches to treatment is addressed.

Lane, J. (2009). The Neurochemistry of Counterconditioning: Acupressure Desensitization in Psychotherapy. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 31-44.

A growing body of literature indicates that imaginal exposure, paired with acupressure, reduces midbrain hyperarousal and counterconditions anxiety and traumatic memories. Exposure therapies that elicit the midbrain's anxiety reflex and then replace it with a relaxation response are said to "reciprocally inhibit" anxiety. More 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 FFF 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. This paper explores the neurochemistry of the types of acupressure counterconditioning used in energy psychology and provides explanations for the mechanisms of actions of these therapies, based upon currently accepted paradigms of brain function, behavioral psychology, and biochemistry.

Lubin, H. & Schneider, T. (2009). Change Is Possible: EFT (Emotional Freedom Techniques) with Life-Sentence and Veteran Prisoners at San Quentin State Prison. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 83-88.

Counseling with prisoners presents unique challenges and opportunities. For the past seven years, a project called “Change Is Possible” has offered EFT (Emotional Freedom Techniques) counseling to life sentence and war veteran inmates through the education department of San Quentin State Prison in California. Prisoners receive a series of five sessions of Emotional Freedom Techniques (EFT) from an EFT practitioner, with a three session supplement one month later. Emotionally-triggering events, and the degree of intensity associated with them, are self-identified before and after EFT. Underlying core beliefs and values are also identified. In this report, the EFT protocol and considerations specific to this population are discussed. Prisoner statements are included, to reveal self-reported changes in their impulse control, intensity of reaction to triggers, somatic symptomatology, sense of personal responsibility, and positive engagement in the prison community. Future research is outlined, including working within the requirements specific to a prison population in a manner that permits the collection of empirical data.

Pasahow R. J. (2009). Energy Psychology and Thought Field Therapy in the treatment of tinnitus. *Int Tinnitus Journal*, 15(2):130-133.

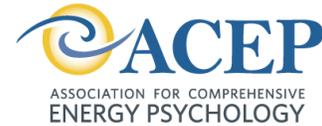
Numerous treatment modalities for decompensated tinnitus incorporate psychological principles. Procedures of energy psychology and thought field therapy are introduced in two case studies. Data were collected from psychotherapy sessions and psychological tests. Two case studies demonstrated that thought field therapy reduces symptoms of depression and anxiety in decompensated tinnitus patients. The methods of thought field therapy can be taught to non-mental health professionals. Audiologists and psychotherapists should collaborate to develop more efficacious treatments.

Pignotti, M., & Thayer, B. (2009). Some comments on “Energy psychology: A review of the evidence.” Premature conclusions based on incomplete evidence? *Psychotherapy: Theory, Research, Practice, Training*, 46(2), 257-261. doi: 10-1037/a0016027

A review of the evidence on energy psychology (EP) was published in this journal. Although the author’s stated intention of reviewing the evidence is one we support, we note that important EP studies were omitted from the review that did not confirm claims being made by EP proponents. We also identify other problems with the review, such as the lack of specific inclusion and exclusion criteria, misportrayal of criticism of EP,

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incorrectly characterizing one of the studies as a randomized clinical trial, and lack of disclosure regarding an EP-related business. We note that in the APA, decisions on classification of therapies as empirically supported are most rightfully the function of Division 12-appointed committees of psychologists. It is not enough for any one individual or group of proponents of a particular approach to make such a determination.

Schulz, K. (2009). Integrating Energy Psychology into Treatment for Adult Survivors of Childhood Sexual Abuse. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 15-22.

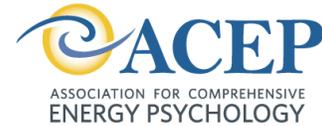
This study evaluated the experiences of 12 therapists who integrated energy psychology (EP) into their treatments for adult survivors of childhood sexual abuse. Participants completed an online survey and the qualitative data was analyzed using the Constant Comparative method. Seven categories containing 6 themes emerged as a result of this analysis. The categories included: (1) Learning about EP; (2) diagnosis and treatment of adult CSA using EP; (3) treatment effectiveness of EP; (4) relating to clients from an EP perspective; (5) resistance to EP; (6) the evolution of EP; and (7) therapists' experiences and attitudes about EP. These themes are compared and contrasted with existing literature. Clinical implications are discussed, as well as suggestions for future research. The results provide guidelines for therapists considering incorporating these techniques into their practices.

Sezgin, N., Ozcan, B., Church, D., (2009). The Effect of Two Psychophysiological Techniques (Progressive Muscular Relaxation and Emotional Freedom Techniques) on Test Anxiety in High School Students: A Randomized Blind Controlled Study. *International Journal of Healing and Caring*, Jan, 9:1.

This study investigated the effect on test anxiety of Emotional Freedom Techniques (EFT), a brief exposure therapy with somatic and cognitive components. A group of 312 high school students enrolled at a private academy was evaluated using the Test Anxiety Inventory (TAI), which contains subscales for worry and emotionality. Scores for 70 demonstrated high levels of test anxiety; these students were randomized into control and experimental groups. During the course of a single treatment session, the control group received instruction in Progressive Muscular Relaxation (PMR); the experimental group, EFT, followed by self-treatment at home. After two months, subjects were re-tested using the TAI. Repeated covariance analysis was performed to determine the effects of EFT and PMR on the mean TAI score, as well as the two subscales. Each group completed a sample examination at the beginning and end of the study, and their mean scores were computed. Thirty-two of the initial 70 subjects completed all the study's requirements, and all statistical analyses were done on this group. A statistically significant decrease occurred in the test anxiety scores of both the experimental and

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control groups. The EFT group had a significantly greater decrease than the PMR group ($p < .05$). The scores of the EFT group were lower on the emotionality and worry subscales ($p < .05$). Both groups scored higher on the test examinations after treatment; though the improvement was greater for the EFT group, the difference was not statistically significant.

