Preliminary Report of the First Large-Scale Study of Energy Psychology

In preliminary clinical trials involving more than 29,000 patients from 11 allied treatment centers in South America during a 14-year period, a variety of randomized, double-blind pilot studies were conducted. In one of these, approximately 5,000 patients diagnosed at intake with an anxiety disorder were randomly assigned to an experimental group (imagery and self-statements paired with the manual stimulation of selected acupuncture points) or a control group (Cognitive Behavior Therapy/medication) using standard randomization tables and, later, computerized software. Ratings were given by independent clinicians who interviewed each patient at the close of therapy, at 1 month, at 3 months, at 6 months, and at 12 months. The raters made a determination of complete remission of symptoms, partial remission of symptoms, or no clinical response. The raters did not know if the patient received CBT/medication or energy psychology. They knew only the initial diagnosis, the symptoms, and the severity, as judged by the intake staff. At the close of therapy:

63% of the control group were judged as having improved.
90% of the experimental group were judged as having improved.

51% of the control group were judged as being symptom free.
76% of the experimental group were judged as being symptom free.

At one-year follow-up, the patients receiving acupoint treatments were less prone to relapse or partial relapse than those receiving CBT/medication, as indicated by the independent raters' assessments and corroborated by brain imaging and neurotransmitter profiles from a sampling of the patients. In a related pilot study by the same team, the length of treatment was substantially shorter with energy therapy and related methods than with CBT/medication (mean = 3 sessions vs. mean = 15 sessions).

If subsequent research corroborates these early findings, it will be a notable development since CBT/medication is currently the established standard of care for anxiety disorders and the greater effectiveness of the energy approach suggested by this study would be highly significant. The preliminary nature of these findings must, however, be emphasized. The study was initially envisioned as an exploratory in-house assessment of a new method and was not designed with publication in mind. Not all the variables that need to be controlled in robust research were tracked, not all criteria were defined with rigorous precision, the record-keeping was relatively informal, and source data were not always maintained. Nonetheless, the studies all used randomized samples, control groups, and blind assessment. The findings were so striking that the team decided to report them. Download from www.EnergyPsychologyInteractive.com.

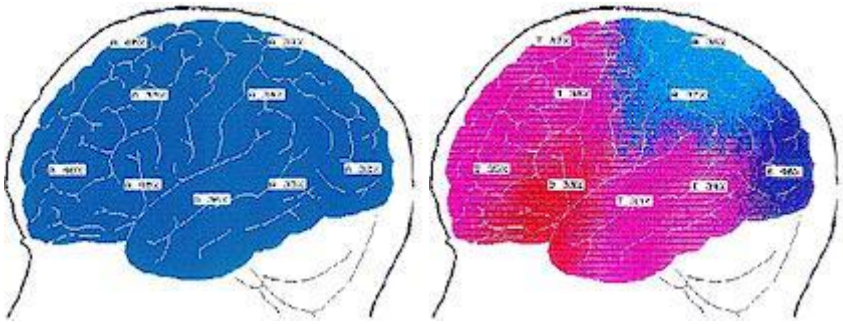
One other intriguing observation was that, in a sample of patients, the research team found that the superior responses attained with the acupoint treatments compared with the CBT/medication treatments were corroborated by electrical and biochemical measures. Brain mapping revealed that subjects whose acupuncture points were stimulated tended to be distinguished by a general pattern of wave normalization throughout the brain which, interestingly, not only persisted at 12-month follow-up, but became more pronounced. An associated pattern was found in neurotransmitter profiles. With generalized anxiety disorder, for example, acupoint stimulation was followed by norepinephrine levels going down to normal reference values and low

serotonin going up. Parallel electrical and biochemical patterns were less pronounced in the CBT/medication group. While these reports are as preliminary as they are provocative, if subsequent research supports them, key mechanisms explaining the surprising effectiveness of acupuncture-based treatment approaches will have been identified.

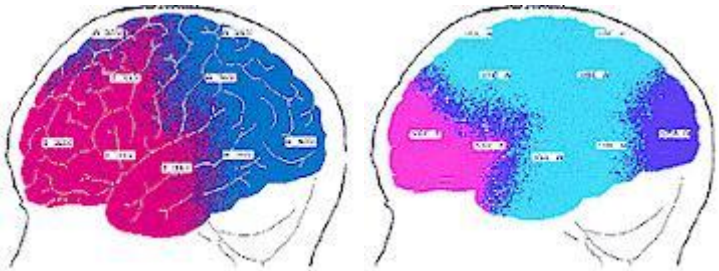
The principal investigator was Joaquín Andrade, M.D. The report was written by Dr. Andrade and David Feinstein, Ph.D. The paper will appear in *Energy Psychology Interactive* (an integrated book and CD program for learning the fundamentals of energy psychology)by David Feinstein in consultation with Fred P. Gallo, Donna Eden, and the *Energy Psychology Interactive* Advisory Board (Ashland, OR: Innersource, in press, distributed by Norton Professional Books).

