



Tapping Bibliography

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Andrade, J., & Feinstein D. (2003). Energy psychology: Theory, indications, evidence. In D. Feinstein, *Energy psychology interactive*. Ashland, OR: Innersource.

Review of South American study of over 29,000 patients from 11 centers. CBT + medicine v. Tapping. Positive clinical responses (ranging from complete relief, to partial relief, to short term relief with relapses) were found in 63% of those treated with CBT and medication, and 90% of those treated with tapping techniques. Complete freedom from symptoms was found in 51% of the CBT group, and 76% in the EFT group. The mean number of sessions was lower for the tapping group.

Callahan, R. J. (2001). The impact of the Thought Field Therapy on heart rate variability. *The Journal of Clinical Psychology*, 57, 1153–70.

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

Church, D. (2013). Clinical EFT as an Evidence-Based Practice for the Treatment of Psychological and Physiological Conditions. *Psychology*, 4(8), 645–654.

Review article which draws several conclusions about EFT:

1. It reduces symptoms of a variety of psychological conditions.
2. It produces physiological regulation of the one in on the nervous system and HPA axis.
3. It can simultaneously reduce both psychological and physiological problems.
4. It is safe when self-administered and administered by others.
5. It is efficient and cost-effective.
6. It works quickly.

Church et al. (2010). Psychological trauma symptom improvement in veterans using EFT (emotional freedom techniques): a randomized controlled trial. *The Journal of Nervous and Mental Disease*, 201, 153–160.

Six hour long EFT sessions with combat veterans reduced PTSD scores from an average of 61.4 to 34.6, significantly below the PTSD cut off score ($P < .0001$).

Church et al. (2012). The effect of emotional freedom techniques on stress biochemistry: a randomized controlled trial. *The Journal of Nervous and Mental Disease*, 200(10), 891-896.

EFT resulted in statistically significant improvements in anxiety, depression, and overall severity of symptoms.

The EFT group experiences significant decrease in cortisol levels (-24.39%), significant improvements in anxiety (-58.34%), depression (-49.33%), and overall severity of symptoms (-50.5%). Decreases in cortisol levels in the EFT group mirrored the observed improvement in psychological distress.

Church, D., Pina, O., Reategui, C., & Brooks, A. (2011). Single session reduction of the intensity of traumatic memories in abused adolescents after EFT: a randomized controlled pilot study. *Traumatology*, 18(3), 73-79.

Participants, all of whom scored above the PTSD threshold on a standardized self-inventory, were randomly assigned to an EFT treatment group or wait list group. Each of the participants in the treatment group no longer met the PTSD criteria 30 days after one treatment session. None of the waitlist control group showed significant change.

Church, D. (2009). The effect of EFT on athletic performance: a randomized controlled blind trial. *Open Sports Sciences*, 2, 94-99.

Players who received the EFT intervention improved on average 20.8% while the attention control group decreased an average of 16.6 percent on free-throw shooting resulting in a 37.4% difference.

Craig, G. & Church, D. (2010). The EFT mini-manual. Retrieved from <http://www.eftuniverse.com/>

This is the free manual available from EFT universe, which provides a very practical guide to the technique, history, and mechanisms.

Dinter, I. & Church, D. (2008). Psychological trauma in veterans using EFT: a randomized controlled trial. Presented at the annual meeting of the association of comprehensive energy, May 29, 2009.

Average PTSD scores went from 60 pretreatment to 38 after six sessions of EFT ($p < .007$). Scores under 50 no longer meet the criteria for PTSD.

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

Statistically abnormal brain wave patterns were observed when a person thought about a trauma when compared with thinking about a neutral (baseline) event. Reassessment of brainwave patterns (to the traumatic memory) immediately after thought field therapy diagnosis and treatment revealed that the previous abnormal pattern was altered and no longer statistically abnormal. An 18 month follow-up indicated that the patient continued to be free of all emotional upset regarding the treated trauma.

Feinstein, D. (2008). Energy psychology: A Review of the Preliminary Evidence. *Psychotherapy*, 45(2), 199–213.

Unique to EP is that extinction of this association (between hyperarousal and traumatic memory) is facilitated by the manual stimulation of acupuncture and related points that are believed to send signals to the amygdala and other brain structures that quickly reduce hyper-arousal. Evoked memories can then be reconsolidated without the related hyper arousal that causes the traumatic responses.

Feinstein, D. & Church, D. (2010). Modulating Gene Expression Through Psychotherapy: the Contribution of Noninvasive Somatic Interventions. *Review of General Psychology*, 14(4), 283–295.

