

A Survey of Energy Psychology Practitioners: Who They Are, What They Do, Who They Help

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Abstract

An online survey of the members of the Association for Comprehensive Energy Psychology (ACEP) was completed by 294 of the organization's 1,220 members (24%) in March 2016. The majority of respondents reported success using acupoint tapping protocols as a core component in the successful treatment of generalized anxiety disorder, posttraumatic stress disorder (PTSD), phobias, and depression. All 106 of the respondents who had applied acupoint tapping for facilitating "peak performance" in contexts such as business, education, and sports reported the approach to have been "of great value" (68%) or "moderate value" (32%) for this objective, with none of the respondents having reported it to be of "little value." The survey also asked participants to estimate the number of sessions that are typically required to achieve each of seven "process outcomes" that are shared among various clinical approaches. For instance, the elimination of an unwanted physiological/emotional reaction to a specified trigger could typically be achieved in three or

fewer acupoint tapping sessions according to 94% of the respondents, and within a single session according to 71% of the respondents. Two thirds of the licensed mental health professionals who reported that they use acupoint tapping protocols said they integrate them into existing therapeutic frameworks rather than use acupoint tapping as an independent modality. This finding suggests that the approach is portable and is being applied within the context of established therapeutic systems with the intention of more rapidly facilitating targeted neurological, emotional, and cognitive changes. In brief, the practitioner reports generated in the survey corroborate clinical trials and meta-analyses that suggest acupoint tapping protocols are rapid and effective with a range of conditions.

Keywords: acupoint tapping, biofield, chakra, Emotional Freedom Techniques, EFT, energy psychology, meridian, survey, Thought Field Therapy

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An online survey by the Association for Comprehensive Energy Psychology (ACEP) was sent to the organization's 1,220 members in March 2016. The survey was completed by 294 respondents (24%). Although this sample cannot be generalized to the organization's entire membership, no less to all practitioners of energy psychology, it does give the best data-based glimpse available into several questions about those who practice the method and how they practice it.

Findings

Demographics

Gender and age demographics for the ACEP respondents were: 82% female, 18% male; 16%

under 50; 26% between 50 and 59; 48% between 60 and 69; and 10% over 70. The degree to which these percentages might or might not reflect the larger community of energy psychology practitioners is particularly difficult to assess, and no implications are drawn about that question.

Use of Energy Psychology: Personal or Professional?

Ninety-two percent of the respondents use energy psychology in their work, which is unsurprising since they are members of the largest professional organization advocating the approach. The remaining 8% are members of ACEP because they apply the method in their personal life but not professionally (19 respondents) or are members only out of interest (3 respondents).

Professional Background

Of the respondents who use energy psychology in their work, 59% identified themselves as licensed mental health professionals and another 7% are licensed health care professionals who are not primarily psychotherapists. The remaining 34%, who are not licensed health care professionals, practice in a variety of roles and settings: as life coaches or specialized counselors, working with clinical issues under the auspices of an established mental health organization, or working in a business or other non-clinical context.

Of the licensed mental health professionals, 35% reported being psychologists, 33% mental health or marriage/family counselors, 20% social workers, 2% psychiatrists, and the remaining 10% listed "other."

Types of Energy Psychology Used

Eighty-seven percent of the respondents who use energy psychology in their work use acupoint tapping. Fifty-four percent work with the chakras (as well as acupoints in many cases), and 39% work with the aura (or biofield) in addition to any other energy systems. Sixty-four percent incorporate methods from energy medicine into their energy psychology work. Three percent do not use any "body-based procedures" in their energy psychology work. Of those who work with acupoints, 42% stimulate them in ways other than tapping in addition to or instead of tapping.

Is Energy Psychology the Practitioner's Primary Modality or an Adjunct to the Primary Modality?

Sixty-six percent of the licensed mental health professionals who use acupoint tapping identified it as an adjunct to their primary modality while 34% identified acupoint tapping as their primary modality. For the two thirds who did not identify acupoint tapping as their primary modality, the primary modalities they listed were: cognitive and/or behaviorally oriented psychotherapy (33%); psychodynamic-oriented psychotherapy (27%); spiritually oriented therapy (11%); here-and-now oriented approaches such as Gestalt or mindfulness (7%), supportive counseling (4%), and "other" (18%).

