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Energy Psychology: The Future of Therapy?

by [John Freedom, CEHP](#)

Ed. Note: What you are about to read is the longest article we have ever published in the (admittedly short) one-year history of Noetic Now. That said, it is worth every word, as the field of energy medicine is poised on the cusp of revolutionizing our approach to healing and disease. Energy Psychology, though still a nascent field of study and practice in the West, is a core component of this emerging model, and the story below explains why EP is getting more and more difficult to ignore.

In every culture and in every medical tradition before ours, healing was accomplished by moving energy.

—Albert Szent-Gyorgyi, Nobel laureate in Medicine

Modern psychotherapy's *enfant terrible*, Energy Psychology, has been alternately praised and ridiculed, extolled and rebuked. EP modalities have been called "a major breakthrough," "the power therapies for the twenty-first century," and "the most significant development in personal growth since the Buddha taught meditation." Critics have labelled these modalities a "sham," "therapeutic snake oil," and worse. One skeptic wrote, "Any purported effects attributable to EP are likely due to features it shares with more traditional therapies." Some practitioners practice EP "in the closet," refraining from telling colleagues what they're doing out of fear of censure. The American Psychological Association has taken the unusual step of refusing to grant CE credits for EP trainings.

The term *energy psychology* describes a new field of innovative interventions that balance, restore, and enhance human functioning by stimulating *the human subtle energy system*. These techniques have spread throughout the world—largely via the Internet—and have been observed to catalyze rapid, dramatic, and lasting changes in feelings, beliefs, mental states, and behaviors. Just as we have a physical anatomy—consisting of our skeleton, organs and glands, muscles and connective tissue—we also have an energetic anatomy—consisting of the acupuncture meridian system, chakras and nadis (energy centers and channels), and the human biofield/s. The common denominator underlying EP techniques involves stimulating energy, whether by tapping, touching, or intention.

But what is this purported "energy" that is being "stimulated"? And who are we under our skins, egos, and subpersonalities, beyond neurons, synapses, the prefrontal cortex, temporal lobes, and limbic system, and beyond auras, meridians, and chakras? Are we souls or spirits or merely a complex system of oscillating neuropathways? As we explore ever-deeper levels of our beingness, moving beyond tissues, molecules, atoms, and particles to waves, strings, and

fields, we enter the realm of very subtle energies. Thus, if we wish to interact with, touch, and heal others and ourselves on the most fundamental levels, we need to do so on an energetic level. If we are indeed energetic beings, perhaps we can heal at the speed of light.

The etymology of the word *psychology* is revealing. It comes from the Greek *logos*, meaning “word, reason, or principle,” and *psyche*, or “the soul.” For our intellectual forebears, psychology *was* literally the study of the soul. Notice though that this is not what modern science has made of modern psychology. Following the Cartesian divorce of mind and body, science sought to expunge spiritual concepts (such as spirits, demons, and so forth) as etiological explanations. The result is that psychology literally lost its soul. Later, under the influence of John Watson, B. F. Skinner, and the behaviorists, who denied the existence of any phenomena beyond measurable behavior, psychology gradually began to lose its mind as well. With the advance of scientific reductionism, psychology was reduced to the study of rats and pigeons and later to neurotransmitter interactions in the brain. Indeed, these castrated versions are what many scientists still think of as modern psychology.

These excesses have been partially corrected by the fields of humanistic and cognitive psychology (which have restored the study of mind and its attributes as legitimate objects of inquiry) and by parapsychology, transpersonal psychology, and noetic sciences (which acknowledge psychic, spiritual, and transpersonal experiences as real phenomena, deserving consideration and investigation). The Institute of HeartMath has been instrumental in restoring interest in the role of the heart in human emotion and behavior as well. Even so, many neuroscientists believe that consciousness is nothing more than an epiphenomenon of neurological processes in the brain. Yet with the anomalous evidence we have for out-of-the-body experiences and near-death experiences as well as evidence for the survival of consciousness after death, the hypothesis that consciousness is but a function of neurological processes simply does not fit the facts.

Energy Psychology has historically focused on psychotherapy. But there are bigger questions and larger issues at play here.

