

Perceptions, Reflections, and Guidelines for Using Energy Psychology: A Distillation of 800+ Surveys and Interviews with Practitioners and Clients

David Feinstein, Ashland, Oregon, USA

Abstract

Energy Psychology is a modality for facilitating personal development that is increasingly being used in clinical settings as well as on a self-help basis. Credible estimates suggest that the number of therapists who are incorporating at least some Energy Psychology methods into their practices has grown into the tens of thousands, encompassing a wide range of theoretical orientations. More than 800 psychotherapists, counselors, or life coaches who use Energy Psychology have participated in online surveys or systematic interviews in 15 separate studies focusing on various aspects of the practice. From these investigations, as well as from client reports, the current study identifies and

explores the following themes: speed, breadth, safety, therapeutic alliance, enhanced intuitive access, and spiritual attunement. In addition, nine implications for clinical practice were derived and are discussed under the topics of Treatment Focus, Use of Language, Resonance, Time Orientation, Cautions, Resistance to Tapping, Countertransference, Self-Help Applications, and Integrating Energy Psychology with Other Techniques.

Keywords: acupuncture, anxiety, depression, Emotional Freedom Techniques, Energy Psychology, PTSD, stress, Thought Field Therapy, trauma

David Feinstein, PhD, is a clinical psychologist who has received nine national awards for his books on consciousness and healing, including the U.S. Book News Best Psychology/Mental Health Book of 2007. **Correspondence:** David Feinstein, PhD, 777 East Main Street, Ashland, OR 97520; df777@earthlink.net. **Disclosure:** The author conducts trainings, provides clinical services, and has written books related to the approach examined in this paper. **Acknowledgments:** The author wishes to thank John Freedom for his invaluable suggestions on an earlier draft of this paper.

Energy Psychology is a comprehensive system for emotional healing and psychological development that combines acupuncture and other somatic techniques derived from ancient healing systems with contemporary psychotherapeutic methods (Gallo, 2004). Introduced in the 1980s, its most popular and well-researched formats include Emotional Freedom Techniques (EFT) and Thought Field Therapy (TFT), both of which teach clients how to stimulate acupuncture points (acupoints) by tapping on them. Use of these methods continues to expand, with a credible estimate suggesting that “tens of thousands” of therapists representing a wide range

of theoretical orientations have incorporated at least some form of Energy Psychology into their practices (Leskowitz, 2016, p. 181).

As the approach has evolved, it can increasingly be understood within a scientifically informed clinical and neurological framework (Stapleton, 2019). A recent review of evidence found 113 of 115 peer-reviewed clinical trials to show statistically significant positive outcomes on standardized measures (Feinstein, 2021). The review also found strong effect sizes in meta-analyses of studies investigating the treatment of anxiety, depression, and posttraumatic stress disorder (PTSD), respectively; clinically favorable changes in cortisol levels, gene expression, and brain-wave patterns after a single session; and explanations of mechanisms of action that correspond with contemporary neurological understanding of psychological change. Nonetheless, the notion that tapping on the skin can impact serious psychological symptoms seems counterintuitive to many, consensus has not been reached on the biological mechanisms that would explain the positive outcomes being reported, and

applications within conventional mental health treatment settings remain limited.

A way to understand a modality such as Energy Psychology is through the lived experiences of those who use it, either for themselves or as an instrument for helping others. This paper presents a review and analysis of the firsthand reports of more than 800 practitioners and clients. It examines six broad themes that were identified. It then discusses nine implications for clinical practice that were derived from the data.

The Data

Fifteen studies have used surveys or interviews to document and systematize the observations of hundreds of Energy Psychology practitioners. Ten were published in peer-reviewed journals, three were presented in master's theses or doctoral dissertations, and two are posted on websites. All 15 studies are listed below in two tables and cited in the references section. Seven of the studies used online surveys that received 1,058 responses from Energy Psychology therapists, counselors, or

life coaches (Table 1), representing (based on an informed guess) at least 800 practitioners, since some may have participated in more than one survey. Another 79 individuals who use Energy Psychology provided in-depth interviews for an additional eight reports (Table 2). Of the estimated 800+ practitioners for whom these data exist, two frequent observations were that, as they began to use Energy Psychology, they were (a) surprised by how quickly the method seemed to work, and (b) they felt their effectiveness as clinicians was enhanced by the way complex problems could be separated into parts that are then efficiently addressed at their emotional core, one at a time, utilizing acupoint tapping.

Themes in the Practitioner Surveys and Interviews

Of course, the opinions and reflections of practitioners do not constitute scientific evidence. Bias, self-justification, and selective perceptions are inevitable. On the other hand, practitioners have an intimate vantage point about a method

Table 1. *Online Surveys of Energy Psychology Practitioners*

First Author	Date	Responders	Source
ACEP	2012	115 ACEP Members	Website
Church	2017	448 EFT Practitioners	Peer-Reviewed Journal
Feinstein	2005	18 Practitioners Identified as Leaders in the EP Field	Website
Feinstein	2016	294 ACEP Members	Peer-Reviewed Journal
Gaudio	2012	149 Licensed Psychotherapists on Psychotherapy Listserves	Peer-Reviewed Journal
Schulz	2009	12 EP Practitioners Working/Childhood Sexual Abuse	Peer-Reviewed Journal
Stapleton	2017	22 Experienced EFT Practitioners	Peer-Reviewed Journal

Note: Totals: 1058 respondents in 7 survey studies. ACEP = Association for Comprehensive Energy Psychology; EFT = Emotional Freedom Techniques; EP = Energy Psychology.

Table 2. *Interviews with Energy Psychology Practitioners or Clients*

First Author	Date	Responders	Source
Chalmers	2015	12 Experienced EFT Practitioners	Masters Thesis
Hartung	2019	15 EFT Practitioners Working in Correctional Facilities	Peer-Reviewed Journal
Kalla	2018	8 EFT Practitioners Working with Chronic Disease Clients	Peer-Reviewed Journal
Kalla	2020	8 EFT Clients Presenting with Chronic Disease	Peer-Reviewed Journal
Mason	2012	5 Experienced Therapists Who Began Integrating EP	Peer-Reviewed Journal
Mitchell	2020	12 Experienced EFT Practitioners	Peer-Reviewed Journal
Nairn	2020	16 Experienced Therapists Who Began Integrating EFT	Doctoral Dissertation
White	2015	3 Experienced Therapists Who Began Integrating EP	Masters Thesis

Note: Totals: 79 participants in 8 interview studies. EFT = Emotional Freedom Techniques; EP = Energy Psychology.

that often goes deeper than and outpaces research findings. Six broad themes were identified: speed, breadth, safety, therapeutic alliance, enhanced intuitive access, and spiritual attunement. We will examine each individually before considering nine implications for clinical practice that can be derived from the surveys and interviews.

Speed

Participants in the interviews and surveys consistently expressed recognition and often surprise by the speed with which change can occur. Of 294 members of the Association for Comprehensive Energy Psychology (ACEP) responding to an online survey, three-fourths estimated that eliminating an unwanted physiological or emotional response to a specific trigger (i.e., a conditioned response such as in a phobia) typically requires less than an hour (Feinstein, 2016). Almost all said it could be accomplished within two or three sessions. When the trigger was associated with a traumatic event, 75% reported that, in their experience, the unwanted response could be eliminated within three sessions. Of 14 clinical trials using Energy Psychology in treating posttraumatic stress disorder (PTSD), half of the studies found statistically significant improvements after a single session (Sebastian & Nelms, 2017).

Twelve licensed psychologists, each in private practice for more than a decade, completed a detailed online survey on their use of Energy Psychology with adult survivors of childhood sexual abuse (Schulz, 2009). Each had been practicing for at least five years before taking training in Energy Psychology, and they were all already working with clients who had been sexually abused. All 12 reported that, of the many modalities available to them, they found anxiety-related symptoms “to be most effectively treated by energy psychology techniques” (p. 20). Although they might use other methods to help teach assertiveness or coping skills, working with acupoints was their most powerful and rapid tool for helping regulate the autonomic nervous system. Following Energy Psychology interventions, their clients experienced reductions in fear, stress, and anxiety; fewer flashbacks; improved sleep; and they were able to recall their traumatic experiences without being re-triggered.