Stone, B., Leyden, L., & Fellows, B. (2009). Energy Psychology Treatment for Posttraumatic Stress in Genocide Survivors in a Rwandan Orphanage: A Pilot Investigation. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 73-82.

A team of four energy therapy practitioners visited Rwanda in September of 2009 to conduct trauma remediation programs with 2 groups of orphan genocide survivors with complex posttraumatic stress disorder (PTSD) symptoms. Results from interventions with the first group were reported previously (Stone, Leyden, & Fellows, 2009). This article reports results from the second group composed of orphan head of households. The authors used a multimodal intervention with 3 energy psychology methods (Tapas Acupressure Technique, Thought Field Therapy, and Emotional Freedom Techniques), with techniques selected on the basis of participant needs. Interventions were performed on 2 consecutive workshop days and were followed by 2 days of practitioners making field visits with students. Data were collected using the Child Report of Posttraumatic Stress (CROPS) to measure pre- and post-intervention results and a time-series, repeated measures design (28 orphans with clinical PTSD scores completed a pretest; 21 completed 1-week posttests; 18 completed 3-month posttests; and 10 completed 6-month posttests). The average overall reduction in PTSD symptoms was 37.3% ($p < .009$). These results are consistent with other published reports of the efficacy of energy psychology in remediating PTSD symptoms.

Swack, J. (2009). Elimination of Post Traumatic Stress Disorder (PTSD) and Other Psychiatric Symptoms in a Disabled Vietnam Veteran with Traumatic Brain Injuries (TBI) in Just Six Sessions Using Healing from the Body Level Up Methodology, an Energy Psychology Approach. *International Journal of Healing and Caring*, 9(3).

Increasing numbers of returning veterans and veterans of previous conflicts are being diagnosed with depression, anxiety, post traumatic stress disorder (PTSD), and other psychological problems caused by military service. It is important to develop brief and effective treatment methods to facilitate reentry into civilian life. Energy psychology techniques have been found effective for rapidly treating trauma. This case study describes the results of treatment of a Vietnam Veteran for PTSD and other psychiatric symptoms with Healing from the Body Level Up (HBLUTM) methodology, an approach from the field of Energy Psychology. The patient, a Navy Seal, sustained a bullet wound to the skull in Vietnam, and later sustained separate, severe injuries to the brain

requiring four rounds of surgery 1990 - 1994. The Veteran's administration diagnosed him 100% disabled. His symptoms were assessed using the SA-45, a well-validated instrument for measuring anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychosis, and somatization; and the PCL-M, the military assessment for PTSD. Testing was done just prior to treatment and 2 months post-treatment. After three double sessions over a period of three months, he demonstrated complete recovery from PTSD and a return to normalcy in all nine areas of formal psychological test evaluation.

2008

Brattberg, G. (2008). Self-administered EFT (Emotional Freedom Techniques) in individuals with fibromyalgia: a randomized trial. *Integrative Medicine: A Clinician's Journal*, August/September 2008.

The aim of this study was to examine if self-administered EFT (Emotional Freedom Techniques) leads to reduced pain perception, increased acceptance, coping ability and health-related quality of life in individuals with fibromyalgia. 86 women, diagnosed with fibromyalgia and on sick leave for at least 3 months, were randomly assigned to a treatment group or a waiting list group. An eight-week EFT treatment program was administered via the Internet.

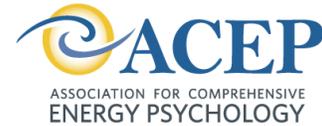
Upon completion of the program, statistically significant improvements were observed in the intervention group (n=26) in comparison with the waiting list group (n=36) for variables such as pain, anxiety, depression, vitality, social function, mental health, performance problems involving work or other activities due to physical as well as emotional reasons, and stress symptoms. Pain catastrophizing measures, such as rumination, magnification and helplessness, were significantly reduced, and the activity level was significantly increased. The number needed to treat (NNT) regarding recovering from anxiety was 3. NNT for depression was 4.

Self-administered EFT seems to be a good complement to other treatments and rehabilitation programs. The sample size was small and the dropout rate was high. Therefore the surprisingly good results have to be interpreted with caution. However, it would be of interest to further study this simple and easily accessible self-administered treatment method, which can even be taught over the Internet.

Church, D. (2008a). Measuring Physiological Markers of Emotional Trauma: A Randomized Controlled Trial of Mind-Body Therapies. Paper presented at tenth annual ACEP (Association for Comprehensive Energy Psychology) conference, May 2008).

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The effect of emotional trauma on physiological functioning has been documented in a number of studies. Unresolved trauma, even 50 years subsequent to traumatization, has been correlated with higher rates of bone fractures, cancer, heart disease, hypertension, diabetes, and other ailments. The current study examines the reverse correlation, to determine whether the treatment of emotional trauma has an effect on physiological function. It examined the range of motion (ROM) of the shoulders of subjects with clinically verified joint impairments, which typically take months or years to resolve, in five different planes of arm movement. Psychological conditions such as anxiety and depression were measured using a 45 question self-assessment, the SA-45. Pain was measured on a 10 point Likert-type scale. Subjects received a single 30 minute intervention after being randomized into either an Emotional Freedom Techniques (EFT) group (16 subjects) or a Diaphragmatic Breathing (DB) group (18 subjects). Thirteen subjects served as a no treatment baseline control group. Subjects demonstrated significant improvement in psychological symptoms and ROM in both the DB and EFT groups. Results for pain were better in the EFT group, and further improved on 30 day post-test. ROM for both groups continued to improve post-test, but were greater for the EFT group.

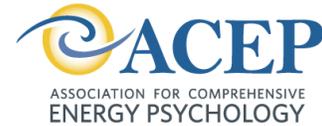
Church, D. (2008b). The Effect of EFT (Emotional Freedom Techniques) on Psychological Symptoms: A Limited Replication. Presented at Science and Consciousness, the Tenth Annual Energy Psychology Conference, Toronto, October 24, 2008.

