

Jessica: Welcome to The Tapping World Summit 2014. This is your host, Jessica Ortner. By listening to this audio you agree to the terms located at [thetappingworldsummit.com/disclaimer](http://thetappingworldsummit.com/disclaimer). We hope this interview helps you become a healthier and happier you.

It's easy to try tapping and experience the results for yourself. Then we can't help but to wonder how is this possible. How does tapping impact our brain in how we process information? What's the latest research around this modality? All these questions will be answered today.

We will be speaking to Dr. David Feinstein. David is a clinical psychologist who has served on the faculty of John Hopkins University School of Medicine and Antioch College. He is the author of eight books and more than 80 professional articles.

He has been a pioneer in the areas of energy psychology and energy medicine. His books have been translated into 15 languages and have won nine national awards including the U.S. Book News Best Psychology/Mental Health Book of 2007 for personal mythology and an Indies Best Book Award for The Promise of Energy Psychology.

You can learn more about him and his great work at [energypsyched.com](http://energypsyched.com).  
Welcome, David.

David: Hello Jessica.

Jessica: Thank you so much for being with us. Really, it's such a pleasure to have you.

David: Nice to be back.

Jessica: David, like I've mentioned, people begin to use the tapping, they see the results and then they can't help but to wonder how this could be possible. I know you've done a lot of research. You've done some studies of your own. Can you share your opinion on what is going on when we're doing the tapping?

David: It seems like such a great mystery. You tap on these points, you say these words, they seem like incantations and 15 minutes later a terror that the person had cannot be found. They can think of the terrifying situation and be totally calm. How does that work? That is a really core profound important question. Nobody knows the answer with certainty, but we have some very good ideas about what is going on in the brain. There are three kinds of energy that are involved at least. That's why energy psychology is the umbrella term that includes EFT and other tapping techniques, as well as other energy psychology interventions that work with the aura and the chakras as well as the acupuncture points. One of those energies is the electromagnetic signals that are sent when you tap on certain points. Acupuncture points are more sensitive to sending these kinds of signals than other points. It's called piezoelectricity, and it's kind of the same principle that occurs with a cigarette lighter, the flint. The tapping sends the impulse.

There's been a variety of studies, the most important ones coming out of Harvard, the medical school, has for ten years looking at what are the effects of stimulating acupuncture points.

What they found is that certain points reduce arousal in the amygdala. The amygdala is the part of the brain that detects threats, so it's involved in all anxiety disorders. It's also involved with other emotions. It's really the heart of the limbic system which controls your emotions.

The protocol in EFT is to bring to mind the stressful event or a trigger that causes the threat reaction in the person, particularly working with anxiety disorders and PTSD.

I think there's variations of this that occur with other kinds of issues, but let's focus on anxiety and PTSD.

The person brings to mind what it is that is frightening or causing inappropriate response that is a phobia where there's a fear of something that in fact is not really a danger or a person that they interact with that they have strong anxiety about or anger towards, but it's irrational. You bring that to mind and that puts the amygdala into a stress response.

At the same time you tap on these points on the body, these acupuncture points, that are sensitive to creating an electromagnetic signal that goes, as it turns out, through the body's connective tissue to the areas of the brain that control threat and they give the message to decrease the arousal. So the brain is getting opposing messages. It is getting a message to increase the threat because that's what the image does, and it's getting the message to decrease arousal because that's what the tapping does.

After a little bit of time, and it's not much time, within minutes usually the message to decrease the arousal dominates because nothing bad is happening. The events that caused the threat are no longer in play, so now the person is able to hold the image of the memory or of the trigger and there is no arousal. It's just nada. You try to get them to go into it, and if there is any you tap that down.

Then there is no emotional response to what may have been a horrible scene. So the person still has a memory, but their brain is not going into a whole sequence that involves pumping cortisol through the system and adrenaline, etc. So that becomes the new normal.

Now you can think of that memory or you can think of the triggers or you can think of the person that was making you anxious or making you angry with calmness. That's what I think is really unique and important acupuncture points in terms of energy psychology, and EFT in particular.

There's other kinds of energy as well that are involved. The EMDR people, the eye movement desensitization and reprocessing people, have a tremendous amount of good research showing how well it works and how effective it is. While they don't tap on acupuncture points, so they don't have this advantage that I just described, their work does something that our work also does. That is that it stimulates the arousal of what are called delta waves. Delta waves are a brain frequency. It's the same brain frequency that occurs in deep sleep.

