

An Overview of RESEARCH IN ENERGY PSYCHOLOGY

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Energy psychology applies principles and techniques for working with the body's physical energies to facilitate desired changes in emotions, thought, and behavior. "Energy psychology" has been used interchangeably with "energy-based psychotherapy," or simply "energy therapy," and it is also an umbrella term for numerous specific formulations, such as Thought Field Therapy, Emotional Freedom Techniques, Energy Diagnostic and Treatment Methods, and more than two dozen others (see www.EnergyPsychologyIntro for an introduction to this area).

Early empirical studies within energy psychology have been able to build upon a substantial body of research on acupuncture that has appeared in more than a dozen major peer-reviewed Western scientific journals that are devoted largely or solely to acupuncture, such as the *American Journal of Acupuncture*, *Acupuncture in Medicine*, and the *International Journal of Clinical Acupuncture*. Within this context, the manual (non-needle) self-stimulation of acupuncture points (combined with energy psychology's use of cognitive and imagery methods) is beginning to be examined scientifically. While this line of investigation is still in its early stages, preliminary indications are that the methods being investigated are effective in treating a range of psychological conditions.

The first stage of evidence in establishing a new therapy is the accumulation of case studies and anecdotal reports. Here the data is striking, with reports coming in from hundreds of therapists who represent the full spectrum of backgrounds and theoretical orientations. A sampling of these cases can be found in books such as Fred Gallo's (2002) anthology *Energy Psychology and Psychotherapy* and on websites such as www.emofree.com. Estimates based on informal interviews by the author with a sampling of the Association for Comprehensive Energy Psychology's 700+ members are that more than 5,000 "strikingly effective" cases (more rapid *and* more favorable outcomes than the therapist would have predicted had standard treatments for the conditions been employed) are documented in the membership's clinical records.

SYSTEMATIC OBSERVATION

The next step in establishing a new therapy—between case studies and formal scientific research—is systematic observation. This might occur when a therapist simply wants to gather initial data about the effects of a new treatment or when a particular clinic introduces a new therapy and compares its effectiveness with the progress of those receiving the treatments that had been in place, based on chart notes and therapist impressions. Or a new therapy might be

used with a particular population under special circumstances. For instance, because energy psychology is believed to be so effective in treating the effects of trauma, several relief teams trained in its methods have been sent to disaster areas.

For example, 105 victims of ethnic violence in Kosovo, after receiving energy psychology treatments from an international team in 2000 over a period of several months (TFT or "Thought Field Therapy" was the primary modality), experienced "complete recovery" (based on self-reports) from the post-traumatic emotional effects of 247 of the 249 memories of torture, rape, and witnessing the massacre of loved ones they had identified (Johnson et al., 2001). Although such anecdotal accounts are scientifically equivocal, their impact on the local community was profound, with the chief medical officer of Kosovo (the equivalent of our Surgeon General), Dr. Skkelzen Sylja, stating in a letter of appreciation:

Many well-funded relief organizations have treated the posttraumatic stress here in Kosovo. Some of our people had limited improvement but Kosovo had no major change or real hope until . . . we referred our most difficult patients to [the international treatment team]. The success from TFT was 100% for every patient, and they are still smiling until this day [and, indeed, in formal follow-ups at an average of five months after the treatment, each was free of relapse].

A number of the early studies in energy psychology that did not qualify for peer-reviewed journal publication (for instance, they may not have addressed all the variables that need to be controlled in formal research or may have relied primarily on the clients' self-reports of improvement rather than more objective measures) nonetheless constitute systematic observation that can be very instructive in assessing a new therapy. For instance, a study that tracked the clinical outcomes of 714 patients treated by seven therapists using Thought Field Therapy (TFT) in an HMO setting found that decreased subjective distress following the treatment was far beyond chance with 31 of 31 psychiatric diagnostic categories, including anxiety, major depression, alcohol cravings, and PTSD (Sakai et al., 2001). Data like this, while not decisive in itself, encourages further experimentation with the method and further research.

