

who've helped them heal. Here's a story by Dr. Olli Toukolehto, one of the veterans helped by EFT, and who is now, as a physician, one of the investigators studying EFT at Walter Reed Army Medical Center:

"I deployed with 10th Mountain Division, 2nd BCT, to Baghdad through September 2006 – June 2007. I performed a variety of jobs including guard, medical lab, medic, and pharmacy work. My experience was a typical mosaic of long days, stress, and a variety of emotionally powerful events. In short, I was exposed to the following experiences (some face-to-face and others indirectly through my comrades): IED explosions, small arms fire, rocket attacks, sniper attacks, wounded and dead Americans, allies, and Iraqis (military, enemy, and civilians – including women and children.), mass casualty, suicide, self- mutilation, divorce, infidelity, fist fights, rape, captured and beheaded U.S. soldiers, imprisoned terrorists, smell and sights of bloody, decomposing, and burnt tissues, booby traps, destroyed vehicles, and a persistent fear of being attacked.

"Upon my return from deployment, I began my first year of medical school at the Uniformed Services University of the Health Sciences (USU). Even though I completed the first academic year with good grades, I noticed that my quality of life had diminished significantly. I recognized that I was no longer able to be present in the moment and was always observing whatever was happening in my life from a "witness" perspective. I also replayed many situations in my mind, often thinking of how I could have done them differently. I no longer laughed much and felt burdened by my past, reminiscing my days when ignorance was bliss.

"A year went by and I had spoken about my experiences to a variety of people in attempts to "release" them or find peace from their recurrent nature. Talking about the experiences helped me a bit, but only on an intellectual level. I understood that what I was feeling was "a normal reaction to an abnormal situation." I knew that I had done my best and was a force of good in this world. But I also knew that my symptoms persisted even after talking about them. Otherwise I was doing "fine" and identified my symptoms to as recurring emotions that were independent of my intellect. They were in a way unreachable, no matter how I tried to resolve or release them. I concluded that this was the price I had to pay and continued to live my unrewarding life to the best of my ability.

"About a month ago I had a powerful experience. I met an old acquaintance who knew me before I deployed to Iraq. Nancy asked if I was open to letting her try something called EFT to help me gain freedom from my recurring emotions. She said it was an "emotional" tool and not a mental one. I agreed and we spent a total of four hours doing the work over two days. The results were immediate and I literally "fell back" into my body from a defensive posture that I had unknowingly created in my mind. I could feel my body again and could not stop crying and laughing. I could now be present in the moment and not have half of my attention observing the situation as it was happening. I also became less reactive to whistle sounds and sirens that used to initiate in me a flight or flight response, as incoming rockets had done in Iraq. Overall, I regained the quality of life that I had prior to deployment.

"It was truly an "emotional freedom technique." Since then, I have been on a constant upward spiral and have been able to transform my past into a great strength. We worked through every single memory and emotion that I was not in peace with and "tapped them out." I also learned how to "self-administer" EFT and have been practicing it on myself whenever something new has emerged from my past."

EFT can be effective for PTSD in other groups of people too. A study of EFT was undertaken with

adolescent boys. The participants were residents in a group home to which they had been sent by a judge because they were being abused at home. One group received a single session of EFT in which they tapped on their most painful childhood memories, while those randomized into the control group did not receive treatment. When they were followed up a month later, the boys who'd received EFT reported 91% less emotional triggering, and they had all normalized on the Impact of Events scale (IES), the questionnaire used to assess traumatic memories.

EFT has also been studied for its value in overcoming anxiety. In a trial comparing EFT and WHEE (another form of energy psychology) to cognitive behavior therapy or CBT for test anxiety in college students, both EFT and WHEE were found to be much faster than CBT. Another study randomized high school students into either an EFT or a second group that received Progressive Muscular Relaxation, which is effective at alleviating anxiety. The group that received EFT had a much greater drop, with test anxiety reducing by 37%. EFT has also been studied for its effect on public speaking anxiety in an RCT; participants overcame their fears, and compared to a control group, reported increased confidence after EFT.