While overcoming anxiety-related symptoms was the most frequently mentioned issue,

a spectrum of distressful emotions was identified as responding with unusual speed to acupoint protocols, including guilt, shame, grief, jealousy, rejection, and feelings of isolation. One of the practitioners described EFT as being particularly “*transformational* in facilitating changes with men who have difficulties with anger” (Mason, 2012, p. 227). Anger is prevalent in correctional facilities, and a field study investigated the use of Energy Psychology with convicts in three settings (Hartung & Morales, 2019). It describes, for example, a parolee who was living in a halfway house and receiving treatment in a group with other offenders who also had violent histories. In one incident, he left the halfway house to visit his daughter. Seeing that the pickup truck of his wife’s boyfriend was at the house, he flew into a rage. But “instead of acting on his impulse to carry a tire jack into the house to cause mayhem, he pulled out an instruction sheet with the tapping points and treated himself with an anger protocol until he was calm” (p. 61) and able to return to the center.

A comment by a therapist in one of the structured interviews paralleled many of the practitioner reports as she described a “dramatic shift ... which would normally take years of therapy” (Mason, 2012, p. 227). A caution noted by several of the interviewees, however, is that the technique is being oversold in some of the materials promoting it. While believing that working with acupoints does indeed bring about faster change than the other methods at their disposal, the therapists noted that it is “not as rapid as the hype about energy psychology would suggest” (White, 2015, p. 43). This sets unrealistic expectations for clients and gives professionals reason to be suspicious. Although single session cures of longstanding phobias and other conditions have been documented and are not particularly uncommon, one of the interviewees quantified the change in treatment time since he introduced Energy Psychology into his practice. Prior to tapping, he estimated that he would spend up to four years working with childhood sexual abuse. Now he estimates that equivalent types of progress “can be completed in 6 months” (p. 43).

Breadth

In terms of the broad psychiatric categories that respond to Energy Psychology treatments, the majority of the 294 ACEP members completing

the survey reported having experienced successes in treating some of the most common diagnoses, including generalized anxiety disorder, phobias, and depression (Feinstein, 2016). More than two thirds of the ACEP respondents reported success with PTSD. A 10-minute video illustrating an acupoint tapping approach in the rapid treatment of four combat veterans suffering with PTSD can be viewed at www.vetcases.com.

Nearly half of the respondents reported success with addictions, though only 3% felt they had any success at all in treating psychosis. Even with conditions that are deeply embedded in faulty neurochemistry, however, such as bipolar disorders or chronic schizophrenia, tapping treatments were able to reduce stress and help people cope more effectively. One therapist reported reductions in psychotic symptoms such as visual and auditory hallucinations.

It's not unusual for a therapy to shift focus from the initial reasons that treatment was being sought, but this often happens quite quickly with Energy Psychology. A medical doctor hadn't worked for five years because she was crippled with obsessive-compulsive disorder (OCD): "Walking along the street she'd be convinced that she bumped into an old person or a child, and she'd have to go back and find them. She couldn't drive [because] she'd become convinced that she'd knocked over a cyclist." Within a few sessions of EFT, her OCD symptoms had been eliminated and "she was back at work" (Chalmers, 2015, p. 32). Her life had been organized around her symptoms, and after the symptoms were cleared, her entire life constellation was transformed. While this is a dramatic example, many of the participants observed that reducing a person's symptoms or distress allows the natural ability for healing and rejuvenation to move forward. Once the body's stress chemicals "have been modulated, [this] allows you to negotiate with yourself and with the situation ... in a rational and logical way" (Chalmers, 2015, p. 20).

Though this sequence holds for any successful psychotherapy, the way that the focus of the tapping can quickly move among emotions, sensations, memories, beliefs, behaviors, triggers, and concerns were seen as leading to outcomes that are more comprehensive than they are for many other therapeutic approaches. This flexibility, as well as the speed and precision with which tapping seems to shift the neurological underpinnings

of whatever it targets, widens the scope of therapeutic outcomes.

An example from this author's own practice can provide greater detail than was usually found in the interviews. A woman who had heard that tapping can reduce reactions to invasive cancer treatments arranged for a series of Energy Psychology sessions concurrent with scheduled radiation treatments. Malignant masses had been found in her lymph nodes and at the base of her tongue, just above her vocal cords. She hoped to counter her strong fears about the treatment and modulate its side effects. Focusing at first on her fears and physical discomfort, it soon emerged that she was blaming herself for having gotten cancer. On questioning, she didn't believe that this was a particularly rational belief, but she nonetheless felt it strongly. I asked if she could remember other times that she was unfairly blamed. A powerful incident from her childhood immediately came to her mind. At age 10 she was held responsible for something terrible, but she was unable to defend herself because it would implicate others in the family. She was the active target of this unfounded blame for years, but she felt she couldn't speak up. Once the tapping eliminated the emotional charge carried around these painful experiences, a lifelong pattern of her not being able to tell her truths was explored and linked to these formative experiences. We then examined possible connections between her suppressed verbal expression ("shoving my truths down my throat," "keeping what I need to say under my tongue") and the subsequent cancer in the area of her throat, tongue, and vocal cords.

After each round of tapping, I asked her to imagine what was happening in her throat area as a quick gauge of the effects of that round. Then she would do another round of tapping, focusing on the images she was seeing in her throat at that point. She continued this tapping and imagery as homework. At first she saw heavy black tar and cobwebs. As the emotional charges on various aspects of the associated issues were lifted during the next two therapy sessions, the imagery changed until she had a sense of spaciousness and light moving through the area. The tar and cobwebs were gone. This corresponded with improvements in her CT scans that far exceeded her oncologist's expectations, particularly since she had discontinued radiation against his advice and also refused a recommended course of chemotherapy. Rather

than increasing in size, all the masses had shrunk, some up to 50%. When she emailed me the results, she mentioned that she felt the tapping work was “instrumental.” Meanwhile, her self-blame about having “given” herself cancer had transformed into self-compassion as she recognized the possible connections between her childhood situation and her illness. And her enhanced ability to express difficult truths led to a vivid new sense of empowerment.

Many of the therapists interviewed reported wide-ranging changes beyond the initial presenting problems. Another area where this theme was seen involved improved relationships with life partners, family members, friends, and colleagues. One of the therapists’ clients explained that Energy Psychology helped improve relationships within her family because family members became “less reactive to one another” after having tapped on emotional triggers (Mason, 2012, p. 228).

Another therapist explained that insight without *repairing* early wounds, which is often an outcome of talk therapy, leads to “repeating entrenched patterns of interpersonal relating” as the wounds continually re-emerge (White, 2015, p. 33). Other changes mentioned which were tangential to the initial treatment goals included significant increases in confidence, self-esteem, assertiveness, mood, self-care, and capacity for emotional self-regulation. With more severe disorders, fewer self-harming behaviors and dissociative symptoms were reported (Schulz, 2009).

Several practitioners speculated that shifts at the emotional level *precede* changes in self-understanding, rather than the other way around, as is often the strategy of insight-oriented psychotherapies. A related dynamic identified by a number of the interviewees was that tapping on early issues can heal long-standing emotional injuries, while merely talking about them tends to embed unresolved formative experiences more deeply into the person’s identity. As one of the interviewers summarized these observations: “talking increases ‘identification with’ or ‘connection to’ the trauma, whereas energy psychology clears the connection to the emotional and physiological charge associated with the trauma” (White, 2015, p. 36).