EMPIRICAL RESEARCH

Beyond anecdotal accounts and systematic observation is formal research that meets established scientific standards and that is published in a peer-reviewed professional journal. While respectable research literature does exist in related areas, such as acupuncture and Therapeutic Touch (Hover-Kramer, 2001), only a handful of published empirical studies that directly investigate energy psychology have been published at the time of this writing. A number of fundamental questions about energy psychology await further scientific investigation. Are its treatments as rapid and effective as its early proponents are reporting? For what conditions are they most effective? Exactly which procedures constitute the "necessary and sufficient conditions" for therapeutic change? What are the precise mechanisms involved when the tapping of acupoints results in the reduction or elimination of a psychological symptom? Different practitioners have different answers to these and related questions, and far more research is needed to address and eventually resolve many of the areas of confusion and controversy. A few early studies do shed some light on basic issues.

Efficacy

For instance, are the reported clinical outcomes due to something intrinsic to the energy psychology procedures or do these outcomes simply reflect a placebo effect due to focusing on the problem with a caring practitioner? This is a fundamental question that must be addressed before any new treatment is credibly established. Doctoral dissertations are often the first wave of research with a new therapy. While their findings often do not make it to publication in a scientific journal, many dissertation studies nonetheless utilize a rigorous research design.

Three dissertations that have investigated the efficacy of energy psychology procedures found positive treatment outcomes, two based on systematic observation of individuals who received treatment and a third based on a controlled experiment. The first, using objective measures such as standard anxiety inventories, demonstrated significant improvement, after just one hour of treatment with TFT, in 48 individuals plagued with public speaking anxiety. Following the treatment, the subjects reported decreased shyness and confusion and increased poise and interest in giving a future speech. Treatment gains were still present on four-month follow-up interviews (Schoninger, 2001). A second dissertation followed 20 patients who had been unable to receive necessary medical attention because of intense needle phobias. They showed significant immediate improvement after an hour of TFT treatment and on one-month follow-up (Darby, 2001). A third dissertation investigated the effects of TFT on self-concept with 28 subjects who presented with a phobia. Two self-concept inventories were administered a month prior to the treatment and then two months after the treatment. Again, the TFT treatment reduced the phobias substantially, and in this study, significant improvement was also found in self-acceptance, self-esteem, and self-congruency two months after the treatment. A wait-list control group of 25 subjects did not show improvement (Wade, 1990).

A study published in the *Journal of Clinical Psychology* examined whether the effects of energy psychology procedures were due to placebo as well as the question of how much improvement could be gained in a *single session* with individuals who volunteered to receive help with strong irrational fears of insects or small animals, including rats, mice, spiders, and roaches. The energy psychology approach was compared with a relaxation technique that uses diaphragmatic breathing. Significantly greater improvement was found, based on standardized phobia scales and other measures, in the group that received the energy psychology treatment. On follow-ups, 6 to 9 months later, the improvements held (Wells et al., 2003). A study conducted at Queens College in New York to see if these findings could be replicated produced markedly similar results (Baker & Siegel, 2005). Other studies are in progress and updated reports can be found at www.eftupdate.com/ResearchonEFT.html.

Procedures

With preliminary evidence suggesting that the procedures used in energy psychology are more effective than no treatment and more effective than relaxation training in the treatment of a phobia, a next logical question is whether it matters which points are tapped. Is there something about simply tapping the body that has a curative effect, or is there really something special about the points that were identified in ancient China?

Here the evidence is mixed. An early investigation of this question suggested that in treating 49 people with height phobias, those who tapped the traditional points showed significantly more improvement than those who tapped “placebo” points (Carbonell, 1997). In a subsequent study, published in the medical journal *Anesthesia & Analgesia*, treatments that involved stimulating acupoints were applied by the paramedic team after a minor injury and compared with treatments that stimulated areas of the skin that do not contain recognized acupuncture points. Again, the treatments that used the traditional points were more effective, resulting in a significantly greater reduction of anxiety, pain, and elevated heart rate (Kober et al., 2002).

A third study used a randomized, controlled, double-blinded design in treating 38 women diagnosed with clinical depression (Allen, Schnyer, & Hitt, 1998). The researchers compared the use of acupuncture points (during twelve treatment sessions over an eight-week period) specifically selected for the treatment of depression with acupuncture points usually used for other ailments (also twelve sessions over eight weeks) and a waiting-list control group that received no treatment. Following the acupuncture treatments, 50% of patients who received the depression protocol showed no sign of the disorder while only 27% of the patients in the other two groups experienced symptom relief. After the initial clinical trial, the women from the other two groups were administered the depression treatment over an eight week period. Seventy percent of them experienced a *drop* in depressive symptoms, with 64 percent showing *complete remission* according to *DSM IV* criteria. These findings—beyond demonstrating that placebo or expectation effects that might be associated with acupuncture treatment were not the decisive factors in the clinical outcomes—suggest that the targeting of the proper points was an important ingredient of the treatment.