One of the things that deep sleep does, as well as rapid eye movement sleep, they both are helping you sort through the experiences of the day. Some experiences get discarded as being trivial or unimportant and others get woven into your memory system. The delta waves help to discard some memories. They discard the ones that are not important. If you bring to mind a traumatic memory at the same time the brain is in high delta, that has the impact of just eradicating the emotional part of that memory. Memory operates in different systems. The major systems are explicit memory and implicit memory. The emotional response is stored in what's called implicit memory. That is you're overwhelmed, you had a really strong emotion and it goes into this memory system as fragments. It may be that these are images or feelings or sensations. The delta waves eradicate that.

Neurologists call it depotentiation. Depotentiation means that the neural pathways literally dissolve. They no longer exist. So after a few minutes of virtually any kind of repetitive sensory stimulation, particularly on most parts of the upper area of the body which is where we tap, result in these increased delta waves and the eraser of the implicit memory system's emotion that's attached to that memory.

So you have a very interesting second process. Besides the direct signals to the amygdala you have this erasing kind of process. There have been some very important studies of the way that this works and where it works, how it works, how it doesn't work. They are using electroencephalograms, EEGs, electroencephalograms. It's on the surface of the scalp.

What we haven't had is fMRI studies. That's what we really need, which are the functional MRI. This lets you really see what's going on inside of the brain. There haven't been, to my knowledge at least, any fMRI studies on the effects of tapping because they are just simply very expensive.

Until the universities are really taking tapping seriously, which they're starting to but haven't really in any large way, and can direct funding into this kind of research we probably won't see it for a while.

But what you can suspect is that the reduced delta waves correspond with changes in the waves that the brain is processing information so it really corresponds with the successes that we're seeing with tapping.

Jessica: It seems like we're in a really exciting place where this is starting to build momentum, and there has been already a lot of research but we have a long way to go. But it does seem like we are getting there and there seems to be more interest to do this type of research. That was really fascinating to learn what's happening with the brain.

Another thing that I want to learn more about is that tapping is part of the field called energy psychology. As we begin to get it more accepted in different communities, one of the challenges that people have is this concept of energy because it's just a very vague concept. How do you address that to gain more professional acceptance?

David: Every cell is a little battery. Even though energy and the use of energy seems woo-woo to a lot of people, it's very basic to who we are. We have in our bodies many, many forms of energetic electromagnetic and electrochemical communication. That's

conventional science. So part of what we're doing is emphasizing the energy dimension of that.

When we look at the way that tapping on acupuncture points sends an electrochemical signal to the amygdala, that is energy. That's the energy aspect of the body. Also the delta waves, those are energetic. So we don't have to go outside of conventional science to talk about that.

However, when we talk about the chakras and the meridians and the aura, which are the three energy systems that energy psychology is most concerned with, EFT is concerned specifically with the meridians, then we are going outside of conventional science because these systems do have an electromagnetic component.

Each of them can be measured and has been measured for their electromagnetic traces. But there's a whole other dimension that is not as easy to scientifically measure. We don't have the instruments that really capture them.

The HeartMath Institute has demonstrated that if I'm in a room with you and we're just connected visually and know each other, that as my heart starts to beat in a different rhythm it will impact your brain. That means there's some sort of exchange that allows that resonance so that how can one person's heart impact another person's brain without direct communication. That's the kind of mystery that we get into when we begin to talk about energy.

It turns out that the different energy systems, like the chakras, carry information. They hold memory, just like the neurons hold memory. There is not scientific evidence, but clinical reports from healers about how when they focus upon a particular chakra in an individual they get information that they can confirm.

A possible one is Donna Eden, my wife who you just interviewed. There's one case that comes to mind where she was working on a woman. She was working on her heart chakra. Donna started to feel really sad, just extraordinarily sad and shocked even.

She said to the woman, "I don't know what this means. I just have a feeling that I'm about four years old and I just lost the most important thing in the world to me and it doesn't feel like a parent. I'm not sure, but I'm just heartbroken."

The woman, who wasn't really aware that this dimension of her past was being accessed, suddenly is in tears and talked about how, "When I was four my brother was killed. I just never really got to process it. Our family just kind of went on. He was the most important person to the world to me and I didn't have any way to do it."