A study by Rowe (2005) found psychological symptoms to improve, and the results to hold over time, after an EFT workshop. The current study used the same assessment tool, the SA-45, a well-validated brief questionnaire that measures breadth and severity of psychological symptoms. It employed a time-series, within-subjects, repeated measures design. 25 subjects completed the questionnaire before and after the workshop, and again 90 days later. These three data points were used, rather than the 5 data points in the Rowe study, in order to determine if a smaller data set produces a similarly robust result. The SA-45 has two general scales measuring the severity and breadth of psychological symptoms, as well as subscales for anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychotism, and somatization. Despite the small sample size and limited data set, statistically significant results were found for both the general scales, and most of the subscales, with gains maintained at followup.

Diepold, J. H., Jr., & Goldstein, D. (2008). Thought field therapy and QEEG changes in the treatment of trauma: A case study. *Traumatology, 15*, 85-93.
doi:10.1177/1534765608325304

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As identified by quantitative electroencephalography, statistically abnormal brain wave patterns were observed when a person thought about a trauma when compared with thinking about a neutral (baseline) event. Reassessment of brain wave patterns (to the traumatic memory) immediately after thought field therapy diagnosis and treatment revealed that the previous abnormal pattern was altered and was no longer statistically abnormal. An 18-month follow-up indicated that the patient continued to be free of all emotional upset regarding the treated trauma. This case study supports the concept that trauma-based negative emotions do have a correlated and measurable abnormal energetic effect. In addition, this study objectively identified an immediate energetic change after thought field therapy in the direction of normalcy and health, which has persisted.

Dinter, I. (2008). Veterans: Finding their way home with EFT. *International Journal of Healing and Caring*, September 8:3.

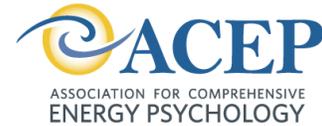
Helping veterans heal from the trauma of war has been a journey into a spiritual place that I might not have been able to reach otherwise. I am filled with gratitude for every soldier who has allowed me to get an insight into his or her world. These are my most amazing mentors who are giving me their loving trust and support to continue this journey. As a life coach, specializing in Emotional Freedom Techniques (EFT), I have been blessed and honored to help many Veterans heal from their trauma of war. I have worked with US Marines who, even after 40 years, still can't find forgiveness for what happened in Vietnam. I have helped Veterans from most recent wars who have relived their nightmares of horror, overwhelm and danger every night. EFT4Vets, the training program for practitioners I have developed, understands PTSD symptoms as symptoms of the soul. It offers an integrated program for practitioners that will enable the EFT coach to assist the Veterans on the physical, mental, emotional, relational and soul levels. This program honors the transformational effect that using EFT for helping Veterans to release PTSD symptoms can have on the practitioner as well as the Veteran. Building rapport and trust between the practitioner and the client before the work together begins is an integral part of the training, and so is the thorough teaching of specific applications and techniques of EFT for Veterans through presentation, demonstration and practice.

Feinstein, D. (2008a). Energy psychology: a review of the preliminary evidence. *Psychotherapy: Theory, Research, Practice, Training*. 45(2), 199-213.

Energy psychology utilizes imaginal and narrative-generated exposure, paired with interventions that reduce hyperarousal through acupressure and related techniques. According to practitioners, this leads to treatment outcomes that are more rapid,

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powerful, and precise than the strategies used in other exposure-based treatments such as relaxation or diaphragmatic breathing. The method has been exceedingly controversial. It relies on unfamiliar procedures adapted from non- Western cultures, posits unverified mechanisms of action, and early claims of unusual speed and therapeutic power ran far ahead of initial empirical support. This paper reviews a hierarchy of evidence regarding the efficacy of energy psychology, from anecdotal reports to randomized clinical trials. Although the evidence is still preliminary, energy psychology has reached the minimum threshold for being designated as an evidence-based treatment, with one form having met the APA Division 12 criteria as a “probably efficacious treatment” for specific phobias; another for maintaining weight loss. The limited scientific evidence, combined with extensive clinical reports, suggests that energy psychology holds promise as a rapid and potent treatment for a range of psychological conditions.

Feinstein, D. (2008b) Energy psychology in disaster relief. *Traumatology* 141:1, 124-137.

Energy psychology utilizes cognitive operations such as imaginal exposure to traumatic memories or visualization of optimal performance scenarios—combined with physical interventions derived from acupuncture, yoga, and related systems—for inducing psychological change. While a controversial approach, this combination purportedly brings about, with unusual speed and precision, therapeutic shifts in affective, cognitive, and behavioral patterns that underlie a range of psychological concerns. Energy psychology has been applied in the wake of natural and human-made disasters in the Congo, Guatemala, Indonesia, Kenya, Kosovo, Kuwait, Mexico, Moldavia, Nairobi, Rwanda, South Africa, Tanzania, Thailand, and the U.S. At least three international humanitarian relief organizations have adapted energy psychology as a treatment in their post-disaster missions. Four tiers of energy psychology interventions include 1) immediate relief/stabilization, 2) extinguishing conditioned responses, 3) overcoming complex psychological problems, and 4) promoting optimal functioning. The first tier is most pertinent in psychological first aid immediately following a disaster, with the subsequent tiers progressively being introduced over time with complex stress reactions and chronic disorders. This paper reviews the approach, considers its viability, and offers a framework for applying energy psychology in treating disaster survivors.

McCarty, W. A., (2008). Clinical Story of a 6-Year-Old Boy’s Eating Phobia: An Integrated Approach Utilizing Prenatal and Perinatal Psychology with Energy Psychology’s Emotional Freedom Technique (EFT) in a Surrogate Nonlocal Application. *Journal of Prenatal & Perinatal Psychology & Health*, 21(2), 117-139.