A fourth study, however, did not detect a difference between tapping standard “Emotional Freedom Techniques” (EFT) points and tapping non-EFT points in treating fear, though both tapping procedures were more effective than no treatment (Waite & Holder, 2003). While serious questions have been raised about some of the conclusions reached by the authors of this study (Baker & Carrington, 2005), there is also clinical evidence suggesting that stimulating certain points not identified in traditional acupuncture may have a therapeutic effect. While this is an area where further study is clearly needed, research in China suggests that the stimulation of many of the traditional acupuncture points—which have lower electrical resistance and a higher concentration of receptors that are sensitive to mechanical stimulation—produces stronger electrochemical signals. Many acupuncture points are also believed to have specific effects, such as to increase serotonin levels or to strengthen or sedate the energy flow to a particular organ.

While most of the medical research published in non-Western cultures is not translated for English-language journals, vigorous scientific investigation of acupuncture is being carried out in China. Joaquín Andrade, a physician trained in acupuncture, and the principal investigator in the South American studies discussed below, reports that in the major hospitals, researchers with doctorates in physiology, biochemistry, and related fields have been scientifically scrutinizing the traditional healing methods. He estimates that specific, measurable functions have been identified for approximately 15 percent of the acupuncture points (stimulating this point releases that chemical, sends impulses to that brain structure, etc.).

For instance, Andrade reports having personally witnessed a well-designed study at one of the major hospitals in Beijing with twelve patients diagnosed with severe panic disorder.

Various drug and acupuncture interventions were used over a two-week period. Each patient's biochemistry as well as emotional responses were carefully tracked. During a three-day period, the primary intervention was to stimulate six acupuncture points that are believed to increase serotonin, a neurotransmitter involved with depression and other mood disorders. During this period, the intensity and frequency of the panic attacks decreased for all twelve patients (eight of them became asymptomatic), their serotonin levels increased (this is the clinically desirable direction), and their norepinephrine levels decreased, again the desirable direction.

Almost all energy-oriented psychotherapists agree that stimulating at least one of several standard sets of pre-selected treatment points while a psychological problem is mentally activated will resolve the problem in some proportion of the cases. When it does not, there are strong differences in what the next steps should be. Some use manual "muscle tests" to determine whether different tapping points would be more effective; some focus on a more precise formulation of the problem; some next look to separate the problem into its aspects; others recheck for psychological reversals, neurological disorganization, or "energetically toxic" substances that might be interfering. Those who use muscle tests to identify which meridians are involved with the problem have developed highly sophisticated procedures to determine which of the many points on those meridians are most likely to correct the problem (Gallo, 2000), and they use these points in the subsequent treatment.

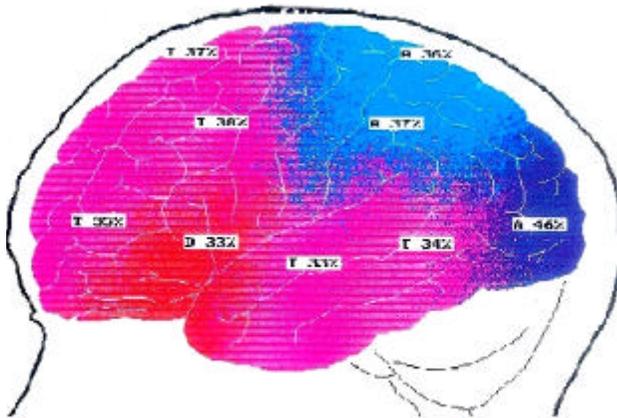
Mechanisms

Anyone who has witnessed someone who is terrified of snakes or heights calmly pet a snake or go to the edge of a high balcony after 20 minutes of tapping on certain points while bringing their fears to mind wonders what happened. The field of psychotherapy is of course skeptical upon hearing claims that strange and unfamiliar methods produced near-instant cures of longstanding problems. Seasoned clinicians have learned through hard experience to be reluctant about embracing new methods before they have been scientifically substantiated. Beyond suspicion about the odd-looking procedures used in energy psychology, therapy is not believed to be so rapid. Time is needed for building rapport, examining the antecedents of the problem, exploring the meaning of the symptoms in the person's life, assessing which therapeutic modalities are most appropriate for the unique situation, applying them, observing, and revising. If we try to understand the clinical outcomes claimed by energy psychology practitioners in terms of the stock concepts of psychotherapy—such as insight, cognitive restructuring, reward and punishment, positive expectation or the curative powers of the relationship—they make little sense. If we examine electrochemical shifts in brain chemistry that are brought about by stimulating points on the skin that are known for their electrical conductivity, however, a coherent explanation for these rapid shifts in longstanding patterns of mind, emotion, and behavior begins to emerge.