Then in working with her it turns out that you learn that not only was this information conveyed this way to Donna, but that it has interfered with her ability to establish intimate relationships.

By working it through at the level of the chakra, something different than what we do in EFT but not completely dissimilar, by bringing balance to the chakra in the way we bring balance to the meridians, the woman who was married, she immediately started talking about how her marriage was becoming so much more intimate and so much closer.

As we see with EFT, those early events that are not processed, where it's a deep learning, deep learning, it's not safe to love someone completely or you will get hurt, as

you process those early experiences the person has increased emotional freedom. That's indeed what happened with this woman. That's another example of how energy is involved in ways that we don't usually think about.

There are other ways. This gets more technical. We don't really understand. Science, its incredible tools and scientific methods know a great deal about the brain. But the brain is the most complex three pounds in the universe, so there's a lot that we don't know.

One of the mysteries goes all the way back to the 1800s where a scientist did surgical procedures on mice. He would take out part of the cortex on a mouse that had been trained to do a complex trick and the mouse could still do the trick. So he said, "Okay, that learning is not matter of the cortex," and he'd take out another area. The mouse could still do the trick.

He had to leave half the cortex in so the mouse would still be able to survive. All mammals have a cortex, which are the higher learning functions. He kept taking out different pieces and the mouse could still do the trick. The mouse could still do the trick after that piece was removed.

Then in the 1940s a very famous neuropsychologist, being Karl Lashley, did the exact same experiments and got the exact same results. No matter what part you took out, as long as you left half the cortex in the mouse could still do the trick.

So they started doing this on other animals. If I can remember the quote correctly in Scientific American, one of the researchers said, "It seems that memory is everywhere yet nowhere in particular." This mystery still has not been solved. We don't quite know how that's possible that you can remove any part of the cortex and the memory still is there. How does this communicate? Where is the memory stored?

We start then to look at other brain processes where there are millions and millions of neurons all operating instantaneously in total coordination. What is coordinating that? Nobody knows. A variety of researchers still are thinking there must be energy fields that are coordinating this complex activity. That's the only explanation that makes any sense that I have seen 200 years after that initial research.

What we come to speculate now is that there is something in tapping on acupuncture points, or working chakras or other energy interventions, that actually affects these fields, these organizing fields, so that they become more coherent. They become healthier if you will.

When you tap on the acupuncture points what that does is it gets the meridian system flowing in a healthy way, and by getting the meridian system flowing in a healthy way if that is energy that the organizing fields resonate with the organizing fields become healthier.

That then organizes the processing of psychological information, the very information you've brought up by asking your client to bring a problem to mind. So that organizing field is now coordinating the neurons that are beneath those thoughts in a new way, in a more adaptive way. That's the woo-woo part of it, the delta waves, the signals of the brain, those are well established with traditional tools.

But this, what I've just been talking about, is all speculation. Yet it fills in very important gaps that science has not been able to fill in. So I think that there's at least those three levels at which energy psychology has earned the name energy, that we really are doing interventions that change the electrochemical signals, that change the delta waves, and that shift the fields that organize the way the brain's neurons operate.

Jessica: Absolutely fascinating, David. There has been some research done already. Can we go over some of the studies that you feel are really significant in the field?

David: Yes. The main studies that have been conducted so far are what is called efficacy studies. That means that we are somewhat defensively trying to show that it works. When I first came to a demonstration of energy psychology, and it was a group of psychologists that met every month in their local community, it wasn't my community, I was traveling and somebody invited me to come to it, so I came. I was just shocked to see in 15 minutes a person with a really severe claustrophobia get into the closet of a house where the meeting was being held.

We said this is not to make you feel more traumatized. Come out any time that you're feeling any anxiety at all. We wait and wait and wait and wait, and she just stayed in there. Finally we go and tell her, "Okay, you can come out now." She is just elated, just amazed that she has had no anxiety from this condition that would have terrified her a half an hour earlier. So my first take on that was, how could this be?

Jessica: David, you're a clinical psychologist. You've been a clinical psychologist now for four decades. From someone's who's been on the faculty of John Hopkins you suddenly see this, something that you had no previous education around with the way that you were educated. Were you very skeptical at first? Did it take you awhile even after seeing the results to believe it?