The response to this question by licensed mental health professionals was in stark contrast to the responses by non-licensed practitioners who use acupoint tapping. For this group, 65% listed acupoint tapping as their primary modality and only 35% listed it as an adjunct to their primary modality. This may be because, for many non-licensed practitioners, energy psychology is the only clinical modality in which they have been trained. For the third of the non-licensed practitioners who did not identify acupoint tapping as their primary modality, the primary modalities they listed trended toward body-oriented (e.g., Reichian, Rolfing, Rubenfeld) and spiritually oriented approaches rather than psychodynamic or cognitive-behavioral approaches.

Number of Sessions Required to Achieve Targeted Outcomes

Table 1 compiles the answers to a survey item that was worded: "Acupoint tapping may be used to target any of the following seven outcomes. For each, select from the Dropdown Boxes the answer that is most typical in your experience (assuming there are no major complicating aspects)."

Of the 235 respondents who use acupoint tapping in their practice, 209 replied to this set of questions. The responses of licensed and non-licensed practitioners were statistically similar, with marginally faster outcomes being reported by non-licensed compared to licensed practitioners. This may mean that non-licensed practitioners are slightly more effective or it may mean that those with more training are more critical in their self-evaluations.

Table 1. *Estimated Number of Sessions Required to Achieve Specific Targeted Outcomes*

Outcome	Typically requires less than an hour	Typically requires 2 to 3 sessions	Typically needs more than 3 sessions	I have not achieved this with tapping	I have not attempted this with tapping
Eliminate an unwanted physiological/emotional response to a specified trigger	71% (144/202)	23% (46/202)	5% (10/202)	1% (2/202)	3% (7/209)
Eliminate an unwanted physiological/emotional response to a traumatic or otherwise difficult memory	29% (58/200)	46% (92/200)	23% (47/200)	1% (3/200)	4% (9/209)
Eliminate a maladaptive belief about self or how the world operates	30% (60/197)	35% (68/197)	30% (60/197)	5% (9/197)	6% (12/209)
Eliminate a maladaptive behavior habit	11% (19/180)	37% (67/180)	47% (84/180)	6% (10/180)	14% (29/209)
Eliminate emotional obstacles to reaching a desired goal	29% (57/196)	50% (98/196)	19% (37/196)	2% (4/196)	6% (13/209)
Shift an unwanted baseline affective state (e.g., depression, generalized anxiety disorder)	19% (36/191)	26% (50/191)	49% (94/191)	6% (11/191)	9% (18/209)
Establish and reinforce beliefs and behaviors that support a desired goal	35% (64/184)	39% (71/184)	25% (45/184)	2% (4/184)	14% (25/184)

Conditions that Respond to Energy Psychology Treatments

Table 2 shows responses to the survey item that asked: “Have you used acupoint tapping as a major element in the successful treatment (i.e., the condition is no longer present)” for each of

the listed clinical conditions. Of the 205 respondents who answered this set of questions, 122 were licensed practitioners and 83 were non-licensed practitioners. Not specified was how the DSM diagnosis was determined or how treatment success was measured.

Table 2. *Reported Success in Treating Seven DSM Disorders*

Condition	All respondents	Licensed	Unlicensed
Generalized anxiety	86% (177)	92% (112)	78% (65)
PTSD	70% (144)	80% (97)	57% (47)
Phobias	64% (131)	66% (80)	69% (51)
Depression	61% (125)	63% (77)	58% (48)
Addictive behaviors	42% (87)	38% (46)	49% (41)
Schizophrenia	3% (7)	2% (3)	5% (4)
Bipolar disorders	13% (26)	12% (15)	13% (11)
Total # responding	205	122	83

Note: DSM = *Diagnostic and Statistical Manual of Mental Disorders*; PTSD = posttraumatic stress disorder.

Peak Performance

Acupoint tapping is sometimes paired with imagery of an ideal or “personal best” performance in working with athletes, actors, speakers, leaders, and others in non-clinical contexts to enhance peak performance. Slightly over half (106) of the 208 respondents who answered this question indicated that they have used acupoint tapping in this way. Of these, 68% reported that they have found acupoint tapping to be “of great value for enhancing peak performance,” 32% reported it to be of “moderate value,” and none of the respondents who use tapping for enhancing peak performance reported it to be of “little value.”

Discussion

As research on clinical trials of energy psychology interventions, and most specifically on acupoint tapping protocols, continues to accumulate and inform the professional community about the nature and effectiveness of the approach, another window into the process is to ask practitioners about their clinical experiences. That was the purpose of the survey.