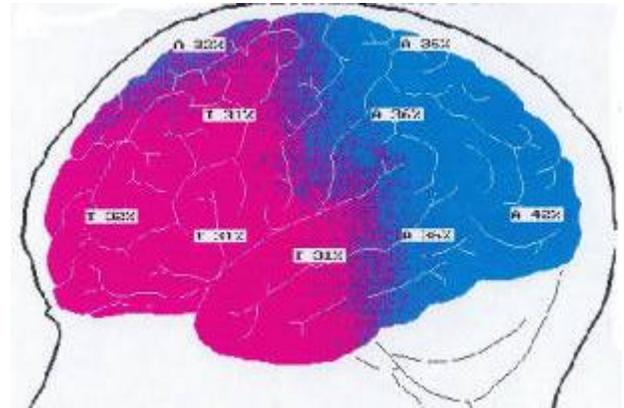
The brain scan images below provide a dramatic if preliminary glimpse into some possible mechanisms.

Figure 1: Brain Scans Over 12 Energy Treatment Sessions

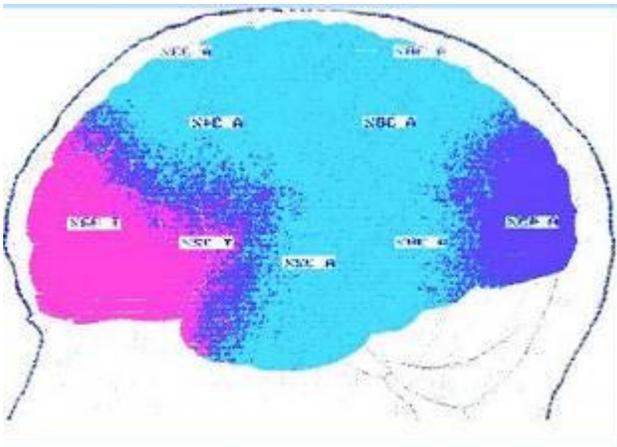
**Before Treatment of
a Severe Anxiety Disorder**



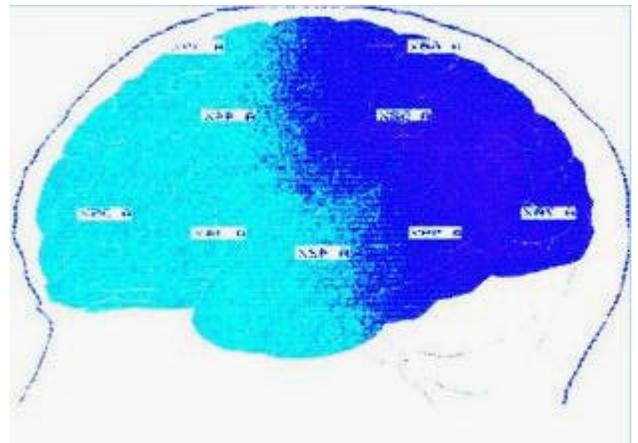
After 4 Sessions



After 8 Sessions

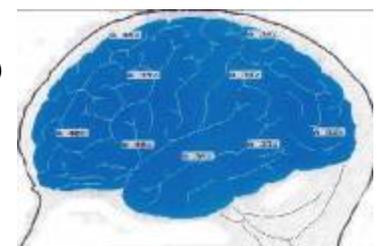


After 12 Sessions



These images, based on readings from a digitized electroencephalogram (EEG), are from the large scale clinical trial described below. They were generously provided by Dr. Andrade.