- Who or what are we most essentially?
- Is there, analogous to the physical body, an energy body/ies? If so, what is the nature of the relationship between the energy body/ies and the physical body, and between the energy body/ies and the spiritual body, or soul?
- What is the nature of body, mind, and spirit? Are these separate but interactive entities, or are they one? What are the specific nature and pathways of the body-mind-spirit connection?
- What is the nature of health/wholeness and illness/dis-ease? Are these fundamentally physical phenomena, energetic phenomena, field phenomena, or all three?
- Just as there are electromagnetic, gravitational, and strong and weak fields, are there energetic fields, noumenal fields, or both? Are these fields individual biofields centered around each individual, or as Rupert Sheldrake has suggested, are there group fields for different species? If so, what is the relationship between these individual fields and the

larger group fields, and between what we call our “selves” and the underlying energetic matrix?

A Very Brief History of Energy Psychology

Energy Psychology traces its roots to Traditional Chinese Medicine and qi gong and to the work of modern pioneers such as George Goodheart, a chiropractor and the founder of Applied Kinesiology, Australian psychiatrist John Diamond, and psychologist Roger Callahan, the founder of Thought Field Therapy.

Like many breakthroughs in science, EP as we now know it began with a serendipitous discovery. Making very slow progress, Callahan had been treating a woman with a severe phobia of water for a year and a half using systematic desensitization. He reported that she “developed a splitting headache every time she came in for treatment and literally could not look at water without feeling ill.” One day he decided to try something different: tapping on acupuncture points, a method borrowed from Applied Kinesiology. Callahan reports: “The treatment took only one minute. When I tested her, it appeared that she had lost her fear. She knew immediately—even before any verification by testing—that the fear was gone.”

In the past thirty years since Callahan’s discovery, more than thirty variations of these techniques have appeared. Energy Psychology modalities include therapies such as Emotional Freedom Technique (EFT), Thought Field Therapy (TFT), Tapas Acupressure Technique (TAT), Advanced Integrative Therapy (AIT), Neuro Emotional Technique (NET), Heart-Assisted Therapy (HAT), and Healing from the Body Level Up (HBLU). Beneath this panoply of theories and techniques, EP modalities combine intentionality with imaginal exposure and energetic stimulation, energetic balancing, or both. Seemingly simple in technique, the results can be rapid and surprising.

The most popular version of EP—and of all the MBTs (meridian-based therapies)—is EFT, the Emotional Freedom Technique. Gary Craig was an engineer-turned-businessman with a passion for helping people achieve their peak potential. After studying Thought Field Therapy, he found Callahan’s technology very powerful, but with all the many different algorithms involved, not always simple to apply. Craig wondered whether it might be possible to develop an easier, more user-friendly technique. His musings led him to develop EFT. Craig published the EFT manual as a free download on his website, www.emofree.com; 1.4 million copies in English (not including translations) were downloaded before the program ended last year. Through Craig’s vision, leadership, and generosity, interest in EFT and other MBTs is spreading rapidly throughout the world.

Research in Energy Psychology

When I observe a number of suffering patients who did not respond to our usual treatment modalities suddenly get better after TFT algorithms are given, I don't need a double-blind

controlled study to tell me the value of TFT.

—James McKoy, MD; Kaiser Permanente Pain Clinic, Hawaii

Attitudes such as this were common during the early days of Energy Psychology; consequently, research was not a priority. Although EP predates Francine Shapiro's Eye Movement Desensitization and Reprocessing (EMDR) by ten to fifteen years, EMDR is relatively well established, with more than four hundred published studies. EP, however, is still working to establish itself as a family of evidence-based therapies. Fortunately, all of the major players are now on board regarding the value and importance of research.

I returned recently from the 13th International Energy Psychology Conference held in Reston, Virginia. The Association for Comprehensive Energy Psychology (ACEP) is an international nonprofit organization of mental health professionals and laypeople studying, researching, and promoting energy-based modalities in the treatment of mental dysfunction and the enhancement of human performance. We also held our first annual Research Day coordinated by ACEP's research director, Melinda Connor, and learned that recent research is demonstrating the effectiveness of EP modalities for treating phobias and test anxiety, food cravings and weight loss maintenance, public speaking anxiety, optimal test performance, and psychosomatic conditions such as psoriasis, tinnitus, and fibromyalgia.

