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It's easy to try tapping and experience the results for yourself. But we still can't help but to wonder, how is this possible? How does tapping impact our brain and 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 Indie Best Book Award for The Promise of Energy Psychology. You can learn more about him, and his great work at energypsyched.com.

This interview is coming to you in two parts, all on one track. I first recorded with Dr. Feinstein in 2012. We will go back in time for a moment to that interview because it has become one of the most well-known and solid explanations on the science of EFT. Then you will hear from Dr. Feinstein today, on all the new developments; enjoy!

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: Well, 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, starts with a "P" piezoelectricity and it's kind of the same principle that occurs with a cigarette lighter, the flint. 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 been 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.

So 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 about acupuncture points in terms of energy psychology, and EFT in particular.

Now 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.

So 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 the uppermost parts, the upper area of the body, which is where we tap, result in these increased delta waves and the erasure of the 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. 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. And 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 classical one is Donna Eden, my wife. 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 in 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, with its incredible tools and scientific methods knows 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 is 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, named 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 with 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. So 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. 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, 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. And 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 a while 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. 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.

Now 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.

So 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." Well, 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, well, 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, and 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. In 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 form of 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. So 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, such as 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. So you again find this enormous effect 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. A number of 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 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.

Jessica: We hope you have enjoyed the interview so far. It is not over! We are back with Dr. David Feinstein to hear the very latest. Enjoy!

David, thank you for being with us.

David: It is a pleasure to be here again, Jessica.

Jessica: So here we are years later, and a lot has happened. I would love to start just by asking you, within this time frame, what have been some of the developments within tapping that have been meaningful to you personally?

David: I think that the best way to describe the feeling, is that I am having an increasing sense that I bet on the right horse. And the bet, however, was not for my personal winnings, but it is the same goal we all have. And that is to alleviate suffering, and to really foster personal evolution and well-being and happiness, in a world that is so troubled and so challenged in so many ways. And for me, I have been pushing my profession, the psychology profession in a direction it did not want to be pushed. This tapping stuff is so different from what psychologists learn in their graduate training where there is no explanation of how tapping on the skin is going to impact psychological issues. There is no real rationale or any frame of reference for it, and when I got started around 2000, there was not one shred of research evidence, so that's the second area I have been really been very pleased with the developments that have occurred since our last interview. Now there is research. There was some at that point but at this point, that research is getting a



lot more solid and it is really... all the studies are pointing in the same direction, which is that this works, it's effective, and it's fast.

The next area is that we are seeing so much greater recognition of the effectiveness of working with acupuncture points in the general population as well as in the professions. So we see your Tapping Summit getting 500,000 people a year, year after year now. That is a great barometer. There is nothing in the history of any self-help approach that reaches those numbers, so it is just remarkable. When we teach classes that are not Energy Psychology classes, we often ask, "Who here knows an Energy Psychology protocol that you can use for yourself?" And often half the people in the class, know one.

We are seeing the uses of Energy Psychology increasingly in disaster relief, such as what you guys are doing in Newtown. It is very inspiring, as well as with veterans. The Veterans Stress Project has treated more than 7,800 veterans with PTSD. So we are seeing all of these changes. Another one is that in 2011 the American Psychological Association was still banning its sponsors from offering courses where psychologists could get continuing education credit for energy psychology courses, including EFT being the most popular of those, but thought field therapy, and others as well. In November 2011, they reversed that position, which was a major shift.

Then in January 2015, there was a state psychological association, and New Jersey Psychologist, which is their glossy magazine that they give to all their members, and their cover was about – it just said 'Energy Psychology' on the cover and had two hands. It was an issue that had a big section devoted to energy psychology, including articles by two former presidents of the association. So we are seeing the profession begin to also embrace this area in ways, and what is important is that we are recognizing that talk therapy is not enough, that willpower is not enough, that bringing the body in, and doing it in this very simple way of tapping on acupuncture points, that makes a tremendous difference. It really gives us tools that are so much more powerful.

Of course, that is not to say that... even with all this process the old paradigm still dominates. Drugs are the first response to a big host of emotional and physical challenges. But I think it is changing in ways that we can't even see. And what I think is going to happen, the big institution, the big established institution that is going to get behind us, will surprise you, perhaps. And what won't surprise you is that it won't be the pharmaceuticals. They are going to see us as competition if they even notice us yet. But what is going to really shift, I think, is the insurance companies. Because the insurance companies are interested in what works, and what will cost them less to get their patients better. And as the research now is accumulating, I think that you are going to see the insurance companies expecting that therapists use tapping before they use other methods that are more costly, less efficient, and take longer.

Jessica: Yeah, that is incredible. When that happens, what does that mean? Does that mean that you feel like you will see a real increase in people using tapping?