- Blue = normal ratio of wave frequencies (according to data bases)
- Turquoise = slightly dysfunctional ratio of wave frequencies
- Pink = moderately dysfunctional ratio
- Red = highly dysfunctional ratio



Normal (Ideal) Profile
(according to data bases)

An EEG provides a visual record of electrical activity of the brain, showing variations in the frequency, amplitude, and voltage of the impulses, known as “alpha,” “beta,” “theta,” and “delta” rhythms. The colors represent the *ratio* of brain frequencies (specifically, alpha, beta, and theta waves) and sub-frequencies within given areas of the brain. At any given moment, different parts of the brain are operating at different frequencies, and different mental states can be distinguished by specific brain frequency patterns (Amen, 2003). Anxiety has one such electronic “signature” (top left image). Depression has another.

As you can see from the images, the brain frequency ratios for the person suffering from generalized anxiety disorder changed markedly over the 12 sessions conducted during a four-week period. As the wave frequencies shifted toward normal levels (from red to blue) in the central and front areas of the brain, the symptoms of anxiety decreased in both their intensity and their frequency. Similar sequences of images and symptom reduction were also typical of other patients with generalized anxiety disorder who received energy-based treatments in this study, and similar findings have been reported by other investigators (Lambrou et al., 1999; Diepold & Goldstein, 2000; Swingle & Pulos, 2000).

Even if it has been demonstrated that stimulating specific acupuncture points sends electrochemical impulses to areas of the brain that govern fear and the stress response (Hui et al., 2000), how do those impulses cure the phobia? An evolutionary twist seems to have made the treatment approach used in energy psychology possible. Simply *bringing to mind* an image that triggers an emotional response creates neurological changes. Depending on what occurs while the image and emotional response are activated, the neural connections between the anxiety-producing image and the emotional response may be increased or decreased—making the response stronger, or weaker—the next time the trigger is encountered (Nader et al., 2000). This ability of the brain to alter its structure based on its activity is known as “neural plasticity.”

The apparent survival value of this mechanism where simply bringing a fearful object to mind creates an opportunity to rewire the threat response is that, during primitive times, you could readily update your brain’s primal reactions to what is life-threatening based on more recent experiences. The scent of an animal that was not common in your locale might have been coded as mildly dangerous. But then you see the animal. It looks fiercer than you imagined. You recall a valley some distance from your cave where you had first noticed the scent. Neural connections between the image of the valley and the alarm response are immediately built. But the reprogramming can work in either direction. If the animal turns out not to be a threat, the scent loses its ability to initiate the stress response. Any time a fearful memory is brought to mind, the memory becomes “labile,” susceptible to being “consolidated” in a new way. Energy interventions apparently take hold during this moment of *neural plasticity* and calm the response to the image.

A number of provocative findings suggest that additional electrochemical mechanisms may also be involved in energy psychology treatments. Electronic instruments, for instance, have detected “energy systems” described in the healing traditions of innumerable cultures, but that are not generally recognized in ours, including the *meridians* (Gerber, 2001), the *chakras* (Gerber, 2001), and the *aura* or *biofield* (Hunt, 1995). People also influence one another electromagnetically. When you are near another person, the electromagnetic field of your heart influences the electromagnetic field of the other person’s brain in ways that can readily be detected by an EEG (McCraty, 2004). The electromagnetic field of the heart is, in fact, 60 times stronger than the electromagnetic field of the brain and extends several feet beyond the body

(McCraty, 2004). Energy psychology may ultimately investigate these anomalies further as it searches for explanations regarding the mechanisms for the clinical outcomes being reported.

Electrochemistry or Subtle Energy?

The pre- and post-treatment EEG data combine with recent understanding about the brain's "neural plasticity," as discussed above, to yield a plausible explanation regarding the electrochemical mechanisms of tapping treatments. Many energy therapists, however, feel that mapping the neurological steps that occur in the treatment does not tell the whole story. They believe that energy treatments open them to a different realm than the material world of molecules, neurons, and electromagnetic impulses.

While such notions make an already suspect area of clinical investigation vulnerable to outright dismissal by empirically-minded observers, clinical reports that cannot be fully explained by conventional neurological and electrochemical mechanisms are not infrequent. And it is no more scientific to dismiss these reports because they don't fit our paradigms than it is to accept them uncritically. Many of the reports concern "distance healing." Here, the history of parapsychology research within psychology may be instructive to those who venture into the outer fringes of energy psychology.