This article presents a clinical story of a one-session therapeutic intervention for a young boy's lifelong eating phobia as an example of an integrated therapeutic approach utilizing prenatal and perinatal psychology (PPN) understanding of early experiences as potential origins for life patterns and an energy psychology healing modality intervention—emotional freedom technique (EFT). Key principles of the Integrated Model and corresponding elements of an integrated therapeutic approach are presented. The session took place without the child present. Nonlocal intuitive perception, mind-to-mind communication, and a nonlocal application of EFT are discussed as integral aspects of the therapeutic approach.

Nicosia, G. (2008). World Trade Center Tower 2 Survivor: EP Treatment of Long-term PTSD. A Case Study. Paper presented at the Tenth International ACEP (Association for Comprehensive Energy Psychology) conference, Albuquerque.

In this case study a survivor of the Twin Towers collapse of 9/11/01 is treated for prolonged complex PTSD after several years of self-imposed seclusion. Effects of a single session of EFT assessed immediately after treatment demonstrated an elimination of clinically significant scores on the Traumatic Symptom Inventory compared to two pre-treatment assessments. Similar reductions in 4 of 7 subscales of the Personality Assessment Inventory were also evidenced. Twelve treatment sessions over 8 weeks concluded treatment with nearly complete symptom remediation and return to work. A 60 day follow-up PAI testing showed only one clinically elevated scale.

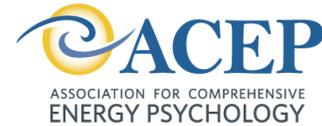
2007

Elder, Charles, Ritenbaugh, Cheryl, et al. (2007). Randomized Trial of Two Mind-Body Interventions for Weight Loss Maintenance. *Journal of Complementary and Alternative Medicine*, 13(1), 67-78.

Energy psychology utilizes imaginal and narrative-generated exposure, paired with interventions that reduce hyperarousal through acupressure and related techniques. According to practitioners, this leads to treatment outcomes that are more rapid, powerful, and precise than the strategies used in other exposure-based treatments such as relaxation or diaphragmatic breathing. The method has been exceedingly controversial. It relies on unfamiliar procedures adapted from non-Western cultures, posits unverified mechanisms of action, and early claims of unusual speed and therapeutic power ran far ahead of initial empirical support. This paper reviews a hierarchy of evidence regarding the efficacy of energy psychology, from anecdotal reports to randomized clinical trials. Although the evidence is still preliminary, energy psychology has reached the minimum threshold for being designated as an evidence-

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based treatment, with one form having met the APA Division 12 criteria as a “probably efficacious treatment” for specific phobias; another for maintaining weight loss. The limited scientific evidence, combined with extensive clinical reports, suggests that energy psychology holds promise as a rapid and potent treatment for a range of psychological conditions.

Mollon, Phil. (2007). Thought Field Therapy and its derivatives: Rapid relief of mental health problems through tapping on the body. *Primary Care and Community Psychiatry*. 12[3-4], 123-127.

A genre of psychotherapeutic enquiry, involving work with the body’s energy system as well as the mind, began in the 1970s, arising from the field of Applied Kinesiology as elaborated by psychiatrist Dr. John Diamond. Clinical psychologist, Roger Callahan, built on this work to develop simple procedures for the rapid relief of anxieties and phobias. This approach, called Thought Field Therapy, was later applied to trauma and other forms of mental distress. In recent years a number of derivative methods have been developed. These can be combined with conventional psychodynamic or CBT approaches. A variety of forms of evidence support the use of energy psychology techniques, including a very large South American study.

2005

Lambrou, P., Pratt, G., & Chevalier, G. (2005). Physiological and psychological effects of a mind/body therapy on claustrophobia. *Journal of Subtle Energies and Energy Medicine* 14(3), 239-251.

A preliminary study was conducted to quantify the effects of a specific form of therapeutic intervention on claustrophobia using methods from an emerging field called energy psychology, which uses the acupuncture system to reduce or eliminate irrational anxiety and fears. The treatment includes a form of self-applied acupressure, focused thought, and structured breathing exercises to effect a rapid desensitization of the feared object or situation. Four claustrophobic and four normal individuals were recruited. The claustrophobic individuals were measured with the State-Trait Anxiety Inventory (STAI) and physiological measures of ERG, EMG, heart rate, respiration rate, and measures of the electro-conductance within the acupuncture meridians. The results when compared with normal individuals showed that a 30- minute treatment appeared to create reduction in EMG for the trapezius muscle; changes of ERG Theta wave activity and changes in the electrical conductance between acupuncture points along a meridian pathway. The measures pre- and post-treatment on the STAT for the experimental group were

significantly lower even at a two week followup. This pilot study suggests that specific physiological and psychological changes occur for claustrophobic individuals after undergoing an energy psychology treatment. Further investigation appears warranted.

Morikawa, A. I. H. (2005). Toward the clinical applications of Thought Field Therapy to the treatment of bulimia nervosa in Japan. Unpublished doctoral dissertation, California Coast University, Santa Ana.

There is no single treatment approach that is exclusively effective for bulimia nervosa. Cognitive behavioral therapy (CBT) has been empirically supported as a primary treatment option and addresses cognitive and behavioral aspects of bulimia nervosa, but not affective problems. Thought field therapy (TFT) is a brief non-verbal treatment that may effectively address numerous psychological symptoms. The purpose of this critical analysis was to develop an integrative treatment approach for bulimia nervosa in Japan, which employs TFT as an adjunct technique. Through a critical analysis of research on bulimia nervosa and treatment approaches, an integrative model was developed. The CBT approach provides a cognitive behavioral framework comprised of stages. The first stage emphasizes behavioral and educational aspects, while the second stage emphasizes cognitive aspects and interpersonal dysfunctions. Other effective techniques, such as interpersonal therapy, psychoeducation, self-help, and assertion training, will be used to enhance treatment. TFT will be incorporated into the treatment model in an effort to meet the goals set by the Japan Ministry of Health, Labour, and Welfare, specifically in regard to the Japanese women.

