

ENERGY PSYCHOLOGY:
Time for a second look

Richard C. Kevin, Ph.D.
Raleigh, NC
www.drrkevin.com

Reprinted with permission from *The North Carolina Psychologist*
(January/February 2011, v. 63, #1, pp 8-9)

Energy Psychology (EP) occupies a unique niche in the range of modalities used by psychologists and other mental health professionals. Like other techniques early in their potential arcs of transition from untested innovation to unremarkable standard practice, EP has committed defenders and implacable detractors. Unlike most well established therapies, EP originated outside of the Western psychological/medical tradition as an integration of Western psychotherapy and several forms of Eastern medicine. EP also has the unique status of having been banned by the APA Education Directorate as a topic for which CEU's can be granted. The controversy surrounding EP and its promise as a healing technique have the makings of a case study of how professional and academic psychology responds to innovation. What follows is a brief introduction to EP through my clinical experience and a summary of recent literature.

My original interest in EP stemmed from experience with EMDR. Initially I had dismissed the reports of rapid resolution of PTSD and other symptoms through bilateral eye movements as the latest *Miracle Cure de Jour* and waited to see it fade or be discredited. But respected colleagues returned from trainings, utilized it in their practices, and began reporting favorable movement in their clients. Eventually I trained and cautiously began using EMDR myself. My experience was similar. Clients with relatively simple recent traumas often made rapid movement. Some long term clients with deep seated issues moved significantly faster when early traumas were addressed through EMDR. Explanations of the mechanisms of action were speculative but it was reassuring that the EMDR community encouraged and conducted empirical research. Today, while much remains unresolved and arguable regarding its mechanisms and active components, EMDR is widely accepted as a treatment for PTSD and other anxiety disorders (Van der Kolk, et. al., 2007).

Reading *Energy Psychology and EMDR* (Hartung and Galvin, 2003) piqued my curiosity about EP. I began experimenting with the Emotional Freedom Technique (Craig, 2008) which is a form of acupressure (Clients tap themselves on a sequence of acupuncture points.) combined with low intensity imaginal exposure to traumatic or conflictual material. The results were reminiscent of my experiences with EMDR. At times nothing happened. But with some regularity clients made unusually rapid progress resolving anxieties and traumatic memories.

I was encouraged with outcomes but uncomfortable with the lack of an explanatory model or research base compatible with my Western science training and values. Initial literature searches were discouraging. While several psychologists were pioneers in EP, most innovators and practitioners came from non psychological backgrounds. Their references to “subtle energies” and quantum level phenomena from high energy physics were thought provoking but not helpful in explaining the techniques to curious clients and often skeptical colleagues.

Fortunately, the maturing of the field and neuroscience findings verifying that acupuncture affects the limbic system, has led to increasingly credible research. David Feinstein (2008; 2010; 2010a) has reviewed studies ranging from early anecdotal accounts through more recently randomly controlled trials which support the assertion that EP is an effective for PTSD and other anxiety disorders.

In reviewing the current status of EP scholarship, Feinstein cited core issues which have blocked acceptance by mainstream psychology. These include reports of extraordinary efficacy unsupported by mainstream research and the lack of a verifiable explanatory model.

Unsupported claims of extraordinary results invite valid skepticism. At present, however, an increasing body of literature which meets accepted standards, including randomized controlled trials is being published. Findings in these studies have demonstrated significant positive effects of acupoint tapping on: specific phobias, test taking anxiety, speaking anxiety, weight management, and post-trauma anxiety. In addition, credible accounts of positive clinical outcomes are accumulating.

EP's second problem is that for most psychologists it simply makes no sense that tapping on one's skin would bring about significant changes in affective states or symptoms. The metaphysical terminology and analogies to quantum physics employed by some non-psychologist practitioners has not aided acceptance by the mainstream. But again, as the field has matured, testable theories have emerged.

One foundation of maturing EP theories is a body of neuroimaging research which confirms that stimulating acupoints has significant modulatory effects on the limbic system (Hui et al., 2005). EP can be conceptualized as a form of exposure therapy, but with a different mechanism than traditional exposure therapies. Extant models of exposure treatment account for symptom relief by the formation of new associations that override the influence of former pathological associations which are weakened but not eliminated. It is consistent with this theory that it may take lengthy and multiple trials of exposure to form the new associations and that the fear response can be reactivated in stressful situations where the overriding normal response is weakened.

In the most common forms of EP, relatively brief and mild imaginal exposure is paired with acupoint stimulation. This appears to down regulate activation in the amygdala. One

hypothesis is that the EP intervention eradicates rather than overrides the link between the conditioned stimulus and the fear response. While this is a preliminary formulation, it is consistent with research by Ruden, (2005: 2010) which identifies electrochemical mechanisms by which these links can be erased. It is also consistent with emerging research trends that brief and mild imaginal exposure is often sufficient to resolve symptoms with a very low relapse rate when paired with an EP intervention.

The literature summarized above discusses one form of EP and is only a starting point for understanding the controversy swirling around the emerging field. So what tentative conclusions can be drawn? Feinstein reminded us that you never get a second chance to make a first impression. I would argue that there is now a research and clinical experience base for professional and academic psychologists to take a measured second look at EP.

In taking that second look it will be important to keep in mind that despite how they are often described, EP interventions are not stand alone modules independent of a therapeutic relationship. EP provides one more tool, which is often less stressful than some accepted techniques to help clients move toward their goals of healing.

REFERENCES

- Craig, G. (2008). *The EFT Manual*. Fulton, CA: Energy Psychology Press.
- Hui, K. K.-S., Liu, J., Marina, O., Napadow, V., Haselgrove, C., Kwong, K. K., Makris, N. (2005). The integrated response of the human cerebro-cerebellar and limbic systems to acupuncture stimulation at ST 36 as evidenced by fMRI. *NeuroImage*, 27, 479 – 496.
- Feinstein, D. (2008). Energy Psychology: A Review of the Preliminary Evidence. *Psychotherapy: Theory, Research, Practice, Training*. 45(2), 199-213.
- Feinstein, D. (2010). Rapid Treatment of PTSD: Why Psychological Exposure with Acupoint Tapping May Be Effective. *Psychotherapy: Theory, Research, Practice, Training*. 47(3), 385-402.
- Feinstein, D. (2010a). The Case for Energy Psychology. *Psychotherapy Networker* 34(6), 46-60.
- Hartung, J.G. & Galvin, M.D., (2003) *Energy Psychology and EMDR*. New York: W.W. Norton
- Ruden, R. A. (2005). A neurological basis for the observed peripheral sensory modulation of emotional responses. *Traumatology*, 11, 145-158.

Ruden, R. A. (2010). *When the past is always present: Emotional traumatization, causes, and cures*. New York: Routledge.

Van der Kolk, B. A., Spinazzola, J., Blaustein, M. E., Hopper, J.W., Hopper, E.K., Korn, D.L., & Simpson, W.B. (2007). A randomized clinical trial of eye movement desensitization and reprocessing (EMDR), fluoxetine, and pill placebo in the treatment of posttraumatic stress disorder: Treatment effects and long-term maintenance. *Journal of Clinical Psychology, 68*, 37-46.