Achieving Targeted Outcomes

Seven “process outcomes”—that is, outcomes that are elements of the *process* of psychotherapy (as contrasted with outcomes that are defined in terms of the treatment of psychiatric disorders)—were identified by four recognized leaders within the energy psychology community and reviewed and confirmed by four others. These process outcomes were formulated in terms of the changes a clinician might target when applying an energy psychology protocol, such as eliminating unwanted physiological/emotional responses to traumatic memories or to problematic triggers. To be selected, each targeted outcome also had to be viewed by the consultants as being universal in that it is applicable to other psychotherapeutic modalities regardless of the specific methods or theoretical orientations involved. For each of these seven process outcomes, 94% or more of the respondents who had targeted that outcome using acupoint tapping protocols reported being able to achieve it.

Speed

How quickly were these process outcomes accomplished? Meta-analyses reviewing clinical

trials of acupoint tapping show that large effect sizes for depression, PTSD, and other anxiety disorders have been achieved in relatively few sessions (Clond, 2016; Nelms & Castel, in press; Sebastian & Nelms, in press). For instance, seven of the 14 clinical trials reviewed by Clond achieved high effect sizes after a single session. Four PTSD studies (Church, Piña, Reategui, & Brooks, 2012; Connolly, Roe-Sepowitz, Sakai, & Edwards, 2013; Connolly & Sakai, 2011; Sakai, Connolly, & Oas, 2010) reported strong reductions in PTSD symptoms after a single acupoint tapping session. Though these assertions understandably raise suspicion among seasoned clinicians who work with PTSD, in the studies in which follow-up was conducted, the gains were found to be durable on established measures at one-year, and in one case, two-year follow-up. In none of these studies did the investigators claim that a single session is adequate for treating PTSD, but they did demonstrate that significant improvement and, more often than expected, a shift from significantly above to significantly below PTSD cutoffs on standardized inventories, could be achieved in just one session.

The current survey shows that reports from a spectrum of practitioners corroborate the clinical trials showing rapid therapeutic gains after the use of acupoint tapping protocols. Ninety-four percent of the respondents reported that “unwanted physiological/emotional responses to specified triggers” are typically eliminated in three or fewer sessions (and for 71%, in a single session). Also typically eliminated in three or fewer sessions, according to the respondents, were “unwanted physiological/emotional responses to a traumatic or otherwise difficult memory” (75%), “a maladaptive belief about self or how the world operates” (65%), and “emotional obstacles to reaching a desired goal” (79%). Beyond removing emotional obstacles to reaching a desired goal, 74% reported that beliefs and behaviors that support a desired goal could typically be “established and reinforced” within three sessions. The elimination of a “maladaptive behavioral habit” within three sessions was reported by 48% of the respondents. For “baseline affective states” such as depression or generalized anxiety disorder, 45% reported that these could typically be resolved within three sessions.

In summary, well over half the survey respondents reported that, in their experience,

five of these seven components of successful psychotherapy are typically achieved within three sessions and nearly half reported that the other two are typically achieved within three sessions.

A Complete Psychotherapy or a Freestanding Intervention?

Energy psychology is an umbrella term for several dozen branded approaches, each with its own set of procedures and protocols. An advisory board comprised of 27 of the founders of many of these approaches concluded that they all share two components (Feinstein, 2004):

1. The mental activation of a targeted memory, trigger, or goal while
2. Simultaneously (or nearly simultaneously) stimulating an “energy system,” such as the body’s chakras, biofield, or meridians (acupoint tapping stimulates the meridians).

Acupoint tapping is the most widely used method for carrying out this second component. Eighty-seven percent of the survey respondents reported the use of acupoint tapping in their work, and virtually all the published, peer-reviewed, randomized clinical trials of energy psychology interventions focus on acupoint tapping.

Thirty-four percent of the survey’s licensed mental health professionals, regardless of previous clinical orientation, reported that energy psychology has become the primary modality they identify when describing their practice, but 66% do not consider it to be their primary clinical modality. Rather, they integrate it into their primary modality. This suggests that as well as being a complete system of treatment, as described by many of the established energy psychology approaches, such as Thought Field Therapy (TFT) or Emotional Freedom Techniques (EFT), acupoint tapping protocols (which often include a cognitive component, as described, for instance, in *The EFT Manual* [Church, 2013]) are being used as portable techniques that are being integrated into other clinical frameworks.