Psychotherapy ameliorates (a) exaggerated limbic system responses to innocuous stimuli, (b) distortions in learning and memory, (c) balances between sympathetic and parasympathetic nervous system activity, (d) elevated levels of cortisol and other stress hormones, and (e) impaired immune functioning. Psychotherapies that utilize noninvasive somatic interventions may yield greater precision and power in bringing about therapeutically beneficial shifts in gene expression that control these biological markers.

During the acute stress response cortisol is secreted in elevated levels and is responsible for stress related changes in the body that include quick bursts of energy, heightened memory, increased immunity, and lowered sensitivity to pain. With prolonged stress however, chronic high levels of cortisol in the bloodstream produce negative effects such as impaired cognitive performance, increased blood pressure, decreased bone density, compromised muscle tissue, suppressed thyroid function, increased abdominal fat, and lowered immunity. DHEA concentrations diminish naturally with age, however prolonged stress may result in DHEA deficiencies as its precursors are recruited to produce cortisol instead. When cortisol and DHEA become depleted due to the scarcity of these precursors, and can create the condition known as adrenal fatigue which is associated with major depressive disorder and PTSD.

Changes in gene expression are the best available explanatory mechanism for these changes.

Feinstein, D. (2010). The Case for Energy Psychology: Snake oil or therapeutic power tool?, *Psychotherapy Networker*, Nov/Dec.

The elimination of conditioned fear pathways in the amygdala. The signals sent by the acupoint stimulation turn off the alarm response, even though the trigger is still present.

Feinstein, D. (2012). Acupoints stimulation in Treating Psychological Disorders: Evidence of Efficacy. *Review of General Psychology*, 16, 364–380.

This is a meta-analysis of tapping research for psychological disorders that found “criteria for evidence based treatments proposed by division 12 of the American psychological Association were applied and found to be met for a number of conditions, including PTSD and depression.”

51 studies were identified, 22 presented controlled outcome investigation using standardized measures, and 18 of the studies were randomized controlled trials. A large effect size was found in 15 of the 16 studies where effect size could be determined, and a moderate effect size was found for the other one.

Feinstein, D. (2009). Facts, Paradigms, and Anomalies in the Acceptance of Energy Psychology: A Rejoinder to McCaslin's (2009) and Pignotti and Thyers (2009) comments on Feinstein (2008A). *Psychotherapy*, 46, 262-269.

Allegations of selection bias and other departures from critical thinking in Feinstein (see record 2008-07317-008) found in the Pignotti and Thyer (see record 2009-08897-011), and the McCaslin (see record 2009-08897-010) commentaries, are addressed. Inaccuracies and bias in the reviewers' comments are also examined. The exchange is shown to reflect a paradigmatic clash within the professional community, with energy psychology having become a lightning rod for this controversy. While postulated "subtle energies" and "energy fields" are entangled in this debate, the most salient paradigm problem for energy psychology may simply be that accumulating reports of its speed and power have not been explained using established clinical models. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Feinstein, D. (2010). Rapid treatment of PTSD: Why Psychological Exposure with Acupoint Tapping May Be Effective. *Psychotherapy*, 47(3), 385–482.

Tapping on selected acupoints during imaginal exposure quickly and permanently reduces maladaptive fear responses to traumatic memories and related cues.

Hafter, B. M. (2010). *The EFTfree manual: A Comprehensive Guide to Using EFT*. Retrieved from <https://aametinternational.org/>

EFT (Emotional Freedom Techniques) is a body/mind self-help method, combining a gentle touch together with mindful attention to thoughts and feelings. EFT involves tapping with our fingertips on acupuncture/acupressure points on the face and body.

Hugie, D. (2014). Brain Trauma and the Energy Model: Emergence of a New Paradigm. *Universal Journal of Psychology*, 2(4), 136-149.

"Many neural imaging studies of acupuncture indicate that mid brain structures, particularly the amygdala, are influenced by acupoint stimulation." (Dhond 2007, Fang 2008, Hui 2007, Napadow 2007, 2009, Lane 2009)

"Manual stimulation of acupoints produces endogenous opioids, increases production of neurotransmitters such as serotonin and GABA and regulates cortisol, the main stress hormone." (Napadow 2007, Akimoto 2003, Lee, Yin, Lee, Thai, Sim 1982, Ulett 1992)

"Trauma is stored in somatic memory and expressed as changes in the biological stress response... our bodies keep the score." (van der Kolk, 1994)

Hui et al. (2001). Acupuncture Modulates the Limbic System and Subcortical Gray Structures of the Human Brain: Evidence From fMRI Studies in Normal Subjects. *Human Brain Mapping*, 9(1), 13-25.