While most of these discussions focused on transformation in their clients’ lives, a number of the therapists also disclosed that their own lives had undergone significant shifts since they began

personally to apply tapping. One said it “saved her marriage” (White, 2015, p. 35). Many of the participants “attributed significant changes in their understanding of psychotherapeutic change, personal philosophy, and overall contentment in life to their experience of using energy psychology” (White, 2015, p. 5). A theme running through a number of the interviews was an increased sense of significance and gratification in their identity as therapists. This was characterized by one of the interviewers as *living one’s life purpose*: “This might be described as feeling passionate about what you are doing, engaged, loving what you are doing, feeling that there’s nothing else you want to be doing, living in the moment when you are doing it, feeling joyous and fulfilled” (Chalmers, 2015, p. 29). A seasoned therapist, who was past retirement age but still had a thriving practice, noted that since introducing Energy Psychology, he was again “excited by” his work (White, 2015, p. 35). Another felt a sense of special accomplishment: “I’m doing something of great value by helping the person to break through their fears” (Chalmers, 2015, p. 29).

Safety

The risk of retraumatizing people while attempting to help them overcome PTSD or other emotional wounds following abuse, warfare, serious accidents, assaults, or exposure to traumatic events is one of the ongoing hazards for trauma therapists (Duckworth & Follette, 2011). Acupoint tapping protocols seem less vulnerable to this risk. Tapping protocols “are designed to approach distress in a graduated and tolerable way, titrating exposure to otherwise unbearable trauma that may have previously overwhelmed the client’s coping capacities” (Mollon, 2013, p. 355). A review of clinical trials of Energy Psychology treatments involving more than a thousand subjects found that no “adverse events” were reported (Church, 2013). The interviews with the 12 psychologists working with adult survivors of childhood sexual abuse reported that Energy Psychology allows their clients to “relieve the trauma in a non-invasive manner [that] lessens the possibility of retraumatization” (Schulz, 2009, p. 17).

Tapping practitioners were seen as having an advantage in their ability to modulate the amount of distress clients experience, to keep them within what is called the “window of tolerance”

(Corrigan et al., 2011). This is the zone in which enough engagement with the traumatic event is established as to allow healing to occur while at the same time not overwhelming the person. Energy Psychology is able to keep people within this zone by shifting activity if the person begins to become uncomfortably aroused or distressed. Attention can immediately change to calming the physiological responses by bringing the focus of the tapping to these somatic experiences *while* they are occurring. The therapists participating in the surveys and interviews portrayed Energy Psychology as a “safe and gentle intervention” (Mason, 2012, p. 228) with “a very low incidence of decompensation or abreaction when working with traumatic material” (White, 2015, p. 44).

The major reason reported for people not being helped, and perhaps being harmed from an Energy Psychology treatment, wasn’t due to the treatment itself, according to a few of the respondents, but rather because of practitioners who do not “have the skills required to manage the complex relational dynamics that sometimes emerge in the treatment of trauma” (White, 2015, p. 37). If revisiting a traumatic memory brings up overwhelming feelings, for instance, and the practitioner doesn’t know how to bring the client back into the window of tolerance, the entire experience may be retraumatizing and also diminish confidence in the ability of any psychotherapy to be safe and of genuine help. These issues become more critical as life coaches and others trained in Energy Psychology protocols but not in other areas of mental health—such as how to work with dissociation, suicidality, psychosis, severe depression, et cetera—have been offering services to the general public. Major psychiatric disorders need to be recognized and referrals made as appropriate.

A perplexing issue is that as clients learn to tap on a self-help basis, they may utilize the power of the technique in the service of self-defeating beliefs or self-concepts that are at the core of the problems for which they are seeking treatment. For instance, in an email exchange with other tapping therapists about working with eating disorders, psychologist Peta Stapleton wrote: “I am hesitant to use EFT for patients in the throes of anorexia nervosa as they sometimes use it to reduce hunger... I prefer to use it when recovery is underway and we can use it for anxiety over meals and weight gain.” This astute caution also applies for the treatment of other conditions in

which the client might use tapping in the service of self-destructive impulses or perceptions.

Another delicate consideration in using acupoint tapping pointed out by a couple of the interviewees is that it is so powerful that “one can go too deeply, too quickly” (Mason, 2012, p. 229). Transformational change “means that we are no longer the person we knew” (p. 231). Particularly for people who are emotionally unstable, any potent intervention, no matter how beneficial it may seem, can be disorienting. Even relaxation techniques can paradoxically increase anxiety levels (Heide & Borkovec, 1984). People may need more support than is obvious “to pace and tolerate rapid changes” (p. 231). As one of the therapists put it, “Like with anything, you have to pay attention to the impact” (p. 229). It may be more important, for instance, to first help the client build ego strength and a strong therapeutic alliance than to dive into long-standing problems, particularly those that arise from traumatic experiences. Yet overall, most of the therapists described an unusually “low level of adverse effects experienced from the use of energy psychology [even with clients] who can often be fragile” (p. 229).

Therapeutic Alliance

The quality of the “therapeutic alliance” that is established between a client and a therapist is a strong predictor of the success of the therapy (Ardito & Rabellino, 2011). Therapeutic alliance refers to the degree to which the client and the therapist are engaged in “collaborative, purposive work” that addresses the client’s reasons for being in treatment (Bordin, 1979, p. 293). This transcends the therapist’s theoretical orientation. One of the interviewers observed that the participants emphasized the degree to which Energy Psychology treatments involve “a creative process within the relationship” (Mason, 2012, p. 229). While Energy Psychology can be self-applied, working with a practitioner can often take the process deeper and into more aspects of the person’s life. In systematic interviews with 16 seasoned therapists who introduced EFT into their existing practices, all reported that it enhanced their therapeutic alliance with their clients (Nairn, 2020). Their speculations on the reasons for this included:

1. Their clients experienced rapid, ongoing, tangible, even if small, shifts that

constituted subjective proof that the therapy was working.

2. Seeing the therapist tap along with the client demonstrated the therapist's engagement, resulting in the client feeling a greater sense of "togetherness."
3. The therapist's self-tapping on the client's issues was experienced by the therapists as enhancing their intuition about those issues.
4. The addition of coordinated physical movement introduced a ritualistic quality that brought the therapist and client into greater alignment.

Excerpts from the interviews showed the therapists also attempting to articulate a less tangible dimension that was added by working with the body and its "energetic field." As one of them put it: "Once you start working with energy ... it changes the relationship... It brings you together in an energetic loop which is very different [from] psychotherapeutic distance" (Nairn, 2020, p. 63).

Enhanced Intuitive Access

Whether an "energetic loop" is established or it is simply that intuition is somehow expanded when using acupoint tapping protocols, many of the practitioners interviewed reported such a shift after they introduced Energy Psychology into their practices: their ability to find the right words and understanding for the clinical moment, without relying on conscious reasoning, seemed to increase. One of them described how "sometimes I feel like I'm on a roll flying with intuition and input ... I have no idea where these ideas are coming from but wow, they work" (Chalmers, 2015, p. 31).

Many of the tapping therapists in the interview studies made some reference to this sort of attunement occurring during their tapping sessions. One interviewer characterized such experiences as being when therapist and client are "in the flow" (Chalmers, 2015). While recognizing that "it is difficult to know whether this is intuition or very well-developed observation skills," she noted that the common ingredient is a sense of "receiving information from another place" (p.30). One of the therapists she interviewed described how he empathetically feels what his clients are feeling:

Sometimes I'll be partway through a session and I'll say, "Do you have a headache?" Or, "Has your neck gone tight?" Nine out of ten

times they'll say, "Yeah, just went tight just then." And they'll say, "How do you know?" And I'll say, "Well I'm feeling it." (p. 32)

Another expressed "surprise at what comes out":

Where on earth did that come from? You know, things come to you [that] have a profound effect on the client. Afterwards you think, "That was clever, how did I get to that point, or what made me say that?" And you've got absolutely no idea... All I know is that it works, and if you go with the flow, it can yield some fantastic results. (p. 30)

Another described how productive these experiences can be:

When you're in rapport with the client, it's as if you're in a bubble with them and the whole world goes away ... and that's when the magic begins to happen... That's when things begin to open up [to] the roots of their problem. (p. 30)

Yet another talked about her respect for intuitive insights and the way they can shorten the time required to process a complex issue:

The information that comes through seems to be true quite often. It's remarkable. I can often ask a question and the client will say, "How did you know?" How did I know? I don't know how I knew. I just knew, and a jump like that can save you hours of verbal processing because you're jumping from one level to another very, very quickly. It cuts out all the processing in between. (pp. 31–32)

One of the therapists was doing a demonstration session at a conference while attached to an EEG brain-wave monitor. The person operating the monitor turned to her and said, "You don't know what you're doing!" The therapist elaborated, "By that she meant when I was working, there were very, very few brainwaves of conscious thought. The brainwaves she was seeing in me were the deeper subconscious, unconscious brainwaves" (p. 31).