Pignotti, M. (2005). Thought Field Therapy Voice Technology vs. Random Meridian Point Sequences: A Single-blind Controlled Experiment. *Scientific Review of Mental Health Practice*, 4(1), 2005, 38-47.

The Thought Field Therapy Voice Technology (TFT VT) is a proprietary procedure, claimed by proponents to have a 97-98% success rate in curing psychological problems. VT practitioners can allegedly "diagnose" over the telephone precise, individualized codes of acupressure points, which the individual is then instructed to tap on. This single-blind controlled study quasi-randomly assigned 66 participants to either TFT VT treatment (n=33) or to a control group (n=33), which received a randomly selected sequence of treatment points. For each group, 97% of the participants reported a complete elimination of all subjective emotional distress. A 2x2 two-way mixed ANOVA revealed no significant differences between the two groups. Possible explanations for the 97% self-reported "success" rate are discussed and the wisdom and ethics of having mental-health treatments that are proprietary trade secrets is questioned.

Rowe, J. (2005). The effects of EFT on long-term psychological symptoms. *Counseling and Clinical Psychology Journal*, 2(3):104.

Previous research (Salas, 2000; Wells, et al., 2003), theoretical writings (Arenson, 2001, Callahan, 1985, Durlacher, 1994, Flint, 1999, Gallo, 2002, Hover-Kramer, 2002, Lake & Wells, 2003, Lambrou & Pratt, 2000, and Rowe, 2003), and many case reports (www.emofree.com) have suggested that energy psychology is an effective psychotherapy treatment that improves psychological functioning. The purpose of the present study was to measure any changes in psychological functioning that might result from participation in an experiential Emotional Freedom Techniques (EFT) workshop and to examine the long-term effects. Using a time-series, within-subjects repeated measures design, 102 participants were tested with a short-form of the SCL-90-R (SA-45) 1 month before, at the beginning of the workshop, at the end of the workshop, 1 month after the workshop, and 6 months after the workshop. There was a statistically significant decrease ($p < .0005$) in all measures of psychological distress as measured by the SA-45 from pre-workshop to post-workshop which held up at the 6 month follow-up.

Ruden, R. A. (2005). A neurological basis for the observed peripheral sensory modulation of emotional responses. *Traumatology*, 11, 145-158. doi: 10.1177/153476560501100301

A new therapy for phobias, PTSD, addictive behaviors and other psychological issues was first described by Dr. Roger Callahan and involves thought activation of the problem followed by tapping on certain acupoints in a specific sequence. In addition, a gamut procedure involving further tapping, eye movements and following simple commands is used. He calls his method Thought Field Therapy. In most cases, the problems were reportedly cured in a matter of minutes. We theorize about the neuroanatomical and neurophysiological mechanisms underlying the success of this technique.

We propose that tapping and other sensory stimulation procedures globally increase serotonin. The important structures specifically involved in this therapy are the prefrontal cortex and the amygdala. The success of this technique requires that glutamate first be increased in the circuit that involves the conditioning stimulus and the unconditioned stimulus. This analysis does not define sequences for tapping. We suggest the name 'Psychosensory Therapy' to encompass this specific treatment as well as to define a broader new paradigm for the treatment of these problems.

Swingle, P., Pulos, L., & Swingle, M. K. (2005). Neurophysiological Indicators of EFT Treatment Of Post Traumatic Stress. *Journal of Subtle Energies & Energy Medicine*, 15, 75-86.

This research study studied the effects of EFT on auto accident victims suffering from post traumatic stress disorder -- an extremely disabling conditioning that involves unreasonable fears and often panic attacks, physiological symptoms of stress, nightmares, flashbacks, and other disabling symptoms. These researchers found that three months after they had learned EFT (in two sessions) those auto accident victims who reported continued significant symptom relief also showed significant positive changes in their brain waves (via EEG measurements). It was assumed that the clients showing the continued positive benefits were those who continued with home practice of self-administered EFT.

2004

Andrade, J. and Feinstein, D. (2004). Preliminary report of the first large-scale study of energy psychology. *Energy Psychology Interactive: Rapid Interventions for Lasting Change*. Ashland, OR: Innersource.

In an ongoing in-house investigation conducted by 11 allied clinics in Argentina and Uruguay, the progress of 5,000 anxiety patients was tracked over a 5-1/2 year period. Half were randomly assigned to the clinics' standard protocol for anxiety disorders, cognitive behavior therapy (CBT) with anti-anxiety medication as needed. The other half received acupoint tapping with imaginal exposure but no anti-anxiety medication. Raters did not know which treatment a patient received. Improvement was found in 90% of the acupoint tapping group and 63% of the CBT group, with complete relief of symptoms at 76% for acupoint tapping and 51% for CBT. One-year follow-up samplings predicted that 78% sustained the benefits from acupoint tapping and 69% from CBT. In a sub-study of 190 of the patients who were treated successfully, an average of three acupoint tapping sessions were required before the anxious condition was no longer present while an average of 15 CBT sessions were required. Limitations of the study include that it was always conceived of as a preliminary investigation and was never submitted for journal review, record-keeping was relatively informal, some variables were not strictly monitored, source data was not always retained, and outcome assessments were subjective ratings.

Callahan, J. (2004). Using Thought Field Therapy® (TFT) to support and complement a medical treatment for cancer: A case history. *The International Journal of Healing and Caring*, 4(3).

“Tessa” was diagnosed with a stage four mixed small and large cell follicular non-Hodgkin’s lymphoma at age 51. She was treated at Dr. Burzynski’s clinic in Houston,

Texas. Her treatment was supported by Thought Field Therapy® (TFT) procedures such as eliminating the trauma and anxiety associated with having cancer as well as treatments for Psychological Reversals (PR), which is assumed to promote greater bioenergy healing flow. Unpleasant side effects of necessary medications were also greatly reduced or eliminated with a treatment recently developed by Dr. Callahan, who founded and developed TFT. The combined treatments were successful and she has been cancer free for a year and a half.