BRAIN SCAN CHANGES DURING 4 WEEKS OF TREATMENT
FOR GENERALIZED ANXIETY DISORDER (GAD)
(12 Sessions Combining Acupoint Stimulation & Mental Activation)

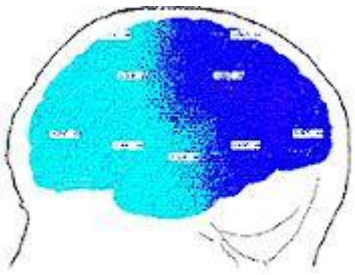
1. Normal (Ideal) Profile **2. GAD Before Treatment**



3. AFTER 4 TAPPING SESSIONS **4. AFTER 8 SESSIONS**



5. AFTER 12 SESSIONS



The images are digitized EEG brain scans.

The colors represent the ratio of brain frequencies (alpha, beta, and theta waves) and sub-frequencies within given areas of the brain.

Blue = normal ratio of wave frequencies (compared to data bases)
Turq. = slightly dysfunctional ratio
Pink = moderately dysfunctional ratio
Red = highly dysfunctional ratio of wave frequencies

Comments on Brain Scan Images:

1. **The profile shown for this patient (Images 2 – 5) is typical of GAD patients in the Andrade/Feinstein study (download from www.EnergyPsychologyInteractive.com) who showed a positive response to the stimulation of acupoints. A decrease in the intensity and frequency of GAD symptoms correlated with shifts toward normal levels of wave frequency ratios in the cortex.**

2. **GAD patients treated with Cognitive Behavior Therapy showed a similar progression, but it required a longer period of time for the frontal cortex to get to near-normal ratios of wave frequencies, and the normalization of the ratios tended to revert toward pre-treatment levels a year after the end of the psychotherapy. This regression was less likely to occur for patients treated with acupoint stimulation.**

3. **GAD patients treated with medications such as alprazolam tended to show little or no cortex normalization, even as symptoms were reduced while the drug was being taken. This suggests that the medication is suppressing the symptoms without addressing the wave frequency imbalances.**

4. **Not captured by these images, but shown by other pre/post-treatment measures, are changes in deeper brain structures that EEG brain maps cannot reach, biochemical changes in ions, neurotransmitters, and hormones, and changes in neural circuits.**

Images provided for *Energy Psychology Interactive* by Joaquín Andrade, M.D.

A Theory Regarding Energy-Based Interventions for Psychological Problems

Six Observations from Brain Imaging Studies[1], a Generalization, and Six Questions

Six Observations:

1. When a person thinks about an emotional problem, various brain-imaging techniques register different levels and degrees of activation signals at the amygdala, hippocampus, orbital frontal cortex, and other cortical and subcortical CNS structures.

2. The neurological profiles associated with anxiety and PTSD include diminished signals in the prefrontal and temporal regions, and elevated signals in the limbic system, particularly the amygdala. Present tendencies in neurophysiology look more to neural circuits interaction and synchronization of signals than to specific anatomical localization and isolated measuring of brain waves.

3. Tapping an acupoint sends signals that may reach the same parts of the brain as those affected by anxiety and PTSD. An acupoint is a tiny area of the skin with significantly lower electrical resistance than other areas of the skin (12,000 to 14,000 Ohms vs. 300,000 to 400,000 Ohms). Acupoints have higher concentrations of free nerve endings and mechanoreceptors (receptors that are sensitive to mechanical stimulation on the surface of the skin).

4. The signals sent by stimulating acupoints, as shown via brain imaging, decrease elevated signal activation in the limbic system (a marker of anxiety), and increase signal activation in the prefrontal cortex (enhancing relaxed control), and synchronize the activation between the cortical and subcortical systems (reducing symptoms of PTSD).

5. When a person brings to mind an anxiety-provoking image or thought and at the same time taps an acupoint, this appears to reduce the subcortical activation response to that image or thought, at the same time enhancing the cortical (and evolutionary superior) control of emotions.

6. Once this elevated limbic response has been neutralized by tapping multiple points multiple times while simultaneously holding the image or thought, an anxiety-free state seems to rapidly become conditioned to the original anxiety-provoking stimulus.

Generalization:

Tapping acupoints while mentally activating an anxiety-provoking stimulus appears to initiate neurophysiological changes characterized by a synchronization of signals at different cortical, subcortical, and limbic circuits that probably account for observed clinical effects such as the amelioration of anxiety symptoms.