Another therapist reflected on whether the information is coming from her own mind or from somewhere beyond it. Here is how she distinguishes between the two:

There does come a point in a session where information starts coming from somewhere else.

I just know what the next question is to ask, or I can sense what they are feeling or thinking. It's hard to say where it's coming from, but with practice you get a definable sense of "this is right." If something is coming from my own mind or experiences, there's a different feel to it. (p. 31)

Most psychotherapists, regardless of modality, sense or acknowledge that intuition plays a role in their clinical work (Stickle & Arnd-Caddigan, 2019). Whether or not this is more so for Energy Psychology practitioners, many of those interviewed felt their intuition became sharper after they began to work at an energetic level, almost as if attuning to energy provided an opening into the intuitive realm. Of 149 therapists responding to an online survey, the 42% who reported using or being inclined to use energy treatments were more likely than the others to rely on their intuition in their decision-making and their choice of treatment methods, and they trusted intuitive insight more than conventional forms of critical thinking (Gaudiano et al., 2012). While Gaudiano et al. saw this as a weakness in the practitioners, these findings can be interpreted both ways.

A therapist in one of the interviews described how she is able to sense when a client's energy changes by a change in her own energy: "In that moment of their shifting, my energy shifts too" (Chalmers, 2015, p. 31). From such a felt shift in the therapist's *energies*, different words, insights, or directions seem to follow "intuitively."

Spiritual Attunement

To the degree that psychotherapists believe their discipline grows out of science and medicine, spiritual matters have been relegated to the metaphysical, mystical, or religious, and largely disregarded. But spiritual concerns are intimately entwined with the human psyche. In fact, a "relationship between spirituality and mental health has been widely demonstrated by many different investigators over the years all around the world, usually showing lower rates of drug use, lower prevalence of depression and suicidal attempts and better quality of life and well being" (Damiano et al., 2016, p. 11). This relationship also extends into physical health, including "less hospitalization, better coping with the disease, better treatment adherence, more acceptance of therapeutic measures, and lower mortality

rates" (p. 11). Damiano et al. describe spirituality as "the personal quest for understanding answers to ultimate questions about life, about meaning and about relationship to the sacred or transcendent" (p. 11). Some therapists use the term *nature* to describe the intelligent forces behind the workings of the universe and *unconscious* to describe the demonstrated intelligence that is beyond the grasp of the conscious mind. Others use terms such as "Spirit" and "soul." Whatever the terms they use, however, many therapists have come to recognize a relationship between the deepest realms of the human psyche and mental health. As summarized in an article in the *Journal of Religion and Health*: "Problems of the soul cannot be reduced to symptoms of psychological ill health" (Berghash & Jilison, 1998, p. 313).

The tapping practitioners interviewed were generally judged by the interviewers as having "a well-developed sense of compassion and spirituality" (Chalmers, 2015, p. 27). The practitioners felt that "energy work could help them connect with clients on a spiritual level, which they felt enabled deeper healing" (Mason, 2012, p. 230). While they were "not searching for an approach for spiritual realization" (White, 2015, p. 41), they believed their spirituality had become more pronounced based on their work in Energy Psychology. As with the use of intuition, it is not known whether tapping therapists experience this sense of spiritual harmony more than other psychotherapists, but some felt this attunement with the body's energies may be a portal into these realms. One of the interviewers reflected that for several of the practitioners, it was like "going beyond physical and psychological presence ... drawing from universal energy" (White, 2015, p. 49). The spiritual dimension of tapping work for one of the therapists was characterized by the interviewer as an "*energetic* ... she experiences but cannot name or fully articulate" (White, 2015, p. 41). Another therapist reflected, "I connect to the wider field, and I let it all flow through me" (Chalmers, 2015, p. 30). Another said, "I work with being open to input from the universe" (Chalmers, 2015, p. 30). One of the interviewers noted that the sense of deepening spirituality among the practitioners was associated not only with peace, oneness, and expanded consciousness, but also with "a letting go of a need for certainty ... greater comfort with unknowns" (White, 2015, p. 41).

When speaking of spirituality, several of the therapists “consistently referred to the importance of therapeutic presence in Energy Psychology” (White, 2015, p. 38). This need not be defined in mystical or religious terms. Explaining his personal experience of therapeutic presence, Carl Rogers, one of the most influential psychologists of the 20th century, reflected:

When I am closest to my inner intuitive self ... when I can relax and be close to the transcendental core of me ... it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present. (Rogers, 1980, p. 129)

A number of the tapping therapists expressed similar thoughts. Tapping protocols bring both practitioner and client into a mindful process, a “witnessing attitude” that is attuned to the body’s ever-shifting energy states (White, 2015, p. 40). As with meditation, among the most widely reported outcomes of Energy Psychology treatments is a marked reduction in distress. One of the interviewers noted that all of the participants described “how their capacity for presence increased as their underlying fears, anxieties, and neurotic tendencies decreased” after applying Energy Psychology to their own issues (White, 2015, p. 39). Explaining that something “bigger than herself” is evoked during her sessions, one of the therapists said: “There is a deeper connection going on, and in that connection, we are all one” (Chalmers, 2015, p. 27). Others also spoke of a “feeling of oneness” during their work with clients (Chalmers, 2015, p. 30). One of the therapists was unequivocal in characterizing her therapy as entering a spiritual domain: “I work on a spiritual level. My job is to try as much as possible to get out of the way” (Chalmers, 2015, p. 30). The therapists generally described this deepening spirituality in terms of “experiencing spirituality rather than believing in some spiritual construct or philosophy” (White, 2015, p. 40).

Reflections from Clients

The surveys and interviews discussed above were based largely on the practitioners’ observations about their clients. So while the accounts of rapid outcomes, transformational change, safety,

and a strong therapeutic alliance are generalizations about their clients’ experiences, most of the reports were not in the words of the clients themselves.

A study that did capture clients’ words involved interviews with eight individuals who used a tapping protocol for help with a physical disease (Kalla et al., 2020). Two had self-applied the method and the other six were guided by a practitioner. The interviewees reported three types of issues that frequently emerged and were successfully addressed by acupoint tapping: (a) the role of unresolved emotional issues in their illness, (b) outdated beliefs and self-defeating behavioral patterns that were contributing factors in the genesis and maintenance of the illness, and (c) ways the illness was serving as a buffer from the expectations of others. All eight participants came to recognize that unresolved emotional issues played a role in their illness. For instance, a woman who had suffered with arthritis for years described this experience:

My husband passed away almost 20 years ago. My children were really young at that time. So there was really no time to stop and feel grief. And realizing that it was all those emotions that had been locked up. The lower back pain ... was gone in like one major session that we did. The pain was gone. It was like literally gone [laughs]. It was emotions and attachment that was holding in the back. Overnight when it cleared, I was like, “Oh my God!” you know, “it’s just gone!” (p. 219)

Although Kalla et al. (2020) is the only study to date presenting systematic interviews with tapping clients, hundreds of descriptions of the experiences of people who have benefitted from tapping in working with a wide range of issues are posted on the internet (many can be found on www.EFTUniverse.com, www.emofree.com, and www.EFTInternational.org). Beyond anecdotal reports, more than a hundred clinical trials have tracked symptoms and other measures before and after tapping treatments. While these studies consistently report strong, rapid, and durable outcomes (Feinstein, 2021), our focus here is on how Energy Psychology is *experienced* by the people who use it. To obtain fresh first-person accounts, several colleagues who use acupoint tapping were asked by the current author to identify a client they were able to help after other therapies had not been as successful.