David: The first response is, "What the F?" It's like you can't believe it. It's just so different from anything that you've ever seen or done. With a phobia like that there's a clear protocol using exposure and repetition and it's not instant. So part of me didn't believe it, part of me just couldn't explain it. But it got my interest.

What exists now that didn't exist then is the research that you refer to. That's exciting, because there was a study that was just published two months ago in *Review of General Psychology*, which is an American Psychological Association journal that lists 51 peer reviews, that means they were in official journals, reports or actual studies.

So they were either case reports or actual studies, and 51 out of 51 showed positive outcomes from either Thought Field Therapy or Emotional Freedom Techniques. They were all tapping, and of those 51 studies 18 of them were what are called randomized controlled trials.

Randomized control trials are sort of the best of research, the gold standard of research. That means that there's another group that was given a different treatment or no treatment and you compare the two so that you control for placebo, you control for expectancy, you control for the experimenter's bias. You really have a fair comparison. In all 18 of them you found strong effects from the tapping.

Within science 18 studies is not very much for an important topic like the impact of energy psychology, but it's enough to really get a grip on what is going on. So the people that are really not believing that this is possible, which is just about anyone that's trained in clinical psychology who hasn't experienced it because it makes no sense according to the training, are looking at flaws in the design.

None of the studies are perfect, but when you look at 51 reports, including 18 really well designed studies all pointing the same direction, you have to pay attention. So it's an area right now with some real controversy within the scientific side of clinical psychology. But at least there's a debate going on now. Until recently we were just totally ignored.

What are the studies? One of my favorite ones was about 12 years after the genocide in Rwanda a group went to an orphanage where there were about 400 kids, and 188 of them were old enough that they had lost their parents during the genocide.

Many of them had seen their parents slaughtered, macheted. It was awful. A lot of them had PTSD, suffered with symptoms every day. Flashbacks of seeing their parents killed every day, nightmares every night. They were really severely damaged in important ways that caring and talking about it just were not touching it. They were not making a difference.

This team was working with this group, and they asked the caregivers to do a standardized psychological instrument, a survey where they would give a reading on different aspects of PTSD, how much this child had it. How much this child was having nightmares, etc., etc. Of the 188 kids that could remember the genocide they took the 50 who were given the highest PTSD ratings by the caregivers and decided to treat them. It was just a matter of not having enough staff to treat everyone.

They brought a team, and then just as it was about to begin there was an emergency in Rwanda and half the team had to go help with that, so they couldn't do the experiment the way they had planned. They had planned to give each child three sessions. These are now teenagers actually. They felt like, "We've already set it up. We're here. We can at least give each child one session and maybe it will do some good."

After that one session it did a lot of good. The caregiver ratings with these 50 kids, all of them scored above the PTSD range before the treatment, 100%. After treatment 94% of them no longer scored above the PTSD range. Only 6% were still in that range. So 94% had improved to the extent that they were no longer rated as having PTSD by the caregivers.

You think that was just this one session and they felt good after the session so they scored better for some reason. On a year follow-up they still were without PTSD symptoms, 92% were still below the PTSD cutoff on the same caregiver ratings. So that's an extraordinary finding, because you don't think of PTSD as a condition that you can treat effectively in one session.

I've spoken with Caroline Sakai, who was the principle investigator. She said it would have been better to have more sessions and that the improvement might have been deeper with some of the kids and it might have helped some of the kids that weren't as helped as much. But still, she was shocked by how much improvement there was after this one session.

She and her colleagues came back to Rwanda and worked with 145 adults, and they got the exact same kind of outcomes after one session. That treatment they actually had local volunteers. They trained them in how to do the tapping, these TFTs, Thought Field Therapy, they trained them in Thought Field Therapy over a few days.

Jessica: Which, David, Thought Field Therapy is a type of tapping, right, for those who don't know.

David: Yes, Thought Field Therapy was originated by Roger Callahan. It was the very first tapping therapy. Then Gary Craig studied with Roger Callahan and he said, 'I think that this can be done in a simpler way.' Thought Field Therapy at the time was limited to psychotherapists. It now has forms that can be taught to the public as you saw in the study I'm talking about. But EFT was designed for anyone to be able to use and has become by far the most popular form of energy psychology.

With these 145 people that were really affected by the genocide and carrying PTSD symptoms, they taught local people to use the tapping. They had, again, remarkably strong results. What was really interesting about that study was they did a two-year follow up and the improvements held after two years.