David: I think that you are going to see a real increase in the medical and psychological professions using tapping, and as a result of that, yes, people will absolutely – it will trickle down. So you have the grass roots movement of tapping, which The Tapping Solution so beautifully illustrates. EFT Universe illustrates that as well, and other groups. Now you are going to have someone's doctor telling them to tap, and showing them how, or having someone in the office that can show them how, so this will give it a whole different level of credibility. One of the things that I hope to see is that children are taught this routinely in the schools, so that when they have a stomachache or when they feel scared or when they are anxious about something in school, or about something with their peers, that they know that they have a way that they can manage those emotions, that right now most kids do not have, and right now the estimates are that there is more anxiety in the current generation of school kids than ever in history. And we are medicating them, we are putting them on drugs! So there is just a great deal of potential good that can come from the increased understanding that these simple techniques really do make a difference.

Jessica: Absolutely. You summarized 51 peer-reviewed journal articles on tapping therapies, including 18 that meet the high research standard. So, with reviewing all of these, what are the latest developments that are coming from this research?

David: Well they are really exciting. Those 18 studies are what are called randomized, controlled trials. And that is kind of the gold standard. So we had 18 of them and now there are more than 24 that have been published in peer-reviewed journals. They show that tapping is effective for a whole range of issues, the things that are obvious like phobias and anxiety, but also much more complex conditions such as PTSD, and also physical conditions like fibromyalgia. So we have literally thousands of case reports showing this, which can be downloaded from EFT Universe, but we also now have studies that are actually clinical trials demonstrating that it works. And in terms of what you can call scientifically established, when we talked last, we were not there yet. We are still not there, but we are closer. I will tell you five developments that have occurred that bring us closer. Once a field has a series of studies, it is still not proof. It is still may be that, for instance most of the studies are done by people that are advocates of tapping, because no one is funding it. The universities, the governments, they are not funding studies of tapping, so we have these 18 studies, now 24, but still from a really strict scientific standpoint, you can look at the weaknesses of the studies, one of them being that they are conducted by people that are already believing that they will work and there is sort of a placebo effect that occurs there.

So, five developments in these last few years, are that when you look at all the studies, they meet some criteria that are very important. The first criteria is, are the outcomes based on self-reports? Like, the SUD? Or are they based on more objective measures? And we are getting more and more objective measures, and some of them are what are called biological markers. In one study, people were given an EFT session, and other people were given a counseling session, and not only did the self-reports based on the EFT sessions show greater improvement, and less anxiety, but the cortisol levels were also taken before and after the sessions. And the cortisol levels improved, showed less distress in the people after the EFT session, but not nearly to the same degree, in the people with the counseling session.

A similar study has been done with gene expression, that some of the genes that are known to be involved in PTSD, stop expressing themselves as much after the EFT as compared with the counseling sessions. So having biological markers of the effects of the treatment is one really big shift since we last talked.

Another is that there have been studies now where they are kind of taking it apart to see what works. Is it because of the tapping, or is it because the person is being asked to imagine the distressful situation? Or is it because of simply the belief by the therapist, or the client, that this is going to work? So therefore, there is a placebo effect where it works. And so, a dismantling study is a way that you do the same treatment, except you change one piece of it. For instance, in one of them they did the tapping and then they used the same EFT protocol, except they didn't do tapping, they did mindfulness meditation. And the EFT group did better. So that really shows you that we are looking here at the effects of the tapping, which is one of the things that people really question and scientists question when they look at the data. But now we are starting to be able to answer that question. A third is, are the statistical measures strong enough? And the 2012 study that we mentioned in our last conversation, and I think it had not yet been published at that point, began to address that, but now we have another level of statistical analysis, which is called a meta-analysis. The first one, the conclusions that are being drawn from the statistics on the studies that do exist are very encouraging, and that is based on a review of 14 of the studies.

Another question, a fourth, is, can the findings be replicated? And now they have been. There are three studies where an earlier study was repeated by a totally different group, and they got the similar results. They got the really quick effects, and so that is another level of evidence for people. And the fifth area is, we are starting to do head-to-head comparisons of tapping against established therapies like cognitive behavior therapy and EMDR. There have been three studies of that nature, and so far they show the results to be approximately equivalent, and I think that those studies actually are limited, and when we do more sophisticated studies what we are going to find is that what we talked about in our last call, in Rwanda and now many other areas of disaster relief, where one session was able

to take people from above PTSD cutoffs to below PTSD cutoffs, and you don't see that in cognitive behavior therapy. So I think when we get more refined studies conducted that we are going to see that EFT actually pulls ahead of some of the other – or of all of the other techniques that are common practice. And those studies haven't been done, but the three studies that have been done show at least a rough equivalent. So that means that we are doing as good as the gold standard protocols.

Jessica: So good to hear! The other thing that I am curious about is what are the advancements when it comes to understanding what is really happening when we tap and why it is so effective?