The clients who were identified were then asked to respond to questions designed to elicit comparisons between the approaches. Their responses matched themes that are found on the web-posted reports. One theme was the way the insights and reminders about faulty thinking produced by psychodynamic and cognitive treatments were judged as less helpful than the rapid changes in the emotional landscape underlying the issues of concern brought about by the tapping therapies. For instance, a woman who had undergone several years of conventional talk therapy reflected:

Talking therapy helped me understand what my issues were. Before this process, I lived with an overall sense of sadness and hopelessness, without really knowing where it was coming from, or how to solve it. Psychotherapy helped me understand where I was blocked, where I was fearful, and mostly, where I was divided. Even if this was enriching, intellectual understanding of the cause of my suffering was not enough to set me free. I spent uncountable sessions running in circles, hoping for freedom, but never quite getting there.

After her Energy Psychology sessions, she described how:

I felt like a new layer of these issues was being reached. The tapping felt like a laser beaming directly into my blockages. I witnessed the speed and effectiveness of the tapping exercises. I felt that “something” shifted after every round of tapping, making me feel lighter and freer every time.

Another frequent theme was how useful it is to be able to self-apply tapping whenever the need arises. A woman whose profession requires her to present public seminars had suffered from generalized anxiety disorder (GAD). She had:

... spent years in various therapies. When I got introduced to tapping, my life changed. I had been overreacting and getting overwhelmed to just about everything. That is not true anymore because I can tap whenever anything new comes up. Particularly amazing was my lifetime battle with public speaking, which does not exist anymore.

Yet another theme involved the way that once a problem has been overcome, it tends not to

return. A psychotherapist described how this has worked for her personally:

CBT [Cognitive Behavior Therapy], DBT [Dialectical Behavior Therapy], and Mindfulness need to be practiced repeatedly. With EFT, once something is treated, it is usually gone permanently. Further work on the issue isn't needed.

The presenting problems ranged from overcoming blocks about completing a graduate thesis to severe psychiatric conditions. For instance, a 56-year-old woman had been diagnosed with dissociative identity disorder, chronic PTSD, and major depressive disorder. She was formally designated as “permanently disabled.” She had gone through years of therapy with numerous practitioners as well as several psychiatric hospitalizations. She described the “exposure” therapies she had experienced:

Prior to utilizing tapping and related energy psychology methods, previous therapists followed the “re-experience the trauma until it isn't such a hot memory” desensitization type of therapies with disastrous results for me personally. I was continually encouraged to search my memories to force myself to recall painful incidents. This type of therapy caused me great distress and increased the frequency and severity of my dissociative episodes.

She describes how this changed after she began working with a therapist who uses Energy Psychology:

Tapping allowed me to self-regulate and process as opposed to being flooded. It allowed me to explore memories while still feeling safe, at my own pace. It allowed me to become consciously aware of all aspects of myself. I am able to revisit memories from a safe distance without internalizing the highly charged emotions associated with past traumas.

The single biggest difference was my ability to function after each session. Prior therapies triggered me tremendously, and I lacked an effective safety net to deal with the fallout from that on my own. With tapping, I was able to stabilize with less fear and less abreaction each time, moving forward incrementally. I felt a greater sense of personal

control with tapping. Another huge benefit was the ability to eliminate all psychiatric medications, which meant eliminating the debilitating side effects from those medications.

She summarized:

Traditional therapy and medications may be helpful to some, but for me they compounded the problem. The more “help” I received, the more my life spiraled out of control. They left me feeling hopeless and worthless and deepened my levels of guilt, worthlessness, and shame. Tapping and energy psychology techniques allowed me to process the traumas and really start to heal without creating more dysfunction. I find it empowering and motivating. Tapping has helped me love myself and continue to strive to be my best whole self.

Another comparison of conventional therapy vs. Energy Psychology treatments for a serious psychiatric disorder came from a man who had been on disability for clinical depression. He described his disappointment with previous therapists as a “waste of time ... Not one offered me any way to deal with the issues I was having.” In his first Energy Psychology session, the therapist “offered tapping techniques to alleviate stress and physical pain” caused by a medical condition. He “immediately felt calm, and my pain, which I experienced for years, was reduced to 2 out of 10 where it had been 7.” In subsequent sessions, he was also “given tapping tools to manage stress and anxiety.” He reports that when he started with Energy Psychology, he “was very dysfunctional. I thought of suicide many times a day. I found it difficult to perform daily tasks, find words in conversations, or maintain a train of thought for very long at all. Now I may have a fleeting thought of suicide, but I do not give it a moment’s attention. Tapping turned my pain and discomfort from unbearable to very manageable.” He has also returned to gainful employment.

Guidelines for Practice

The interviews and surveys involving more than 800 Energy Psychology practitioners, along with the direct reports from clients, hold implications for the use of acupoint tapping as a tool for emotional healing. While many of the insights that were offered apply to all forms of psychotherapy—such as building solid rapport and conducting

appropriate assessments—a summary of those that are specific to Energy Psychology follows. They fell into the categories of Treatment Focus, Use of Language, Resonance, Time Orientation, Cautions, Resistance to Tapping, Countertransference, Self-Help Applications, and Integrating Energy Psychology with Other Techniques.

Treatment Focus

The therapists who were interviewed uniformly discussed their use of tapping for the resolution of longstanding emotional issues, but the range of targeted outcomes also included work on marital difficulties, physical challenges, and performance goals. Whatever the target, however, practitioners emphasized the importance of helping clients become attuned to their “body language, voice tone, and energy [as well as] sights, sounds, smells, physical sensations, and thoughts” (Stapleton, 2019, p. 89). Complex problems were separated into parts that could then be individually addressed at their emotional and somatic roots with the acupoint tapping.

The importance of being highly specific (e.g., “the smell of his breath”) rather than general or vague (e.g., “that bad thing that happened”) was emphasized by many of the practitioners. The notable exception is when strategically minimizing the chances of retraumatization with a fragile client, in which case statements such as *that bad thing that happened* might be well-calibrated, allowing “clients to slowly sneak in on their issues” (Stapleton, 2019, p. 104) while remaining within their window of tolerance. The practitioners also “discussed ways in which they may ‘ease’ their clients” into the therapy process by starting with “surface-level issues” (Kalla et al., 2018, p. 1668).

The level of specificity sometimes employed during tapping sessions may in some cases seem excessive, yet tapping on every available aspect of an issue can ensure a more complete and permanent resolution. In a dramatic instance, a man who had suffered a stroke was told by his doctor that the paralyzed left side of his body would never recover. The practitioner reported working in minute detail, such as putting the man’s fingers in the needed positions for various tasks, while she herself tapped on the man’s acupoints, suggesting wordings such as “my arm remembers, my hand remembers, and my cells in my arm remember how to do this” (Kalla et al., 2018, p. 19). He was

then able to hold small objects, including a pen. But he couldn't write with it. After tapping to bring back the ability to write, he "managed to write a few words" (p. 19). This was all within an hour. In this manner he was able to "undertake specific tasks incrementally" (p. 20). By the next visit he was able to pick up a mobile phone. Feelings and motion also began to return to his left leg. The therapist was quite moved: "It was a bit surreal because it all happened so quickly" (p. 20). While Energy Psychology most often addresses emotional as well as somatic aspects of an issue, the interviewer reflected on how "without appearing to investigate emotional issues," the therapist guided "her client to engage with his physical body" in a way that quickly began to restore greater control (p. 20).

Tapping sessions were often guided by following what is sometimes called the client's *emotion and thought trail*. Even though the practitioners might have an idea of where the work is headed, they also emphasized the importance of staying attuned to the client's pace and direction, "starting wherever the client is" (Chalmers, 2015, p. 25). As one of the interviewers summarized this, Energy Psychology teaches "the therapist to stand back [and] prioritize clients' present moment experience" (White, 2015, p. 48). Another noted, "It may be with something apparently small, but this is not for the practitioner to judge" (Chalmers, 2015, p. 25). This requires becoming "comfortable with ambiguity ... with not knowing what's going to emerge" (Chalmers, 2015, p. 26). Another interviewer emphasized that letting the client lead applies "regardless of the apparent connection or lack thereof, to the target issue" (Kalla et al., 2018, p. 1659). All this includes "holding the space" (Chalmers, 2015, p. 26) for past trauma or other aversive childhood events to emerge at the client's own pace. While the practitioner certainly fosters the process, several of the interviewees mentioned how important it is not to impose the therapist's agenda.