One of the most intriguing studies of EFT was done by Gunilla Brattberg, MD, a professor at Lund University in Sweden. She studied patients afflicted with the painful and debilitating symptoms of fibromyalgia, but their whole course of EFT treatment occurred online! They enrolled in an 8-week Internet course, after which they reported a 29% improvement in depressive symptoms, as well as a 22% drop in pain. As you read *The EFT Manual* and visit the EFT web site, remember the fibromyalgia study. Even tapping along with an online course can help, and during EFT training you will learn a technique called "Borrowing Benefits," in which you'll find that just watching other people do EFT onscreen, or onstage, while tapping along yourself at the same time, can make a difference.

Another independent study at the University of Santo Tomas in Manila, the Philippines, took a group of adolescent college students with moderate to severe depression and gave them four 90-minute group EFT classes. Their depressive symptoms dropped an astonishing 72%. The RCT of 59 war veterans also found that as their PTSD decreased, their anxiety, depression, and pain reduced significantly as well.

People in pain have also improved in several other EFT studies. These are open trials, in which the participants' symptoms are compared before and after treatment. There is no control group, so open trials are regarded as a lower standard of proof than RCTs. For instance, pain levels would be measured in the same subjects before and after EFT, but without a placebo group or wait list to control against. However, open trials provide us with valuable information nonetheless; a person who has a big reduction in pain is not too worried about the fact that his or her pain (or depression or anxiety) is only being compared to how painful the injury was before treatment.

One study examined the effects of Borrowing Benefits EFT in a group of 216 healthcare workers. These were doctors, nurses, chiropractors, psychologists, alternative medicine practitioners, and those in similar professions. It found that their anxiety and depression improved significantly after a workshop in which they did Borrowing Benefits for 2 hours. Their pain dropped by 68%, and their cravings for such addictive substances as chocolate, alcohol, drugs, cigarettes and coffee dropped by 83%. When they were followed up three months later, most of their improvements in anxiety and depression had remained stable, and those that had used EFT more frequently since the workshop had greater improvement than those who did not.

This study was performed by Dawson Church, PhD, and Audrey Brooks, PhD. It was modeled

on the first open trial, which was conducted on the participants in one of my workshops by Jack Rowe, PhD, who was then a professor at Texas A & M University. He carefully measured psychological problems like anxiety and depression in 102 participants before and after the workshop, as well as two follow-up points. He found that across the whole range of psychological problems, participants improved. Together, these studies refute one of the early criticisms of EFT. Critics maintained that while EFT might work when I performed it, the results were due to some unique gift that only I possessed. However, in the Borrowing Benefits studies, no statistically significant difference was found between the two groups that received EFT from me, and the four with Dawson Church. Another study examined Borrowing Benefits in a group of 38 self-identified addicts, and also found that the breadth and depth of their psychological problems improved significantly. A fourth study with a similar design found the same results; in these studies, the benefits were consistent regardless of which trained EFT practitioner lead the workshop, further demonstrating that it was EFT creating the psychological improvements, and not a particular instructor.

Another devastating condition with which EFT might help is traumatic brain injury or TBI. An estimated 45,000 to 90,000 veterans who served in Iraq or Afghanistan are thought to have TBI. Symptoms like dizziness, balance problems, and severe headaches are characteristic of TBI. The research team studying PTSD in veterans was not expecting to find a change in TBI, but were merely collecting data on the severity of the TBI symptoms that accompany PTSD. To their surprise, as PTSD reduced after six sessions of EFT, the average reduction in TBI symptoms was 29.11%. EFT has been used for a number of serious diseases, and a common experience is that, when the emotional roots of a problem are addressed, the physical symptoms can less or even sometimes disappear completely.