Although parapsychological research—because it explores phenomena whose very existence is outside accepted models of reality—is known for using experimental procedures that are *more* rigorous than those used in other psychological research, the field of psychology has not been impressed. In the late 1970s, when parapsychology research was at a peak, only 34% of the psychologists responding to a survey of 1,100 college professors believed that ESP is an established fact or a likely possibility, as contrasted with 55% of those in the natural sciences, 66% of other social scientists, and 77% of those in the humanities, art, and education. On the other side of the spectrum, an equal proportion of psychologists, 34%, declared ESP an impossibility, as contrasted with 3% of the natural scientists and not one of the 166 professors in the other social sciences (Wagner & Monnet, 1979). An *American Psychologist* article used a rigorous 10-year research program conducted at the Maimonides Medical Center investigating dream telepathy as the case study in tracing the systematic bias in professional psychological organs against anomalous observations such as ESP (Child, 1985). Child concludes that, although the Maimonides research is "widely known and greatly respected" among scientists active in parapsychology, the experiments have received no mention in reviews to which they are clearly pertinent or have been condemned based on entirely erroneous assertions. "Insofar as psychologists are guided by these reviews," Child observes, "*they are prevented from gaining accurate information about research*" that might significantly impact their worldview (p. 1219). Although this trend may be changing, discussions of parapsychological research are still being de facto excluded from most mainstream psychological journals and textbooks.

The relevance of this history for energy psychology is that notions of "subtle energies" and "thought fields" are part of the explanatory models discussed by the field's practitioners and in its meetings and literature. The hard-minded scientists within energy psychology (including some who were kind enough to critique an earlier draft of this paper) would of course prefer that these highly speculative areas be kept out of the discourse. Yet a growing body of empirical evidence provides an initial grounding for concepts such as subtle energy.

For instance, the impact of thought in influencing the physical world has been reported in a number of studies. Laboratory experiments have demonstrated that some people can mentally influence the growth of plants, fungi, and bacteria (Benor, 2001). Stanford physicist William Tiller showed that human intention can affect electronic instruments (Tiller, 1997). Other studies have demonstrated, to an extraordinarily high degree of scientific confidence, that some people can, by simply using their intention, impact someone in another room (Braud, 1992). Through the use of calming or activating imagery, they can influence the relaxation or anxiety level of targeted individuals, unawares, in other locations, as gauged by spontaneous changes in the targeted individual's subjective state as well as galvanic skin response activity. Prayer and focused intention have been shown to enhance a patient's medical condition in a wide variety of settings (Dossey, 1993). Credible reports of such "distance healing" (called "surrogate healing" when, for instance, a child's mother, is provided an energy treatment with the intention of healing her child, who is not present in the treatment setting), while totally outside the box of conventional understanding, are too numerous among energy psychology practitioners to ignore.

In an effort to explain how thought can influence the physical world, various formulations emphasizing subtle physical dynamics have been proposed. Subtle energies and subtle forces, by definition, cannot be detected by mechanical or electrical measuring devices, yet they are known for their effects. Gravity is such a force. The impact of the mind on the physical world, and on healing in particular—if the existing research is confirmed by further study—will require some explanatory mechanism. Subtle energies or other subtle forces are likely candidates. And all of this may ultimately fall within the domain of energy psychology. We are only beginning to glimpse the ways intention can be focused to produce desired changes, not only in our own neurons and overall health, but in the environment around us. While it is not necessary to believe that subtle forces exist, no less that they play a role in the reported effectiveness of energy treatments, a small proportion of the healings being observed within the field simply do not lend themselves to explanations within generally accepted frameworks.

Energy Treatment Compared with Other Therapies

While there has been little systematic comparison between the outcomes of energy psychology treatments and other psychotherapies (an exception is Figley & Carbonell, 1995), the brain scans shown earlier come out of a large-scale study, discussed below, which did comparisons among energy psychology procedures, medication, and Cognitive Behavior Therapy (an action-oriented treatment that focuses on changing the client's thoughts, or cognitive patterns, in order to shift his or her behavior and emotional state). Patients who were successfully treated for anxiety with Cognitive Behavior Therapy (a standard treatment for anxiety disorders) showed a progression in their brain scans that was similar to the progression typical of energy psychology treatments, as typified by the series shown earlier. But it took more sessions to achieve the improvements. And more importantly, on one-year follow-up, the brain wave ratios for patients who received the Cognitive Behavior Therapy protocol were more likely to have returned to their pre-treatment levels than they were for the patients who received the energy treatments.