Use of Language

The therapists interviewed frequently mentioned, in one way or another, that an important element of the work involves "formulating the right words" (Mason, 2012, p. 228). Some of the therapists placed a premium on using a client's exact words when possible as the statements to repeat while tapping. One of them explained how using the words of her clients is a way of

"reaching into their subconscious" (Chalmers, 2015, p. 20). Using the client's exact wording evokes very specific experiences and meanings that keep the therapy on target. Nonetheless, crafting tapping phrases that move a session forward is an important part of the art of delivery during Energy Psychology treatments. A study of videotaped sessions identified 62 therapeutic functions that can be served by the wordings the client originates or repeats while tapping, all falling within the broad categories of "attuning," "exploring," or "leading." (Feinstein, 2019, p. 41).

Beyond the words, however, a strength of acupoint tapping is that it can produce strong desired effects without any words so long as the person is inwardly attuned to the issue of concern. A recent brain imaging study found that stimulating acupoints while viewing unpleasant images not only made the experience of looking at the images become less aversive, the activation of brain regions involved with negative feelings also shifted (Wittfoth et al., 2020). This is particularly useful in early work with trauma survivors who may not even be capable of describing their ordeals (Hamne & Sandstrom, 2014). The therapists interviewed seemed to agree that tapping can facilitate a desensitization to trauma without the need for talking about the traumatic experience. As one of the interviewers summarized it, Energy Psychology is an important treatment option for clients who "are at risk of decompensation due to flooding of traumatic material" (White, 2015, p. 5).

Tapping may also be applied without any understanding of the underlying mechanisms of action. Nor is age a barrier. One of the therapists described a child who had to regularly endure a painful procedure as part of his ongoing medical treatment for a serious illness: "He taps. His parents ask, 'Why are you doing this?' He goes, 'Because it hurts less.' He doesn't need to understand it" (Kalla et al., 2018, p. 21). As one of the tapping therapists described the process of methodically working with traumatized individuals: "We clear one trauma away and another one pops up and we clear that" (White, 2015, p. 36).

What the words add, with their 62 identified functions, is an ability to guide the client through layer after layer of complex issues with unusual speed, clarity, and precision (Feinstein, 2019). Words provide bridges between the mind and the body that seem to combine with tapping to facilitate deep and rapid change.

Resonance

More than 80 years ago, Rollo May observed that “both the counselor and the counselee are taken out of themselves and become merged in a common psychic entity. The emotions and will of each become part of this new psychic entity” (May, 1989[1939], p. 67). One of May’s students, Virginia Larson, a psychologist who studied this “new psychic entity,” described a striking incident from her own clinical work:

A new client entered my office for the first appointment. I spontaneously began experiencing very subtle, unusual sensations in my own lower torso. Prior to this appointment I had completed a deep relaxation exercise, so I was quite aware when the subtle, tingly sensations began. I first reflected inwardly trying to discover the source of the mysterious sensations. I asked myself if the new client reminded me of someone I had previously known. I searched myself to ascertain if my own personal memories were related to the tingly sensations. Then I bracketed the experience noting it, watching it, and reflecting further upon it. Finally, my curiosity was overpowering. At a seemingly appropriate point, I described my experience to the young woman client, and asked if my experience had some meaning for her. The young woman immediately replied, “Oh yes, I have cancer of the cervix, and I’ve been having chemotherapy there.” (Larson, 1987, p. 323)

Investigating this phenomenon, which she termed “psychotherapeutic resonance,” Larson found that many therapists report a momentary merging of the boundary between themselves and a client that in its intensity and the reach of its understanding exceeds empathy and rapport.

“Matching a client’s pace, mirroring their body language, and tapping with a client” (Chalmers, 2015, p. 23) were all mentioned as ways of increasing resonance and building rapport. The very structure of Energy Psychology protocols, which require close, evident, uninterrupted attunement, keeps the practitioner “in the moment [rather than] thinking about what’s happening next ... about what you are going to do for dinner ... about the things going on in your own life” (Chalmers, 2015, p. 26).

Another way of staying attuned to the client’s experience is to have them “check the SUD

[Subjective Units of Distress] rating regularly” (Stapleton, 2019, p. 90). This provides immediate feedback that influences the next step in the treatment. Simple physical attunements can also keep the treatment aligned with the client’s experience, such as adjusting the pace of the tapping. Tapping too rapidly “may feed into the anxiety loop” of people who are anxious (Stapleton, 2019, p. 90), while initially using slow tapping with depressed clients “will match their energy state” (Stapleton, 2019, p. 104).

Time Orientation

The therapists were in agreement that tapping can be oriented around events from the *past*, can focus on emotions surrounding a *present* concern, or can address fears, misgivings, or desired outcomes for the *future*. Treatment with a new client typically begins with identifying and addressing present-day concerns. The therapists reported that these might be self-defeating behaviors, beliefs, or emotional response patterns that are currently active, but also that “it almost always ends up going a lot deeper ... penetrating into earlier childhood experiences” (Kalla et al., 2018, p. 1669). Early events may be introduced spontaneously by the client or come from the therapist’s intuition or questioning. In later stages of treatment—after emotional wounds have been attended, longstanding issues have been addressed, and self-defeating beliefs countered—triggers and complications that are likely to come up in the future are anticipated. These become a focus until the tapping has substantially reduced their emotional grip. Then the way is clear for envisioning and tapping on best possible futures. Of course where the treatment will initially focus depends on the client’s readiness. Evoking the “first” or “worst memory” involving the target symptom can move things along very quickly if the client is emotionally prepared and the therapeutic alliance well established (Stapleton, 2019). In practice, sessions may move quite facilely amongst past, present, and future, giving the approach a “time machine” quality.

Cautions

Staying within one’s “scope of practice” is an important consideration for anyone offering psychological services. In a survey completed by 22 EFT therapists, adequate training for delivering the type of service being offered was emphasized.

For instance, practitioners who work with traumatized clients need to understand dissociation and how to “handle abreactions well if they occur” (Stapleton & Chatwin, 2017, p. 16). In formulating treatment plans and setting directions, several practitioners cautioned that therapists both accept a client’s personal limits and recognize the client as a “whole person” rather than a diagnostic category (Stapleton & Chatwin, 2017, p. 16). Appreciating the client “as an active self-healer ... possessing his/her own wisdom” was also emphasized (Kalla et al., 2018, p. 1659).

Treatment guidelines for using Energy Psychology with trauma survivors were derived from a survey completed by 448 EFT practitioners (Church et al., 2017). Two-thirds of the practitioners reported that “more than 60% of PTSD clients are fully rehabilitated, and 89% stated that less than 10% of clients make little or no progress” (p. 16). The guidelines were formulated from an analysis of the therapist’s answers within the context of existing PTSD research literature and best PTSD practices recommendations. They were further developed in a subsequent presentation (Church et al., 2018). In terms of cautions, the guidelines show a deep respect for the psychological potency of traumatic experiences. They “recommend a stepped-care model, with five treatment sessions for subclinical PTSD, 10 sessions for PTSD, and escalation to intensive psychotherapy or psychopharmacology or both for nonresponsive patients and those with developmental trauma” (Church et al., 2018, p. 146). Throughout the treatment, clients are encouraged to also use online self-help resources, social support, and group therapy.

Resistance to Tapping

Many of the practitioners interviewed or surveyed in the studies recognized that tapping on the body looks strange and doesn’t seem to make much sense according to conventional ways of thinking. Use of the word “energy” is also confusing to both the public and professionals, allowing the method to be more readily discounted (Mitchell & Chatzidamianos, 2020). In the words of one of the interviewers, “The concept of an energy system is perhaps the most controversial aspect of the work within the prevailing paradigms” (Mason, 2012, p. 231). On the other hand, the rapidly growing research base and more rigorous training programs are helping shift these opinions

(Mitchell & Chatzidamianos, 2020). The growing use of acupoint tapping, along with word-of-mouth descriptions of rapid success with difficult diagnoses, also lend credibility to the approach. Nonetheless, finesse is required in introducing it into the treatment setting. Tapping on the skin as a way of shifting emotional difficulties may seem so counterintuitive that no form of persuasion is going to be effective until the client has personally experienced a positive outcome.