Australian psychologist Steve Wells conducted one of the first EP studies to be published, titled "An Evaluation of a Meridian-Based Intervention for Reducing Specific Phobias of Small Animals."¹ After one 30-minute EFT session, the EFT group reported significantly greater improvement than a control group (which used diaphragmatic breathing—also an active treatment). This improvement was maintained at a 19-month follow-up. These results suggest not only that a single, brief treatment session can produce measurable effects but also that these effects are durable over time. Replication studies by Harvey Baker and Maria Salas and colleagues have likewise demonstrated the efficacy of EFT (and by extension other meridian therapies) for the treatment of specific phobias.²

Anxiety, especially around exam time, is a major issue for many students. Daniel Benor and Karen Ledger compared the effects of EFT, WHEE (Wholistic Hybrid of EMDR and EFT), and CBT (Cognitive Behavioral Therapy) for the relief of test anxiety in university students.³ All three groups experienced test-anxiety relief; however, it took the CBT group five sessions to reach the same level of relief the EFT and WHEE groups reached in two sessions. Another study by Nilhan Sezgin in Turkey compared EFT to Progressive Muscular Relaxation (PMR) for test anxiety.⁴ While statistically significant decreases occurred in the test anxiety scores of both groups, the EFT group had a significantly greater decrease than the PMR group and also scored lower on the Emotionality and Worry subscales. Both groups scored higher on their examinations after treatment. A third study in this area by April Rubino and Sachin Jain at the University of Idaho is currently under way.

Post-Traumatic Stress Disorder (PTSD) in our returning servicemen and servicewomen is a major yet underreported issue. A recent report by the Rand Corporation estimated that

approximately 20 percent of vets returning from Iraq and Afghanistan experience ongoing PTSD, while another 15 percent have traumatic brain injury.⁵ Though technically not suffering from PTSD, many others suffer from alcoholism, addictions, depression, and troubled relationships. Dawson Church and his colleagues have been instrumental in initiating research on EFT and PTSD. Their studies have documented the efficacy of EFT (which combines imaginal exposure with acupoint tapping and cognitive reframing) in alleviating symptoms of PTSD, such as anxiety, insomnia, nightmares, and hypervigilance, in only six one-hour sessions.⁶ These results have been maintained at six- and twelve-month follow-ups. To put this in perspective, many traditional therapists maintain that PTSD is incurable.

Caroline Sakai and Suzanne Connolly treated victims of the Rwandan genocide fourteen years after the atrocity. Now teenagers, these victims were young children at the time, and many of them witnessed their parents being massacred. These teens were experiencing classic symptoms of PTSD. Following one 60-minute session of Thought Field Therapy (conducted through an interpreter!), scores on two PTSD checklists significantly decreased.⁷ Interviews corroborated these findings, which indicated dramatic reductions of symptoms such as flashbacks, nightmares, bedwetting, depression, isolation, difficulty concentrating, jumpiness, and aggression. Following the study, the use of TFT on a self-applied basis became part of the culture at the orphanage, and on one-year follow-up, the initial improvements had been maintained. (See also David Feinstein's excellent article, "[Energy Psychology in Disaster Relief](#).")

Overeating and obesity are a major health issue in the United States, with millions losing weight on diets but then gaining the weight back later. In a recent study on the treatment of food cravings and weight loss, Peta Stapleton and colleagues at Griffith University in Brisbane, Australia, compared EFT to a control group.⁸ Ninety-six subjects were randomized between an active (EFT) group and a wait-list (nontreatment) group. The EFT group attended four 2-hour group sessions. Using standardized instruments, researchers assessed subjects' food cravings, restraining ability, and a variety of psychological indicators, as well as their weight and body mass index. Over the course of twelve months, subjects' scores decreased on nearly all measures assessed. Not only did the EFT subjects lose weight and maintain the weight loss, their BMI decreased and their craving-restraint capability actually increased over the twelve-month follow-up. Most interestingly, many of the subjects could not even recall what food they had previously been addicted to.