Another comparison was done in the brain scans between patients whose primary treatment was anti-anxiety medication and patients whose primary treatment involved stimulating energy points while tuning into anxiety-provoking images. Both groups showed a

reduction of symptoms. But the brain scans for the medication group did not show noticeable changes in the wave patterns, even though the symptoms of anxiety were reduced while the drug was being taken! This suggests that the medication was suppressing the symptoms *without addressing* the underlying wave frequency imbalances. Consistent with this interpretation is that, in addition to the side effects reported by many in the medication group, symptoms tended to return when the medication was discontinued.

The First Large-Scale Preliminary Clinical Trial of Energy Psychology

The largest study of energy psychology treatments to date was conducted over a 14-year period and involved some 31,400 patients. It was supervised by Dr. Andrade, who introduced energy psychology methods to 11 allied clinics in Argentina and Uruguay after he was trained in the approach in the United States. Dr. Andrade had, as a young man, spent long periods of time in China, where he studied traditional acupuncture, and he had been applying it in his medical practice for thirty years. He was struck with the effectiveness of this new application, which focused directly on anxiety and other psychological disorders, and which did not use needles to stimulate the acupuncture points.

The staff of the 11 clinics met this new procedure with both interest and skepticism. While the group had no funding for research, they decided to track the outcomes of treatments with these new methods and compare them with the treatments currently in place.

Standard record-keeping already maintained a patient's intake evaluation, the interventions used, and the treatment outcomes. Dr. Andrade's team added a simple procedure for briefly interviewing the patient, usually by telephone, at the close of treatment and then one month, three months, six months, and twelve months later. The interviewers had not been involved in the patient's treatment. They had a record of the diagnosis and intake evaluation, but not of the treatment method. Their job was to determine if at the time of the interview the initial symptoms remained, had improved somewhat, or if the person was now symptom-free.

Over the 14-year period, 36 therapists were involved in treating the 29,000 patients whose progress was followed (even after the initial question of whether the energy interventions were effective had been answered to the satisfaction of the treatment staff, the follow-up calls were continued because they seemed to have clinical value, sometimes leading to further treatment). The impressions of the interviewers, supported by the data they collected, were that the energy interventions were more effective than existing treatments for a range of conditions. The clinics also conducted a number of sub-studies that allowed more precise conclusions.

The overall investigation did not use a control group. A control group receives a different treatment, or no treatment, so there is a basis of comparison for the outcomes produced by the method being investigated. The sub-studies, however, did use control groups, comparing energy interventions with the methods that were already in use at the clinics. In the sub-studies, a "randomized design" (a standard for research that compares treatment modalities) was also employed, which means that any given patient had an equal chance of being placed in the group that received the energy therapy or being in the control group.

The largest of the sub-studies, conducted over a five-and-one-half year period, followed the course of treatment of approximately 5,000 patients diagnosed with anxiety disorders. Half of them received energy therapy treatments and no medication. The other half received the standard

treatment being used at the clinics for anxiety disorder, which was Cognitive Behavior Therapy (CBT), supplemented by medication as needed. The interviews at the end of treatment, along with the follow-up interviews at 1, 3, 6, and 12 months, showed that the energy therapy was significantly more effective than the CBT/medication protocol in both the proportion of patients showing some improvement and the proportion of patients showing complete remission of symptoms (see Figure 2).

Figure 2: Outcome Comparisons with 5,000 Anxiety Patients at Close of Therapy

	CBT / MEDICATION	ENERGY ONLY
Some Improvement	63%	90%
Complete Remission of Symptoms	51%	76%

While conducting telephone interviews to place people in one of three categories (“no improvement,” “some improvement,” “complete remission of symptoms”) is not the most stringent way to measure clinical outcomes, various other measures supported these findings, such as pre- and post-treatment scores on standardized psychological tests, including the Beck Anxiety Inventory, the Spielberger State-Trait Anxiety Index, and the Yale-Brown Obsessive-Compulsive Scale. Pre- and post-treatment brain scan images, as discussed above, also matched the interviewer ratings. However, while these more objective measures did corroborate the interviewers’ ratings, they were not consistently applied or tracked.

In another sub-study, the length of treatment was dramatically shorter with energy therapy than with CBT supplemented with medication, as shown in Figure 3.