Six Questions Not Addressed by This Formulation:

1. Why do a range of methods (massaging rather than tapping the acupoints, using any of a variety of acupoints, holding neurovascular rather than acupuncture points, chakra clearings, bilateral eye movements, etc.) appear to achieve similar clinical outcomes?

2. How is it that a broad range of emotions and even physical symptoms, whose neurochemistry is far different from that of anxiety, appear to respond positively to essentially the same treatment interventions?

3. What other markers beside brain wave patterns need to be examined to fully understand the treatment effects (neurotransmitters, functional magnetic resonance, meridian flow, etc.)?

4. Is a linear formulation (from acupoint to brain wave) adequate, or is a more comprehensive concept such as neural circuitry synchronization, holographic patterning, or "thought field" effects necessary to explain all of the phenomena that can be observed?

5. Is the energy limited to electromagnetic impulses? Is an exchange or activation of more subtle energies between client and practitioner (e.g., a "healing presence") involved in the treatment effects?

6. What are the underlying dynamics of surrogate healing, where stimulating one person's acupoints with the intention of helping another person who is not present and not necessarily aware of the procedure seems effective?

CASE EXAMPLE EXCERPTED FROM*ENERGY PSYCHOLOGY INTERACTIVE*

The volunteer [[for a demonstration, during a residential workshop, of an energy psychology session with a phobia]] was a 37-year-old woman who had had a debilitating stroke at age 30. When she was placed in an MRI machine, she had become fearful, began to panic, and then terror took over. She had been claustrophobic ever since, to the point that she could not sleep with the lights out or even under a blanket, could not drive through a

tunnel, or get into an elevator. Within 20 minutes of reprogramming her meridian energy response to enclosed places (using techniques you will learn in this program for stimulating selected acupuncture points while mentally activating the fear-inducing stimulus), her anxiety when thinking about taking an MRI went from 10+, on a scale of 10, down to 0. The only way I could think of to test it was to have her go back into her room and get into the closet. During the break, she did just that. She went into the closet and her partner then turned out the lights. She stayed there five minutes with no anxiety. When she returned to report what happened to the group, she said the only problem was that she found it "boring." The rest of the group was amazed. That evening she slept with the lights out and under the covers for the first time in seven years. Her partner was elated and she was overjoyed that this seven-year battle had ended within a few minutes.

Six weeks after the session, the following e-mail arrived: "You are not going to believe this! The test of all claustrophobia tests happened to me. I got stuck in an elevator by myself for nearly an hour. In the past I would have gone nuts and clawed the door off, but I was calm and sat down on the floor and waited patiently for the repair men to arrive. . . . It was an amazing confirmation that I am no longer claustrophobic!!!!!!!! Thank you!"

Based upon a growing body of clinical evidence, her phobia is not likely to not return unless bad fortune retraumatizes her in a situation that involves an enclosed space. While I would not have attempted such a single-session demonstration unless my initial interactions and questions led to a sense that the person was relatively stable and that the phobia was specific to a particular context rather than a symptom of deeper psychological conflict, the basic techniques can be used in a wide range of clinical situations. This program will show you how to apply them, and it will give you a context for determining when they are and are not indicated.

FIRST CONTROLLED, RANDOMIZED EFFICACY STUDY OF ENERGY PSYCHOLOGY ACCEPTED FOR PUBLICATION IN A PEER-REVIEWED JOURNAL (*Journal of Clinical Psychology)*

Evaluation of a Meridian-Based Intervention, Emotional Freedom Techniques (EFT), for Reducing Specific Phobias of Small Animals

Wells, S., Polglase, K., Andrews, H.B., Carrington, P, and Baker, A.H.

Abstract

This study explored whether a meridian-based procedure, Emotional Freedom Techniques (EFT), can reduce specific phobias of small animals under laboratory-controlled conditions. Randomly assigned participants were treated individually for 30 minutes with EFT (n = 18) or a comparison condition, Diaphragmatic Breathing (DB) (n = 17). ANOVAS revealed that EFT produced significantly greater improvement than did DB behaviorally and on three self-report measures, but not on pulse rate. The greater improvement for EFT was maintained, and possibly enhanced, at 6 - 9 months follow-up on the behavioral measure. These findings suggest that a single treatment session using EFT to reduce specific phobias can produce valid behavioral and subjective effects. Some limitations of the study are also noted and clarifying research suggested.

Wells, S., Polglase, K., Andrews, H.B., Carrington, P. and Baker, A.H. Evaluation of a Meridian-Based intervention, Emotional Freedom Techniques (EFT), for reducing specific phobias of small animals.*Journal of Clinical Psychology* (in press).

[1]Based on the work of Joaquín Andrade, M.D. See Andrade & Feinstein's "Energy Psychology: Theory, Indications, Evidence" in *Energy Psychology Interactive: Rapid Interventions for Lasting Change* by David Feinstein (Ashland, OR: Innersource, 2003.)