"Needle manipulation on either hand produce prominent decreases of fMRI signals in the nucleus accumbens, amygdala, hippocampus, parahippocampus, hypothalamus, ventral tegmental area, anterior cingulate gyrus, caudate, putamen, temporal pole, and insula."

"Both acupuncture and tactile stimulation elicited signal increases were in the somatosensory cortex." "Signal increases were greater doing tactile stimulation then acupuncture."

Karatzika et al. (2011). A Controlled Comparison of the Effectiveness and Efficacy of Two Psychological Therapies for Post Traumatic Stress Disorder: Eye Movement Desensitization and Reprocessing versus Emotional Freedom Techniques. *The Journal of Nervous and Mental Disorders*, 199(6), 372-378.

Overall the results indicated that the two interventions produce significant therapeutic gains at post treatment and follow-up. Similar treatment effect sizes were observed in both treatment groups. A higher proportion of participants achieved clinically significant change in the EMDR versus the EFT group.

Kober et al. (2002). Prehospital Analgesia with Acupressure in Victims of Minor Trauma, A Prospective, Randomized, Double-Blinded Trial. *Anesthesia and Analgesia*, 95(3), 723-727.

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

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

"Recent research indicates that manual stimulation of acupuncture points produces opioids, serotonin, GABA, and regulates cortisol. These neurochemical changes reduce pain, slow the heart rate, decrease anxiety, shut off the fight flight freeze response, regulate the autonomic nervous system, and create a sense of calm."

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

Origins/history of EFT (page 124).

Nemiro, A. (2015). EFT versus CBT in the treatment of sexual gender-based violence in the Democratic Republic of the Congo. Presented at the conference for the

association for a comprehensive energy psychology (ACEP), San Diego California.

EFT was found to be as efficacious as CBT in reducing symptoms of anxiety, depression, and PTSD.

Oshman. (2006). Trauma energetics. *Journal of Bodywork and Movement Therapies*, 10, 21–34.

The hypothesis of this article is that the connective tissue matrix and its extensions senses in absorbs the physical and emotional impact in any traumatic experience.

Ruden, R. A. (2005). A neurobiological basis for the observed peripheral sensory modulation of emotional responses. *Traumatology*, 11(3), 145-158.

An in-depth look at the neurobiological mechanisms of the fear response and tapping.

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

50 traumatized adolescents, all of whom met the criteria for PTSD, were administered a single session of TFT. Prior to treatment 100% of the adolescents were diagnosed with PTSD on two standard measures. Post treatment only 6% of the adolescents scored within the PTSD range ($p < .0001$). PTSD inventory scores were corroborated by staff observation in decreases in enduring PTSD symptoms such as intrusive flashbacks, nightmares, difficulty concentrating, aggressiveness, bedwetting, and withdrawal. On one year follow-up, 8% scored within the PTSD range.

Sporko, T. & Chan, P. (n.d.). Acupuncture, the Limbic System, and the Default Mode Network of the Brain. Powerpoint.

"LI4 shows the most extensive deactivation response consistent with its high clinical potency."

Swingle, P., Pulos, L., Swingle, M. K. (2005). Neurophysiological Indicators of EFT Treatment of Post Traumatic Stress. *Journal of Subtle Energies & Energy Medicine*, 15(1), 75-86.

Clients previously involved in a motor vehicle accident who reported traumatic stress associated with the accident received two sessions of Emotional Freedom

Techniques (EFT) treatments. All clients reported improvement immediately following treatment. Brainwave assessments before and after EFT treatment indicated that clients who sustained the benefit of the EFT treatments had increased 13-15 Hz amplitude over the sensory motor cortex, decreased right frontal cortex arousal and an increased 3-7 Hz / 16-25 Hz ratio in the occiput. The benefits of psychoneurological research to reveal the processes of subtle energy healing are discussed.

Swingle, P. (2010). EFT in the neurotherapeutic treatment of seizure disorders. *Energy Psychology: Theory, Research, and Treatment*, 2, 27–38.

The Swingle studies find that EFT reduces the brainwave frequencies associated with stress and amplifies those associated with relaxation, as well as producing other beneficial physiological changes.

Ulett, G. A., Han, J., Han, S. (1998). Traditional and Evidence-based Acupuncture: History, Mechanisms, and Present Status. *Southern Medical Journal* December, 91(12), 1115-1120.

Scientific research has shown that healing is caused by neuroelectric stimulation of the gene expression of neuropeptides. It is a simple, useful clinical tool.