Also, this was a one-session design because they had such good success with one session in the first study. There was just so many practical reasons to do it with one session that they had to gather people from rural areas and get them to come to the center where the treatment was being done. So that's a second study where one session had very strong impact on PTSD.

A third one-session study was done by a totally different group. It was done in Peru. It was done with adolescent boys who had a history of abuse. They did a self-rating where their scores on PTSD were before treatment 36, after one session went down to 3. A control group started at 32 and was 31, essentially unchanged after the treatment. You again find this enormous affect size again after just one treatment.

You have studies now that just seem too good to believe. They really do need to be followed up with more rigorous designs. One of the factors that makes these studies weaker than the studies we eventually need to have is that in all three cases the people

doing the studies were advocates of the methods. So you don't know if there were different kinds of bias that came into the study.

But still, that's the case in almost all studies of a new method is that the people that study it first are the ones that believe in it. Then what are called disinterested investigators come in.

You have these three studies showing a remarkable result with a very difficult disorder after a very short treatment time. Whereas with Cognitive Behavioral Therapy which is the "treatment of choice" for PTSD in most psychological settings, if you get good results with half the people after a dozen sessions you're doing very well. The initial findings suggest that the outcomes are far stronger than the treatments that are currently in use.

Jessica: You made a great point before that what you're seeing that has shifted is now that there is a conversation about this. We are seeing progress when it comes to research, other people getting interested, and then hopefully getting some better research out there. I know it's something that Nick and I are really passionate to help support.

Where do you see things going within the next ten years in regards to research and this modality being more accepted in mainstream?

David: I think there's a tipping point that will occur in a period of just a few years. You will have it expected that people be tapping. I don't know when that tipping point is going to occur. I've been expecting it for the last ten years, frankly, because it just seems so obvious that introducing tapping into more standard psychotherapy protocols helps them be more effective and helps them be more rapid.

The number factors are kind of keeping that from really taking hold. One of them being that it looks so strange. One of them being what we were talking about earlier, that we don't really have the clear, clear explanations of why it works. We have speculation about the brain waves, but we haven't done the fMRI studies that really demonstrate exactly what's happening in the brain and because it is so different from other explanations, we really have a lot to overcome. The burden of proof is on us to show that there's a reason it works as well as that it works.

But once some of that resistance is met with increasingly strong research, good studies and more refined explanations you will see that who you might not think would not be on our side, like several institutions are at play here in how this really gets accepted.

The drug companies are never going to accept tapping because it goes against their financial interest. But the insurance companies I think are going to be the first really

major institution to embrace tapping because they're going to realize that this can save them money. This can help people overcome psychiatric difficulties more quickly and that is the bottom line for them.

So I think the insurance companies are going to be our allies, and in fact Kaiser Permanente has already done a couple of studies that are very promising and I think we can see more coming from that. In Great Britain the Scottish National Health Services has done a very important study comparing EFT with EMDR. You see very strong results with both of them, within four sessions average, for treating PTSD. It's faster than the conventional methods.

I think that as this tipping point is reached you will see not only this in therapy settings but you'll see tapping used in many medical settings, because if you can before surgery help someone be less anxious about the procedure and after surgery be calmed you'll see better results. If you are able to help people with the emotional components of illness they heal faster. If you help them deal with the emotional components of their life they're less likely to get sick.

So you'll see it moving out into other areas as well. You will see children being taught tapping to help them with their fears of the boogie man and their nightmares and also to help them with their health.

I think that in the future you're going to see tapping type techniques become a part of the culture, a part of everybody's self-care. A child that's taught to count to ten when they're angry will be able to tap ten times and have it really make a difference.

Jessica: It's so exciting and it really starts with the individual. As all these people begin to start doing it for themselves and start to see the results we begin just to grow and people can't help but to pay attention to this and then want to focus more on the research to get it in an even bigger scale, to really spread it. I feel like we're in a really interesting moment of time right now, and the possibilities really are endless.

David: I think you said that really well, that it's a moment in time where we didn't realize that we could change longstanding psychological patterns the way that we can.

Jessica: David, you are a walking encyclopedia and it is always so interesting and fun to speak with you, so I want to thank you so much for taking the time and sharing all of your knowledge with us and for really being a leader in this field. Your work has made a huge difference and we all appreciate it so much. So thank you.

David: Thank you, Jessica. It's just a pleasure to talk with you.