For instance, while the reports of EFT in correctional settings mentioned earlier described striking improvements, an initial phase of resistance to the approach was consistently encountered. The prisoners were skeptical when EFT was explained, some saying it looked “ridiculous and laughable.” Inmates became more accepting, however, as the frequent use of the 0-to-10 SUD scale gave them a sense of hope because it helped register that change was indeed occurring. Another step in overcoming their resistance involved their realization that “they would not have to talk and recount what they had said repeatedly to others.” An obstacle to eventually going deeper, however, was that the male inmates in particular were often “reluctant to discuss emotions or personal situations, which in their minds would reveal weakness.” This was countered as the focus shifted “from working on negative issues to inviting the young men and women to consider dreams, goals, and life objectives, using the tapping to strengthen” these aspirations (Hartung & Morales, 2019, pp. 58–59).

Countertransference

Countertransference, a term coined by Freud, describes the way therapists unconsciously project their feelings and unresolved conflicts onto the client. The therapist’s emotional response to a client may be informative about the client’s issues, but when the therapy becomes a trigger for the therapist’s unhealed wounds, the relationship may become confusing, unproductive, or even harmful. Just the intimate attunement, particularly to a client’s pain and suffering, may weigh heavily on any therapist and also activate unresolved emotional issues. These effects may be magnified when attuning to clients at an energetic level. The interviewees described how they use tapping outside the client sessions to modulate their reactions. One of the interviewers summarized: “Practitioners are

clear that they face challenges when a client's issue triggers them and that they need to keep working on themselves to reduce these reactions" (Chalmers, 2015, p. 28). Another interviewer noted that "using EFT personally after sessions with very distressed clients helped to reduce the impact of counter-transference" (Mason, 2012, p. 230). Beyond emphasizing the need to be aware of their own biases, countertransference, and boundaries, responses to a question about the qualities of an effective Energy Psychology practitioner included that the person regularly use the practice in "his/her own life." (Stapleton & Chatwin, 2017, p. 16).

Self-Help Applications

The number of individuals who have applied Energy Psychology on a self-help basis is likely in the tens of millions. Traffic on the top five EFT websites has been tracked using a statistical tool that showed more than six million visits during a randomly selected month (Church et al., 2014). The 12th annual online World Tapping Summit, held during the last week of February 2020, attracted more than 600,000 participants (personal communication, Nick Ortner, August 4, 2020). A mobile app that guides users in applying acupoint tapping protocols for anxiety and stress was investigated in a large-scale study including 270,461 app users and found highly significant ($p < 0.001$) symptom reduction (Church et al., 2020).

Practitioners responding to one of the surveys highlighted the value of "teaching the client to tap on day-to-day triggers ... Tapping on any thoughts or feelings related to worries and anxieties about future situations was also recommended" (Stapleton, 2019, p. 89). While "clients often reported that the techniques were more powerful during a session than when clients used them on their own" (Mason, 2012, p. 230), the experience of being able to manage their feelings, thoughts and reactions on a self-help basis not only advanced the goals of the therapy, it was self-empowering in other areas of their lives as well. Giving "tapping homework" to their clients was frequently mentioned.

Integrating Energy Psychology with Other Techniques

A trait of effective Energy Psychology practitioners, as identified by some of the survey

respondents, is that they are "creative" in combining tapping with other strategies and approaches (Stapleton & Chatwin, 2017, p. 16). Certain techniques that fall outside of Energy Psychology protocols per se are frequently utilized, such as *diaphragmatic breathing*, *grounding*, *mindfulness*, *guided imagery*, the *daily energy routine* from energy medicine (Eden, 2008), *visualizing a safe place* (Stapleton, 2019, p. 90), the *empty chair technique* from Gestalt therapy (Polster & Polster, 1974), *parts work* (Schwartz, 2021), and the *affect bridge* from hypnosis (Watkins, 1971). Two thirds of the licensed mental health professionals in the ACEP survey integrated Energy Psychology protocols into their existing practices" (Feinstein, 2016, p. 37). Many of them used tapping within the context of cognitive, psychodynamic, and other talk-oriented modalities. Although most of the practitioners integrated Energy Psychology within other theoretical frameworks, some found it useful to "distinguish talk therapy and Energy Psychology as two separate paradigms" (White, 2015, p. 35). While somatic interventions such as acupoint tapping were believed by the practitioners to be markedly faster and more effective than talk therapy alone, the interviewees also appreciated that "sometimes clients need a space to talk about their experience" (White, 2015, p. 37).

Limitations

Of the thousands of observations presented in the studies that were the source for this paper, the selection of the statements emphasized was based on those that resonated with this paper's author. Although he is an experienced Energy Psychology practitioner and researcher who over the past two decades has had in-depth discussions with hundreds of Energy Psychology practitioners (face-to-face or electronically), no attempt was made to utilize systematic, interactive appraisal standards that rely on a panel of experts, such as the Delphi method (Linstone & Turoff, 1975). While this review attempted to represent the data accurately and in a useful manner, the author's biases are inevitably woven into the discussion. The practitioners who were interviewed or surveyed also had a favorable bias toward Energy Psychology in that their participation in the study was predicated on their professional identification with the method. Also, even 800 is a relatively small sampling of the tens of thousands of therapists estimated to be

using at least some Energy Psychology techniques. The source studies also varied in their academic rigor and sampling methods, so this investigation is more an informed selection of the views of the individuals who participated in the studies than an objective, comprehensive, highly systematic analysis attempting to reflect impartially the opinions of the entire Energy Psychology practitioner community.

Conclusion

More than 800 therapists, counselors, or life coaches who use Energy Psychology methods on a professional basis have participated in online surveys or systematic interviews in 15 separate studies focusing on various aspects of the practice. From these studies, this paper has identified and explored six general themes. The practitioners reported that, in relation to other methods at their disposal, Energy Psychology protocols led to more rapid outcomes in the treatment of a wide range of psychological conditions, less likelihood of retraumatizing clients, a stronger therapeutic alliance, enhanced access to personal intuition, and a bridge into greater spiritual attunement. Nine guidelines for the effective application of Energy Psychology methods were also derived and discussed. All of which leads to a final distilled conclusion: Practitioners are encouraged to draw upon the power of Energy Psychology protocols to shift psychological states and their neurological underpinnings while at the same time maintaining a deep respect for the client's inner wisdom and self-healing capacities.