It may be, in fact, that acupoint tapping protocols are best viewed not only as central features of various comprehensive energy-oriented psychotherapies but also as freestanding somatic interventions, somewhat akin to breathing or relaxation techniques. Such interventions can be widely

applied, independent of a clinician’s identification with a particular approach or theoretical orientation. But the potential value of acupoint tapping may extend far beyond those of breathing or relaxation techniques because of the method’s facility in shifting deep emotional learnings. The hypothesis that acupoint tapping protocols are able to rapidly and powerfully eradicate old neural pathways and establish new ones has been presented elsewhere, focusing on their inherent advantages for facilitating clinically relevant neurological processes such as limbic system deactivation and memory reconsolidation (Feinstein, 2015).

Although the number of psychotherapists utilizing acupoint tapping protocols is unknown, it is reasonable to speculate that it exceeds ACEP’s 1,220 members by tenfold or more. The original *EFT Manual* by Gary Craig was downloaded by more than two million individuals (Church, Feinstein, Palmer-Hoffman, Stein, & Tranguch, 2014) and translated into 20 languages. An annual online “World Tapping Summit,” first held in 2009, has been attracting more than 500,000 participants each year (Nick Ortner, personal communication, January 16, 2016). If one in 10 of the individuals who have downloaded *The EFT Manual* or participated in the summit are psychotherapists, the number of clinicians who have considered the technique is in the hundreds of thousands. If one in 10 of these has incorporated the approach into his or her practice, tens of thousand of clinicians are utilizing energy tapping protocols. It is also reasonable to estimate that a greater proportion of these clinicians are integrating energy psychology techniques into their primary modality (rather than considering such a technique their primary modality) than the 66% in the survey who reported that energy psychology is *not* their primary modality. ACEP members identify closely enough with energy psychology that they have elected to join its professional organization and would be more likely to list it as their primary modality. Two thirds of the survey respondents do not, however.

The survey results suggest that most clinicians using an acupoint tapping protocol are applying it as a somatic intervention within the context of the psychotherapeutic approach they were using when they learned about tapping. Conceptualizing the method as a rapid, effective, and portable intervention that targets key neurological, emotional, and cognitive processes in therapeutic change may

not only be accurate, it may also present a more inviting framework to the wider clinical community than earlier formulations.

Conditions That Respond to Tapping

For what clinical conditions are acupoint protocols indicated and where are they less effective or contraindicated? The survey presented a list of seven DSM disorders, asking whether the practitioner had used acupoint tapping as a major element in the successful treatment of each of them (i.e., “the condition is no longer present”). While this does not address the question of appropriate conditions for acupoint tapping in any depth, and it does not even attempt to explore contraindicated diagnoses, it does give an indication of the conditions in which the survey respondents have found the most success. Eighty-six percent (and 92% of the licensed practitioners) reported success with anxiety disorders. Seventy percent (and 80% of the licensed practitioners) reported success with PTSD. Sixty-four percent reported success with phobias, 61% with depression, and 42% with addictive behaviors. It is interesting that 13% reported success with bipolar disorders and 3% reported success with schizophrenia, conditions with deep neurological roots that are usually controlled with medication.

For the conditions in which a smaller proportion of practitioners reported success, combining energy-based interventions with other therapeutic modalities would seem particularly indicated. Facilitating such an integrative approach would be another advantage of conceptualizing acupoint tapping protocols as portable interventions rather than complete systems for therapeutic change.

Facilitating Peak Performance

In addition to its uses in treating clinical conditions and other emotional challenges, energy psychology is being applied in business, education, community organizations, sports, and the performing arts. The survey asked about a single application for promoting enhanced performance: the combination of acupoint tapping with inner imagery of an ideal or “personal best” performance. Slightly more than half the respondents had used acupoint tapping in this manner. Sixty-eight percent of them found it to be “of great

value for enhancing peak performance” and the remaining 32% reported it as having been of “moderate value.” Though very little research has been conducted to investigate this application of acupoint tapping, if the practitioner assessments reported in the survey are accurate, enhancing personal performance is an area of strong potential for both licensed mental health professionals and non-licensed practitioners.

Conclusion

Acupoint tapping, as a form of or component of modern psychotherapy, was introduced in the early 1980s by psychologist Roger Callahan. Although the early proponents endured a rough reception from the clinical community, the approach is still growing in popularity three decades later, unlike most would-be clinical “breakthroughs.” ACEP has been a central force in bringing professional standards and legitimacy to the method, and the survey responses from a sample comprising 24% of ACEP’s membership provide a glimpse into the backgrounds of those delivering energy-based clinical services, how they are delivered, and who is benefitting from them.

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