Schoninger, B. (2004). Efficacy of Thought Field Therapy (TFT) as a treatment modality for persons with public speaking anxiety. *Dissertation Abstracts International*, 65 (10), 5455. (UMI No. AAT 3149748)

This study investigated the effects of one 60-minute Thought Field Therapy (TFT) session on 48 participants with public speaking anxiety. Within that group, 38 were women and 10 were men, ranging in age from 27 to 59. Their education varied from some high school to individuals who had doctoral degrees. Participants were randomly assigned to a treatment group or a delayed treatment group. There were 28 participants in the treatment group (5 males and 23 females) and 20 participants in the delayed treatment group (5 males and 15 females). They were randomly assigned to one of 11 therapists (3 men and 8 women). All therapists were licensed and trained in TFT, level II. The measurements administered by an independent assessor were subjective units of disturbance (SUD), (Wolpe, 1958), Speaker Anxiety Scale (SA Scale), (Clevenger & Halvorson, 1992) and The State-Trait Anxiety Inventory (STAI) (Spielberger, 1983). Post-treatment SUD scores decreased significantly ($p \leq .000$). In analyzing the 9 dependent measures of the SA Scale for both groups, posttreatment scores showed a significant decrease in anxiety ($p \leq .01$) and an increase in positive factors significant at the ($p \leq .000$) level except for "Wants More" ($p \leq .03$). Despite the brevity of the treatment, treatment effect sizes in this study range from .71 to 1.58. The mean effect size on overall anxiety was 1.75. Results support the effectiveness of TFT in reducing public speaking anxiety and increasing participant's positive anticipation of future public speaking experiences.

2003

Bray, R.L. (2003). Working through traumatic stress without the overwhelming responses. *Journal of Aggression, Maltreatment and Trauma*, 12, 103-124.

As a technique used in Traumatic Stress Response work, Thought Field Therapy (TFT) ends the overwhelming emotional and physical symptoms in a matter of moments, eliminates the overwhelming distress experienced and, in most cases, effects permanent

change in that stimulus. TFT has applications across the entire range of traumatic stress responses from mild discomfort sensed somewhere in the background of consciousness to the completely demanding deluge of sensory overload resulting from horrifying life experiences. It works well within grief and bereavement models, brief intervention models of all types, and establishes symptom management necessary for long-term psychotherapy. The theory of TFT and several case examples are presented.

Waite, L.W. & Holder, M.D. (2003). Assessment of the Emotional Freedom Technique: An alternative treatment for fear. *The Scientific Review of Mental Health Practice*, 2(1), 20-26.

The effectiveness of the Emotional Freedom Technique (EFT), a treatment for anxiety and fear, was assessed. One hundred nineteen university students were assigned and tested in an independent four-group design. The groups differed in the treatment each received: applied treatment of EFT (Group EFT); a placebo treatment (Group P); a modeling treatment (Group M); and a control (Group C). Participants' self-reported baseline and post-treatment ratings of fear were measured. Group EFT showed a significant decrease in self-report measures at post-treatment. However, Group P and Group M showed a similar significant decrease. Group C did not show a significant decrease in post-treatment fear ratings. These results do not support the idea that the purported benefits of EFT are uniquely dependent on the "tapping of meridians." Rather, these results suggest that the reported effectiveness of EFT is attributable to characteristics it shares with more traditional therapies.

Wells, S., Polglase, K., Andrews, H. B., Carrington, P. & Baker, A. H. (2003). Evaluation of a meridian-based intervention, emotional freedom techniques (EFT), for reducing specific phobias of small animals. *Journal of Clinical Psychology*, 59(9), 943-966.

This study explored whether a meridian-based procedure, Emotional Freedom Techniques (EFT), can reduce specific phobias of small animals under laboratory-controlled conditions. Randomly assigned participants were treated individually for 30 minutes with EFT (n = 18) or a comparison condition, Diaphragmatic Breathing (DB) (n = 17). ANOVAS revealed that EFT produced significantly greater improvement than did DB behaviorally and on three self-report measures, but not on pulse rate. The greater improvement for EFT was maintained, and possibly enhanced, at 6 - 9 months follow-up on the behavioral measure. These findings suggest that a single treatment session using EFT to reduce specific phobias can produce valid behavioral and subjective effects. Some limitations of the study are also noted and clarifying research suggested.

2002

Darby, D. W. (2002). The efficacy of Thought Field Therapy as a treatment modality for individuals diagnosed with blood-injection-injury phobia. *Dissertation Abstracts International*, 64 (03), 1485B. (UMI No. 3085152)

A pretest, posttest, quantitative study was conducted involving the measured efficacy of Thought Field Therapy as a useful component for the treatment of individuals diagnosed with blood-injection-injury phobia, also known as needle phobia. The study investigated whether this intervention could serve as a means of reducing or eliminating phobic symptomology. Twenty-one people diagnosed with needle phobia were recruited for the study. Participants were individually assessed and administered the Fear Survey Schedule (FSS) to establish a baseline with respect to levels of phobic anxiety prior to treatment. Participants then received a single one-hour treatment intervention of Thought Field Therapy. Following treatment, participants were not seen for one month, after which they were readministered the FSS as a posttest measure. Results revealed a significant difference pre- and posttreatment as measured by the Subjective Units of Distress Scale (SUDS). Although results showed no significant difference with regard to gender response, findings suggested that Thought Field Therapy may be an effective method of treatment intervention for the population studied, and possibly beneficial for other phobic populations. Future research should involve a larger population sample, examine additional manifestations of phobic anxiety, and investigate the role of post-traumatic stress disorder (PTSD) as a component of specific phobias.

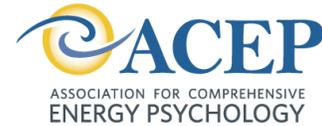
Folkes, C. (2002). Thought Field Therapy and trauma recovery. *International Journal of Emergency Mental Health*, 4(2), 99-104.