References

- Ardito, R. B., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: Historical excursus, measurements, and prospects for research. *Frontiers in Psychology*, 2. doi:10.3389/fpsyg.2011.00270
- Association for Comprehensive Energy Psychology. (2012). Membership survey. Retrieved from https://www.energypsych.org/resource/resmgr/membership/ACEP_2012_Member_Survey.pdf
- Berghash, R., & Jillson K. (1998). Thoughts on psyche, soul, and spirit. *Journal of Religion and Health*, 37, 313–322. doi:10.1023/A:1022979723704
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice*, 16, 252–260. doi:10.1037/h0085885
- Chalmers, J. S. (2015). *An exploration of the experiences of Emotional Freedom Techniques (EFT) practitioners* (unpublished master's thesis). University of Northampton, UK. Retrieved from <http://tinyurl.com/zfmyf4a>
- Church, D. (2013). Clinical EFT as an evidence-based practice for the treatment of psychological and physiological conditions. *Psychology*, 4(8), 645–654. doi:10.4236/psych.2013.48092
- Church, D., Feinstein, D., Palmer-Hoffman, J., Stein, P. K., & Tranguch, A. (2014). Empirically supported psychological treatments: The challenge of evaluating clinical innovations. *Journal of Nervous and Mental Disease*, 202, 699–709. doi:10.1097/NMD.0000000000000188
- Church, D., Stapleton, P., Mollon, P., Feinstein, D., Boath, E., Mackay, D., & Sims, R. (2018). Guidelines for the treatment of PTSD using Clinical EFT (Emotional Freedom Techniques). *Healthcare*, 6(4), 146. doi:10.3390/healthcare6040146
- Church, D., Stapleton, P., & Sabot, D. (2020). App-based delivery of Clinical Emotional Freedom Techniques: Cross-sectional study of app user self-ratings. *JMIR mHealth and uHealth*, 8(10):e18545. doi:10.2196/18545
- Church, D., Stern, S., Boath, E., Stewart, A., Feinstein, D., & Clond, M. (2017). Emotional Freedom Techniques to treat posttraumatic stress disorder in veterans: Review of the evidence, survey of practitioners, and proposed clinical guidelines. *Permanente Journal*, 21, 16–100. doi:10.7812/TPP/16-100
- Corrigan, F. M., Fisher, J. J., & Nutt, D. J. (2011). Autonomic dysregulation and the Window of Tolerance model of the effects of complex emotional trauma. *Journal of Psychopharmacology (Oxford, England)*, 25(1), 17–25. doi:10.1177/0269881109354930
- Damiano, R. F., Costa, L. A., Viana, M. T., Moreira-Almeida, A., Lucchetti, A. L., & Lucchetti, G. (2016). Brazilian scientific articles on “spirituality, religion and health.” *Archives of Clinical Psychiatry*, 43(1), 11–16. doi:10.1590/0101-60830000000073
- Duckworth, M. P., & Follette, V. M. (Eds.). (2011). *Retraumatization: Assessment, treatment, and prevention*. New York, NY: Routledge.
- Eden, D. (2008). *Energy medicine* (rev. ed.). New York, NY: Tarcher/Penguin Random House.
- Feinstein, D. (2005). Practitioner impressions of . Effectiveness by diagnostic category. Retrieved from <https://www.innersource.net/ep/articlespublished/allarticles/61-practitioner-impressions-of-energy-psychology.html>
- Feinstein, D. (2016). A survey of energy psychology practitioners: Who they are, what they do, who they help. *Energy Psychology: Theory, Research, and Treatment*, 8(1), 33–39. doi:10.9769/EPJ.2016.08.1.DF
- Feinstein, D. (2019). Words to tap by: The uses of language in energy psychology protocols. *Energy Psychology: Theory, Research, and Treatment*, 11(1), 41–56. doi:10.9769/EPJ.2019.11.1.DF
- Feinstein D. (2021). Six empirically-supported premises about energy psychology: Mounting evidence for a controversial therapy. *Advances in Mind-Body Medicine*, 35(2), 17–32.
- Gallo, F. P. (2004). *Energy psychology: Explorations at the interface of energy, cognition, behavior, and health* (2nd ed.). New York, NY: CRC Press.
- Gaudiano, B. A., Brown, L. A., & Miller, I. W. (2012). Tapping their patients' problems away?: Characteristics of psychotherapists using energy meridian techniques. *Research on Social Work Practice*, 22, 647–655. doi:10.1177/1049731512448468

- Hamne, G., & Sandstrom, U. (2014). *Resolving yesterday: First aid for stress and trauma with TTT*. Scotts Valley, CA: CreateSpace.
- Hartung, J., & Morales, N. (2019). Psychological and medical applications of certain innovative therapies in correctional settings: Clinician, staff, and client observations from three institutions. *Energy Psychology: Theory, Research, and Treatment*, 11(1), 57–64. doi:10.9769/EPJ.2019.11.1.JH
- Heide, F. J., & Borkovec, T. D. (1984). Relaxation-induced anxiety: Mechanisms and theoretical implications. *Behaviour Research and Therapy*, 22(1), 1–12. doi:10.1016/0005-7967(84)90027-5
- Kalla, M., Simmons, M., Robinson, A., & Stapleton, P. (2018). Emotional freedom techniques (EFT) as a practice for supporting chronic disease healthcare: a practitioners' perspective. *Disability and Rehabilitation*, 40, 1654–1662. doi:10.1080/09638288.2017.1306125
- Kalla, M., Simmons, M., Robinson, A., Stapleton, P. (2020). Making sense of chronic disease using Emotional Freedom Techniques (EFT): An existential view of illness. *Explore*, 16, 214–224. doi:10.1016/j.explore.2020.03.006
- Larson, V. A. (1987). An exploration of psychotherapeutic resonance. *Psychotherapy*, 24, 321–324. doi:10.1037/h0085722
- Leskowitz, E. (2016). Integrative medicine for PTSD and TBI: Two innovative approaches. *Medical Acupuncture*, 28(4), 181–183. doi:10.1089/acu.2016.1168
- Linstone, H. A., & Turoff, M. (1975). *The Delphi Method: Techniques and applications*. Reading, MA: Addison-Wesley.
- Mason, E. (2012). Energy psychology and psychotherapy: A study of the use of energy psychology in psychotherapy practice. *Counselling and Psychotherapy Research*, 12, 224–232. doi:10.1080/14733145.2012.657208
- May, R. (1989). *The art of counseling* (rev. ed.). New York, NY: Gardner Press. (Original work published 1939).
- Mitchell, J., & Chatzidamianos, G. (2020). Emotional Freedom Techniques—how to make it mainstream; a thematic analysis of practitioners' views. *Energy Psychology: Theory, Research, & Treatment*, 12(1), 28–43. doi:10.9769/EPJ.2020.12.1.JM
- Mollon, P. Client safety. (2013). In D. Church & S. Marohn (Eds.), *Clinical EFT Handbook* (Vol 2; pp. 355–362). Fulton, CA: Energy Psychology Press.
- Nairn, C. A. (2020). *From the outside in: Incorporating the use of EFT into traditional psychotherapeutic approaches and its impact on therapeutic alliance* (Unpublished doctoral dissertation). University of Exeter, Exeter, UK. Retrieved from <http://hdl.handle.net/10871/122720>
- Polster, E., & Polster, M. (1974). *Gestalt therapy integrated: Contours of theory and practice*. New York, NY: Vintage.
- Rogers, C. R. (1980). *Way of being*. Boston, MA: Houghton Mifflin.
- Schulz, K. (2009). Integrating energy psychology into treatment for adult survivors of childhood sexual abuse. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 15–22. doi:10.9769/EPJ.2009.1.1.KS
- Schwartz, R. (2021). *No bad parts: Healing trauma and restoring wholeness with the internal family systems model*. Louisville, CO: Sounds True.
- Sebastian, B., & Nelms, J. (2017). The effectiveness of Emotional Freedom Techniques in the treatment of post-traumatic stress disorder: A meta-analysis. *Explore*, 13(1), 16–25. doi:10.1016/j.explore.2016.10.001
- Stapleton, P. (2019). *The science behind tapping*. Carlsbad, CA: Hay House.
- Stapleton, P., & Chatwin, H. (2017). Determining highly desirable traits of an effective emotional freedom techniques practitioner: A Delphi study. *Energy Psychology: Theory, Research, & Treatment*, 9(2), 13–25. doi:10.9769/EPJ.2017.9.2.PS
- Stickle, M., & Arnd-Caddigan, M. (2019). *Intuition in psychotherapy: From research to practice*. New York, NY: Routledge.
- Watkins, J. G. (1971). The affect bridge: A hypnoanalytic technique. *International Journal of Clinical and Experimental Hypnosis*, 19(1), 21–27. doi:10.1080/00207147108407148
- White, I. C. (2015). *It helps me to love my work: An interpretative phenomenological analysis of the senior therapist experience of using energy psychology in psychotherapy for trauma* (Unpublished master's thesis). Dublin Business School (School of Arts), Dublin. Retrieved from <http://hdl.handle.net/10788/2054>
- Wittfoth, D., Pfeiffer, A., Bohne, M., Lannfermann, H., & Wittfoth, M. (2020). Emotion regulation through bifocal processing of fear inducing and disgust inducing stimuli. *BMC Neuroscience*, 21, 47. doi:10.1186/s12868-020-00597-x