Figure 3: Length of Treatment—Comparisons within a Sampling of 190 Anxiety Patients

	CBT / MEDICATION	ENERGY ONLY
Typical Number of Sessions	9 to 20	1 to 7
Average Number of Sessions	15	3

Another question that is relevant for anyone experimenting with the methods presented in this book is whether tapping the acupoints is as effective as the traditional method of placing needles in them. As an acupuncturist, this was of particular interest to Dr. Andrade. A third sub-study, while very small, had a surprising outcome, suggesting that tapping the points in the treatment of anxiety disorders may actually be *more effective* than inserting needles into them (see Figure 4).

Figure 4: *Tapping vs. Acupuncture*—Comparisons in the Treatment of 78 Anxiety Patients

	Needles (N=38)	Tapping (N=40)
Positive Response	50%	77.5%

The question of the “indications” and “contraindications” for an energy approach was also asked by the investigators. For what conditions was this approach the most effective and for what conditions was it the least effective? Clinicians who were not involved in the treatment assessed the outcome of energy interventions with a sample of patients that represented a wide spectrum of clinical disorders. They gave each case a subjective score of 1 to 5, estimating the effectiveness of the energy interventions in contrast to the conventional treatments that might have been used (a “5” indicated that the rater believed the energy approach was far more effective than the conventional treatment would have been; a “1” indicated that the rater believed it was far less effective than the conventional treatment would have been).

While highly subjective, these ratings were designed to help the South America clinics generate guidelines as they introduced energy techniques. The staff reports that the resulting guidelines have proven administratively useful and clinically trustworthy. This is, of course, still largely impressionistic, and the degree that the ratings might generalize to other settings is also unknown. But the ratings at least give an early glimpse into the conclusions that one group of practitioners has been drawing.

Most anxiety disorders received a “4” or “5.” These included panic disorders, agoraphobia, specific phobias, social phobias, separation anxiety, post-traumatic stress disorders, acute stress disorders, obsessive compulsive disorders, and generalized anxiety disorders. The raters believed that the energy interventions were more effective or far more effective than other available treatments for these anxiety conditions. Also receiving a “5,” and this is highly relevant for this book, were many of the emotional difficulties of everyday life, from unwarranted fears and anger to excessive feelings of guilt, shame, grief, jealousy, rejection, isolation, frustration, or love pain. Other conditions that were rated as more likely to respond to an energy approach included adjustment disorders, attention deficit disorders, elimination disorders, impulse control disorders, problems related to abuse or neglect., learning disorders, and communication disorders.

Cases receiving a “3” indicated that the rater believed that the energy intervention produced a result that would be about the equivalent of other available psychological treatments.

This would suggest that maximum clinical advantage would be gained by combining the energy approach with the more conventional treatment. Conditions in this category included mild to moderate reactive depression, learning skills disorders, motor skills disorders, Tourette's syndrome, substance abuse-related disorders, and eating disorders.

Cases where a conventional treatment approach was rated as being likely to have been more effective than the energy treatment included major endogenous depression, personality disorders, dissociative disorders, bipolar disorders, psychotic disorders, delirium, and dementia. Note that each of these conditions has a strong genetic or biological basis. Reports are nonetheless now appearing that people within these diagnostic categories have been helped by energy treatments with a range of life problems that are secondary to their condition (Gallo, 2002). Seasoned healers are also finding ways of adapting energy methods to treat the primary conditions themselves. But the typical practitioner with knowledge only in the rudimentary use of acupoint stimulation should, at a minimum, have special training and experience in working with these conditions before using energy interventions so they can be applied in conjunction with more established methods.

While the overall results of the South American study as well as the various sub-studies seem to lend substantial support for an energy psychology approach, we must emphasize that in terms of scientifically establishing the methods of energy psychology, these findings are highly preliminary. The study was initially envisioned as an exploratory in-house assessment of a new method and was not designed with publication in mind. Not all the variables that need to be controlled in robust research were tracked, not all criteria were defined with rigorous precision, the record-keeping was relatively informal, source data were not always maintained, and the degree to which any valid conclusions would generalize to other settings is unknown. Clinical trials of this nature are regarded as "heuristic" or suggestive; they do not prove a case.

Nonetheless, the sub-studies did use randomized samples, control groups, and "blind" assessment, and the clinical outcomes were striking. If subsequent research corroborates these early findings, it is reasonable to predict that energy psychology will become a standard treatment in clinical practice.

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