Another weight loss study, conducted by Charles Elder and his team at Kaiser Permanente in Portland, Oregon, showed the Tapas Acupressure Technique to be more effective than a support group and a qi gong group for both losing and maintaining weight loss over a twelve-month follow-up.⁹ (This study and the previous one by Peta Stapleton are the only ones, to my knowledge, that have addressed the issue of emotional eating.) A replication involving 200 subjects, which received an NIH grant, has been conducted, and data analysis is currently under way.

In a Swedish study, Gunnila Brattberg recruited eighty-six women diagnosed with fibromyalgia and on sick leave for at least three months. They were randomly assigned to a treatment group

or a wait-list (nontreatment) group.¹⁰ In the EFT group, statistically significant improvements in pain, anxiety, depression, vitality, social function, performance problems, and stress symptoms were observed. In addition, pain-catastrophizing measures, such as rumination, magnification, and helplessness, were significantly reduced, and activity level was significantly increased in the treatment group compared to the wait-list group. What is noteworthy about this study is the fact that Brattberg never met any of her study subjects personally; the study was conducted entirely over the Internet.

Psoriasis is the most prevalent autoimmune disorder in the United States. Medical treatments such as creams, salves, and cortisone attempt to control the symptoms, but they are unable to change the course of the disease. Patricia Hodge completed a study on EFT in the treatment of psoriasis.¹¹ Her research followed the progress of twelve subjects after one six-hour EFT workshop. Results included significant improvement not only on the psych assessments, from baseline to three months, but also on emotional and symptomatic distress. Participants reported reduction in stress, better sleep, fewer medical treatments, improvements in relationships, less worry, anger, and self-consciousness, as well as relief of psoriasis symptoms and alleviation of other health issues.

But How Does Energy Psychology Work?

These results sometimes defy belief. Does anyone claim to cure PTSD or any other condition with one session of CBT, for example? Yet another barrier to acceptance of Energy Psychology has to do with its mechanism of action. Yes, those seem like great results, say some critics, but how does it work? Hypothesize in terms of meridians, chakras, and scrambled energies, and critics' eyes glaze over. Asking scientists about mechanism is like discussing elephants with blind men. EP has its own unique vocabulary and unique methods and represents a radically new paradigm.

The different EP modalities are behavioral desensitization techniques. The theory about them, first proposed by Roger Callahan, holds that negative emotions are caused by perturbations in the energy field, and tapping on specific meridians reportedly resolves these perturbations. Another hypothesis about the mechanism at work involves resonance, a phenomenon in which different parts of a system oscillate at the same frequency so that their wave frequencies reinforce each other. (Think of Christian Huygens, the Dutch inventor of the pendulum clock, who was amazed to find all his grandfather clocks ticking together at the same resonant frequency after beginning out-of-synch.) A healthy body is a body in resonance. Trauma is not only energetic, but as James Oschman and Melinda Connor have pointed out, trauma causes physical blockages that obstruct and dampen the free flow of energy and information through our tissues, causing us to feel blocked, cut off, and dissociated, both physically and psychologically.¹² In addition to releasing perturbations in the thought field, tapping may also remove physical blockages in connective tissue, restoring the free flow of energy and information and allowing all the oscillators in our bodies to return to their natural state of harmonic resonance. This state of resonance (aka *coherence*, where brain, heart, and tissues

are oscillating in synchrony) is characterized by feelings of ease, relaxation, wellness, happiness, and a sense of wholeness.

Most of us are familiar with the concept of behavioral sensitization. Does the name Ivan Pavlov ring a bell? We are continually conditioning, or associating, paired stimuli together. Much of this associative learning takes place subconsciously. We learn to associate dangerous stimuli with fearful arousal in the amygdala and then tend to overreact whenever confronted with the same or similar stimuli. Theoretical speculation by David Feinstein, Ron Ruden, and Jim Lanes suggests that tapping or holding energy points desensitizes and “counterconditions” traumatic memories—by inhibiting stress chemicals such as cortisol and DHEA, down-regulating limbic arousal, stimulating endorphins, and rapidly rewiring neural pathways.¹³ (Think neuroplasticity!) As with EMDR, EP techniques appear to trigger an innate reprocessing mechanism in which people spontaneously reframe and repattern themselves. While there is some evidence for this hypothesis (building in part on acupuncture research), the specific mechanisms remain speculative. While this is problematic for some, it can help to remember that no one really understands why or how cognitive therapies and other therapies work either.