People who have been repeatedly exposed to traumatic events are at high risk for Post Traumatic Stress Disorder (PTSD). Refugees and immigrants can certainly be in this category, but seldom seek professional therapy due to cultural, linguistic, financial, and historical reasons. A rapid and culturally sensitive treatment is highly desirable with communities new to Western-style healing. In this study of 31 clients (aged 5-48 yrs), a pre-test was given, all participants received Thought Field Therapy (TFT), and were then post-tested after 30 days. Pre-test and post-test total scores showed a significant drop in all symptom sub-groupings of the criteria for PTSD. The findings of this study contrast with the outcomes of other methods of treatment, and are a significant addition to the growing body of data on refugee mental health. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Green, M.M. (2002). Six Trauma Imprints Treated with Combination Intervention: Critical Incident Stress Debriefing and Thought Field Therapy (TFT) or Emotional Freedom Techniques (EFT). *Traumatology*, 8(1), 18.

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Green Cross Project volunteers in New York City describe a unique intervention which combines elements of Critical Incident Stress Debriefing (CISD) with Thought Field Therapy and Emotional Freedom Techniques. Six trauma imprints were identified and treated in a number of the clients. The combination treatments seemed to have a beneficial effect in alleviating the acute aspects of multiple traumas. Here are the stories of two Spanish speaking couples who were treated in unison by bilingual therapists two to three weeks after the attack on the World Trade Center.

Kober A., Scheck, T., Greher, M., Lieba, F., Fleischhackl, R., Fleischhackl, S., et al., (2002). Pre-hospital analgesia with acupressure in victims of minor trauma: A prospective, randomized, double-blinded trial. *Anesthesia & Analgesia*, 95 (3), 723-727.

Untreated pain during the transportation of patients after minor trauma is a common problem in emergency medicine. Because paramedics usually are not allowed to perform invasive procedures or to give drugs for pain treatment, a noninvasive, nondrug based method would be helpful. Acupressure is a traditional Chinese treatment for pain that is based on pain relief followed by a short mechanical stimulation of specific points. Consequently, we tested the hypothesis that effective pain therapy is possible by paramedics who are trained in acupressure. In a double-blinded trial we included 60 trauma patients. We randomly assigned them into three groups ("true points," "sham-points," and "no acupressure"). An independent observer, blinded to the treatment assignment, recorded vital variables and visual analog scales for pain and anxiety before and after treatment. At the end of transport, we asked for ratings of overall satisfaction. For statistical evaluation, one-way analysis of variance and the Scheffe' F test were used. $P_{0.05}$ was considered statistically significant. Morphometric and demographic data and potential confounding factors such as age, sex, pain, anxiety, blood pressure, and heart rate before treatment did not differ among the groups. At the end of transport we found significantly less pain, anxiety, and heart rate and a greater satisfaction in the "true points" groups ($P < 0.01$). Our results show that acupressure is an effective and simple-to-learn treatment of pain in emergency trauma care and leads to an improvement of the quality of care in emergency transport. We suggest that this technique is easy to learn and risk-free and may improve paramedic-based rescue systems.

Yancey, V. (2002). The use of Thought Field Therapy in educational settings. *Dissertation Abstracts International*, 63 (07), 2470A. (UMI No. 3059661)

This study explored how thought field therapy (TFT) was used in educational settings by students and adults, its effects, and possible difficulties. TFT is a self-help technique

developed by Dr. Roger Callahan for the treatment of traumas, phobias, and the psychological pain caused by other upsetting experiences (Callahan & Callahan, 2000). Studies have shown that students and educators are challenged by the myriad of difficulties with which they must deal in the process of teaching and learning (Bell, 1998; Carter, 1994; Darling-Hammond, 1990).

A qualitative methodological approach that included in-depth interviews and a focus group was utilized. In-depth interviews were carried out with adult participants by telephone and through the use of electronic e-mail. The adult participants were chosen because they have been trained in TFT, and because they use TFT with students. They lived in the United States, the United Kingdom, Canada, and Mexico. The focus group participants were middle-school students between the ages of 11 and 14 who attended a community program in the northeastern part of the United States. The students met prior to the focus group meeting for instruction in TFT. After using TFT for a week, they met in a focus group to discuss how, when, and why they used it and their feelings about using TFT.

The findings from the student group showed that students used TFT (a) when confronted with violent situations and when they became angry, (b) when dealing with difficulties in relationships with friends and family, and (c) to help them to be better students in school. Students also reported that they liked TFT and found it easy to use. The adults indicated that they used TFT (a) with students to help them reduce stress, improve test scores, improve relationships with family and peers, reduce their feelings of violence, and improve their self-confidence; and (b) for themselves, their families, and friends to relieve stress and reduce tension.

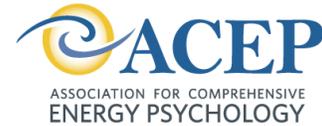
2001

Callahan, R. (2001a). Raising and lowering HRV: Some clinical findings of Thought Field Therapy. *Journal of Clinical Psychology*, 57(10), 1175-86.

This clinical report presents some of the findings in Thought Field Therapy (TFT) that show both raising and lowering of heart rate variability (HRV). TFT algorithms are effective, but the specificity of diagnosed treatment gives results that are superior to algorithms. Some TFT treatments take only seconds to yield improved results on HRV. Toxins can undo a cured problem and lower HRV. TFT can overturn the effect of some toxins. It is hypothesized that TFT works by inputting a specific code that addresses and effects the healing system. HRV may be a measure of general physical and mental health.

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Callahan, R. (2001c). The impact of Thought Field Therapy on heart rate variability. *Journal of Clinical Psychology, 57*(10), 1153-1170.