David: Yes, there is movement in that area, too. When we talked last, we talked about that basically the theory that I had at that point was that when you bring to mind something that is distressful, it makes the threat detection center, the amygdala, the fire alarm, go off. It increases arousal in the amygdala. When you tap, it sends signals to the brain, and signals to the amygdala, that decrease arousal. Now, actually that comes from a study at Harvard Medical School, not of EFT, but of acupuncture.

There are certain points that when you stimulate them, it sends signals directly to the amygdala that decreases the arousal. So what we are doing with tapping is we are bringing to mind the distressful even that increases arousal, we're then tapping, that decreases arousal, we keep tapping for a number of rounds and boom, we are now able to hold that distressful event or trigger in our minds with no emotional response. So that... I published that in 2010, the first time I put that out. And nobody has really challenged that. Now we have not verified it with imaging studies, which we need to do, but those again are very expensive. Ideally, we deal with fMRI machines or PET scans or CT scans to really see what is going on in the brain when you do the tapping. What that theory does not answer is, it tells you okay, why the tapping calms you down and helps you feel better, but it doesn't tell you why the tapping reprograms you, why those effects last.

So that was the big question in my mind still in 2010. And I was thinking that it might have something to do – and I mentioned it in that article actually, with reconsolidation. And reconsolidation turns out to be a very important concept that has gotten a lot of attention, only in the last few years. And it is the recognition that when you have an experience, that it goes into short-term memory, and then goes into long-term memory, and what we believed is that if this was an emotionally significant, emotionally heavy experience, that the learning sphere got consolidated and they really did not change.

That became part of your neurological structure. Now, what we have found out is that those learnings can change, and they can change only in a very specific way. That specific way, is that you have to bring the memory to mind, where the learnings were formed, and then, while there is what is called a reconsolidation window, this little period of time of maybe an hour or two, in that little period of time you have to present a different experience, an experience that contradicts the old learning.

So if the old learning is based on your father having consistently yelled at you and shaming you – and I know your father, so I know this isn't your family – but say a person's father has been verbally abusive, and so the learning is that if you are with a powerful man that you are in danger. Well, if you are able to bring some of those memories to mind, and then while that is active, also have the experience of being with a powerful man who maybe has some expression similar to your father's that are positive, then that old learning is able to literally be erased. It is called reconsolidation. That is, the neurons that are supported and that code that memory that no longer exist. It is literally a physiological change. That is reconsolidation, and all effective therapies do that in some way or another, but it is usually by hit or miss, it is almost by accident. Now there are a set of therapies that are really paying attention to this process. And EFT accidentally does it. We accidentally do it and we never – Roger Callaghan never set out to do this, but he either intuited it or whatever – he actually came up with a method that incorporates the principles of reconsolidation. And that is because when you bring to mind, say your father being verbally abusive to you, then you also have this whole physiological reaction that you had back then. You literally go into fight or

flight response, or kind of pre-fight-or-flight response. Now, if you tap on that, so that you no longer are going into that fight-or-flight response when you are visualizing that old memory, that is different from what the old memory predicts. So you are now having a contradictory experience. You bring to mind the old memory and all the learnings that had to do with it, you tap it down, you repeat it a few times, and you now have an experience that contradicts it within the reconsolidation window, so boom, you now have erased the neurological pathways that were connecting that memory, and by association any man that is powerful, to that response. So you are able to very quickly now, be able to have the memory without going into the fight or flight, but also to be with men in your current life who are maybe, very authoritarian, or very strong, without going into that fear response. So that principle can be applied to the whole range of psychological issues that people are dealing with, whether on the – whether they have to do with anxiety and fear, or jealousy, or anger. So it is really a major breakthrough in our understanding of why EFT is so much more effective, than many of the other new therapies that have been developed.

Jessica: It is unbelievable to hear, and to see the progress that has been made just from back in 2012 when we first started this interview. Looking into the future, what are some of your hopes? What do you hope that people take away from this interview, from this time that we have spent with you?

David: Well, I think that anybody that's kind of invested themselves in EFT and is listening now, it is reassuring to know that you are betting on the right horse.

Jessica: Yes, for sure.

David: When I was starting, I had many doubts, and what kept happening is, it kept working. I would be surprised every time! So that is probably the biggest takeaway that I would want people to have, is that whereas in the past there was no research to support it, and now there is research to support it. And now there are some ways to explain why it is so effective. So that is the takeaway I would have. The things I am hoping for in the future are really things we've already mentioned today, that this is so empowering for people that I would like to see



children have it. I would like to see the medical profession and the mental health profession really getting behind this, so that it validates it for people and that it is taught to people on a wide basis, because we have such a challenging world right now, and having the ability to manage our emotions so that they serve us, and so that they make us more effective in the world and more powerful in our ability to reach our highest goals and our highest aspirations, that is big. And that's what I think this is all about.

Jessica: Well so much of this progress is thanks to you. Thank you so much for the time that you spent with us and all that you do in this field. It is so, so appreciated.

David: It is a pleasure to talk to you, Jessica.