Most of the studies on EP thus far have been efficacy studies, aimed to validate and measure the effectiveness of EP modalities for specific conditions. The next stage of research will be comparison studies, in which EP modalities are compared to established modalities. For example, a recent study in the UK, conducted by Thanos Karatzias, Theresa McGoldrick, and colleagues, compared the efficacy of EMDR and EFT and found both modalities equally effective in treating PTSD.¹⁴ In their discussion of the mechanism of action, they wrote, “The fact that EFT has produced significant pre–post treatment effects comparable with those of a well-established intervention (EMDR) indicates that certain processes and components within the EFT protocol facilitate recovery from trauma symptoms.” Another study comparing EFT and CBT in the treatment of first-session counseling jitters is currently underway at Old Dominion University by Suzan Thompson and colleagues. In the future, we are looking forward to conducting more efficacy studies in the treatment of PTSD, anxiety, depression, chronic pain, and psychosomatics, as well as comparison and dismantling studies of EP methods (to determine the specific mechanism of action).

Beyond Tapping

Tapping is not the only way to release blockages and clear perturbations. Energetic scrambling can also be addressed by holding points; clearing blockages in the chakras and biofield; using light, music, and sound; magnetic and electromagnetic fields; and visualization techniques.¹⁵ Traumas and energetic imbalances can also be resolved simply through intention. This is a basic principle of biofeedback: whatever you can sense, you can change. You can change and modify virtually any behavior simply by becoming aware of it, calibrating it, and intending it to change.

The ultimate “metatechnique” underlying all other mechanisms may well be intention. Stanford’s William Tiller has pioneered the use of Intention Imprinted Electrical Devices (IIED) in psychoenergetics.¹⁶ He and his team have reportedly raised and lowered the pH of water

samples by exposing them to preprogrammed IIEDs. In the near future, we may anticipate the use of IIEDs and related technologies to lower blood pressure, reduce inflammation, or boost our immune systems. IIEDs may also be programmed to induce subjects to produce more alpha, to experience healing and high-performance states, or to experience greater empathy and compassion.

Wendy McCarty has reported successful treatment of a six-year old boy's lifelong eating phobia using surrogate EFT (that is, without the child being present!).¹⁷ Asha Clinton and Glenn Soberman are pioneering the use of Advanced Integrative Therapy (AIT), a psychodynamic modality that resolves trauma by correcting energetic disruptions in the chakra system. Soberman recently reported on cases of PTSD and panic disorder that were not only resolved using AIT protocols but that also maintained these results after six-month follow-up.¹⁸

One of the novel uses of Energy Psychology beyond psychotherapy and "fixing" people is the field of performance enhancement. Performance coaches Jack Rowe and Stacy Vornbrock are reporting some amazing results using EP methods in golf and other sports.¹⁹ Sports psychologist Greg Warburton taught EFT to several members of the Oregon State University baseball team, and the team won back-to-back national championships in 2006 through 2007, which is most unusual in college baseball.²⁰ More recently, Warburton coached a young wrestler with EP and reported that, "This year he earned his first berth at the NCAA wrestling championships in mid-March. In April, he went to the University Nationals tournament. He won six matches in a row and won the championship by defeating five all-American wrestlers, including last year's national champion. He used tapping throughout the tournament."²¹

Another promising area of exploration is pain relief and integrative medicine. Traditional Chinese Medicine has long held that pain is caused by a blockage in the flow of chi; EP modalities reportedly work by addressing and correcting these blockages. Daniel Benor has been instrumental in documenting and collecting numerous case histories of remarkable recoveries using both EM and EP.²² We are hearing reports of EP being used for headaches, backaches, and chronic conditions such as frozen shoulders. Additionally, practitioners are reporting some success in treating psychosomatic conditions such as asthma, tinnitus, fibromyalgia and infertility.²³