Thought Field Therapy (TFT) is a rapid treatment for psychological problems typically taking only minutes. HRV has been shown to be a strong predictor of mortality and is adversely affected by such problems as anxiety, depression, and trauma. Interventions presented in the current literature show modest improvements in HRV. Twenty cases, treated by the author and other therapists with TFT, are presented. The cases include some with diagnosed heart problems and very low HRV, which is ordinarily more resistant to change. The degree of improvements that are registered on HRV as a result of TFT treatment exceeds reports found in the current literature. There is a close correspondence between improved HRV and client report of reduced degree of upset. HRV may prove to be an appropriate objective measure of psychotherapy efficacy, given the correspondence between client report and HRV outcome. Further research in TFT and HRV is encouraged by these results.

Johnson, C., Shala, M., Sejdijaj, X., Odell, R., & Dabishevci, D. (2001). Thought Field Therapy: Soothing the bad moments of Kosovo. *Journal of Clinical Psychology, 57*(10), 1237–1240.

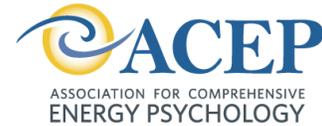
Trauma in Kosovo was treated with Thought Field Therapy (TFT) during five separate trips by members of the Global Institute of Thought Field Therapy, in the year 2000. Clinicians from Sweden, the United Kingdom, and the United States were joined in Kosovo by four physicians who transported them to remote war-torn villages where patients with severe trauma were treated. Treatment was given to 105 patients with 249 separate traumas. Total relief was reported by 103 of the patients, and for 247 of the separate traumas. Follow-up data averaging five months revealed no instance of relapse.

Pignotti, M., & Steinberg, M. (2001). Heart rate variability as an outcome measure for Thought Field Therapy in clinical practice. *Journal of Clinical Psychology, 57*(10), 1193-1206.

The need for empirical, objective, clear, and practical outcome measures for therapy has long been recognized by clinicians and researchers. Pragmatic tools for objective determination of the efficacy of therapy have been scarce in clinical practice settings. Heart rate variability (HRV) is increasing in popularity for use in clinical settings as a measure of treatment success. Since HRV is stable and placebo-free, it has the potential to meet this need. Thirty-nine cases are presented from the clinical practices of the authors and three other clinicians where HRV was used as an outcome measure for Thought Field Therapy (TFT). The cases included TFT treatments which addressed a

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wide variety of problems including phobias, anxiety, trauma, depression, fatigue, attention deficit hyperactivity disorder, learning difficulties, compulsions, obsessions, eating disorders, anger, and physical pain. A lowering of subjective units of distress was in most cases related to an improvement in HRV.

Sakai, C., Paperny, D., Matthews, et al. (2001). Thought Field Therapy clinical applications: utilization in an HMO in behavioral medicine and behavioral health services. *Journal of Clinical Psychology*, 57(10), 1229-35.

Thought Field Therapy (TFT) is a self-administered treatment developed by psychologist Roger Callahan. TFT uses energy meridian treatment points and bilateral optical-cortical stimulation while focusing on the targeted symptoms or problem being addressed. The clinical applications of TFT summarized included anxiety, adjustment disorder with anxiety and depression, anxiety due to medical condition, anger, acute stress, bereavement, chronic pain, cravings, depression, fatigue, nausea, neurodermatitis, obsessive traits, panic disorder without agoraphobia, parent-child stress, phobia, posttraumatic stress disorder, relationship stress, trichotillomania, tremor, and work stress. This uncontrolled study reports on changes in self-reported Subjective Units of Distress (SUD; Wolpe, 1969) in 1,594 applications of TFT, treating 714 patients. Paired t-tests of pre- and posttreatment SUD were statistically significant in 31 categories reviewed. These within-session decreases of SUD are preliminary data that call for controlled studies to examine validity, reliability, and maintenance of effects over time. Illustrative case and heart rate variability data are presented.

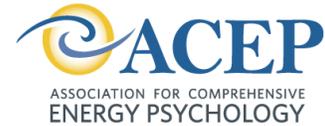
1999

Carbonell, J.L., & Figley, C. (1999). A systematic clinical demonstration project of promising PTSD treatment approaches. *Traumatology*, 5(1); <http://www.fsu.edu/~trauma/promising.html>

Traumatic Incident Reduction, Visual-Kinesthetic Disassociation, Eye Movement Desensitization and Reprocessing, and Thought Field Therapy were investigated through a systematic clinical demonstration (SCD) methodology. This methodology guides the examination, but does not test the effectiveness of clinical approaches. Each approach was demonstrated by nationally recognized practitioners following a similar protocol, though their methods of treatment varied. A total of 39 research participants were treated and results showed that all four approaches had some immediate impact on clients and appear to also have some lasting impact. The paper also discusses the theoretical, clinical, and methodological implications of the study.

Energy Psychology Studies and Review Articles with Abstracts

Organized in reverse chronological order
Last updated: July 29, 2014



1995

Carbonell, J.L. (1995). An experimental study of TFT and acrophobia. *The Thought Field, 2*(3).

This study assessed the effectiveness of TFT with acrophobia, or fear of heights. The 49 participants took the Cohen acrophobia questionnaire, were rated on their behavioral response to their phobia, and were randomly assigned to treatment or placebo groups. The placebo groups tapped on random parts of their bodies, while the experimental group received Thought Field Therapy® treatments. Carbonell found statistically significant differences between members of the experimental group and members of the placebo group.

1990

Wade, J. F. (1990). The effects of the Callahan phobia treatment techniques on self-concept. Unpublished doctoral dissertation. The Professional School of Psychological Studies, San Diego, CA.

This study employed the Tennessee Self-Concept Scale and the Self-Concept Evaluation of Location form. One month after the participants in the experimental group (28) had filled out the instruments, they received treatment with Thought Field Therapy®. The members of the control group (25) received nothing. Sixteen of the participants in the experimental group dropped four or more points in their Subjective Units of Distress scale (SUD), while just four members of the control group decreased two or more points. Two months after the treatment, all participants filled out the instruments again. Participants in the experimental group showed significant improvements on three of the subscales.