Of course, energy resides not only in human beings. In a series of remarkable studies conducted at University of California-Irvine, Joie Jones has shown that residual thought-forms, or "dirty energy," can contaminate both researchers' labs and clinicians' offices, measurably affecting study results. In one series of trials, when successful results were obtained in only 8 percent of the experiments, Jones was planning to drop this line of experimentation (believing the experiments to be a failure). But then one of his subjects informed him that his lab (Jones's lab) was "dirty." Jones had a team of pranic healers come in to "clean" the lab every day for three months, and after this cleansing, successful results were obtained in 88 percent of the trials, which were conducted using the exact same protocol used earlier.²⁴

Looking forward to future research, one of the “hot” areas in biology is epigenetics, the study of how the environment triggers genetic expression. Genes are continually turning on and off in response to epigenetic signaling from our environment. Factors that affect gene expression include touch, sensation, movement, mental and physical activity, strong emotional responses, and psychotherapy. Gene expression affects behavior, but behavior also affects gene expression. In an investigation of the epigenetic effects of relaxation, a team at Harvard Medical School showed that individuals taught to elicit the relaxation response changed the expression of 1,561 specific genes.²⁵ Tracking gene expression can be accomplished through the use of DNA microarrays (aka gene chips.) Using these microarrays to determine which genes are being turned on and off, both in response to limbic system activation and psychotherapeutic interventions, will give us precise biological tools for monitoring the effectiveness of both medical and psychotherapeutic interventions.²⁶

Joining the Energy Revolution

A major issue for all industrialized nations is the rising cost of health care. In an editorial in *Energy Psychology Journal*, editor Dawson Church wrote:

“Healthcare costs in the United States are 17 percent of GDP; those in Great Britain are 9 percent and rising rapidly. Among the most common ailments treated are depression, anxiety, pain, and post-traumatic stress disorder (PTSD). These conditions also add to medical costs; depression alone can double the per-patient cost of medical service utilization . . . [Energy Psychology] studies showing a level of statistical significance of $p < .05$ or greater have demonstrated clinically significant symptom reductions. The mean reduction in depressive symptoms in seven EP studies is –59 percent. For nine studies that included an assessment of anxiety, it is –47 percent. Pain levels in three studies showed a –45 percent change. PTSD symptoms declined by –60 percent in seven studies. A projection of these results suggests that the country would save at least \$65 billion annually by adopting EP interventions in primary care.”²⁷

Research on Energy Psychology is still in its infancy, though evidence continues to accumulate for the efficacy of these techniques. Characteristic of any new field, EP modalities are still growing and evolving as new protocols for healing trauma and unleashing human potential are being developed every year. But whether enfant terrible or wunderkind, Energy Psychology is growing up and already changing the conversation, changing how psychotherapy is being practiced and expanding the limits of what we think is possible.

Resources

Energy Psychology is a rapidly growing field with much to contribute to complementary alternative medicine, energy medicine, noetic sciences, education, medicine and nursing, as

well as psychotherapy. A lot of information and many resources on EP can be found on the Internet.

Organizations include ACEP, www.energypsych.org; ATFT, the Association for Thought Field Therapy, www.atft.org; AAMET, the Association for the Advancement of Meridian Energy Therapies, www.aamet.org; and AMT, the Association for Meridian Energy Therapies, www.theAMT.com.

EP has its own periodical, *Energy Psychology Journal*, edited by Dawson Church (www.energypsychologyjournal.org); also see the *International Journal of Healing and Caring* (www.wholistichealingresearch.com/ijhchome).

There are several valuable online newsletters, including the *EFT Insights Newsletter* (newsletter@EFTUniverse.com), *The Thought Field* (www.atft.org), the *TAT Newsletter* (www.tatlif.com), and the *HBLU Newsletter* (www.hblu.org).

Numerous case histories may be found at www.eftuniverse.com and <http://www.wholistichealingresearch.com/RemarkableRecoveries.html>.

Endnotes

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http://www.eftuniverse.com/index.php?option=com_content&view=article&id=8930; also, see the e-book *Peak Performance Mental Game: Stay In The Zone Using The Power Of EFT For Sport*, www.gregwarburton.com.
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