EFT has also shown itself to be helpful with weight loss. In an RCT conducted by Peta Stapleton and her colleagues at Griffith University in Australia, subjects showed a significant reduction in food cravings, just like the healthcare workers in the open trial. Over time, this led to their losing weight too. The lessons learned in this study and similar programs are summarized in the book *EFT for Weight Loss*.

EFT and Performance

EFT isn't just for sick people; it can help healthy ones too. In a study of elite athletes, a 15-minute EFT treatment clearing out their anxieties worked wonders on their sports performance. This RCT took place at Oregon State University, and was organized by EFT sports coach Greg Warburton, with Dawson Church testing the men's and women's basketball teams. After testing the athletes for the number of free throws they could successfully score, and how high they could jump, one group got EFT, while the other got a placebo treatment. Afterwards, the EFT group performed 38% better at free throws than the control group. Pat Ahearne, Australian League Pitcher of the Year, says, "I am so amazed with the effectiveness of EFT that I've made it as important a part of my baseball routine as throwing or running or lifting weights. I have more consistency, better command of my pitches, and I accomplish more in big games with less effort. Using EFT, I found the mental edge that raises an athlete from average to elite." Seth Joyner, former Arizona Cardinals linebacker, said, "Golf is a game of how you react mentally. One bad shot or hole can ruin a round. EFT has improved how I think on the course, my calmness and my concentration." As the Oregon State basketball players showed, EFT can help even peak performers improve their results. Using EFT in this way is described in the book *EFT for Sports Performance* and a series of specialty coaching volumes covering different sports.

One other question that researchers ask about EFT or any other treatment is, “Do the results hold over time?” In all the studies of EFT that included a follow-up, at least some of the gains that participants had experienced after treatment remained steady. In some studies, like the PTSD veterans study, 86% of veterans were still below the clinical PTSD threshold after 6 months, and in one study, even after 2 years, the veterans had maintained their gains.

Mechanisms of Action

These studies, whether they’re open trials or RCTs, are a type of research called “outcome studies” because they study the outcome of an intervention. They answer the research question, “What happened as the outcome of treatment?” Another kind of scientific enquiry asks, “*How and why* did that happen? *What occurred in the body* to produce that outcome?” These studies, which look “under the hood” to find out how the engine works, usually happen years or even decades later than outcome studies. A new treatment such as EFT is usually discovered in practice, then has its effects measured in outcome studies, and finally has the “how and why” questions answered later on.

A number of scientific papers have been published in peer-reviewed journals that describe what happens in the body’s nervous system, hormonal system, and genes, in order to produce such rapid and dramatic change. They show, among other findings, that *pressure* on acupoints is as effective as the insertion of acupuncture needles, that acupuncture sends fear-dampening signals directly to the limbic system, and that acupoint stimulation is an effective treatment for PTSD, depression, anxiety, pain, and other ailments. You’ll find these review articles, some about EFT and some about acupuncture, summarized on the “mechanisms” section of the EFT research page.

One study that peered into the body’s biochemistry compared a group that received a session of EFT coaching against a second group that received a conventional talk therapy session. It compared both to a third group randomized into getting no treatment at all, but just resting quietly in a waiting room. Besides testing their levels of anxiety, depression, and other psychological problems, this RCT also measured subjects’ levels of the signature stress hormone cortisol. When we’re in fight or flight, and feeling stressed, our bodies produce more cortisol, and when we relax, our cortisol levels start to drop. Cortisol is also regarded as the main aging hormone, and the main weight gain hormone. When people are under prolonged stress, they make more cortisol, and their cells age and die more quickly. They also deposit more fat around the waistline, as all that blood glucose mobilized for the fight or flight response is stored in the fat cells around the liver.

The researchers reasoned that if psychological symptoms like anxiety and depression were dropping, cortisol should be dropping as well. So they measured cortisol just before the participants began their treatment sessions, and again half an hour after they finished. By that time, the psychological relief of therapy might be measured in the form of lower cortisol.

They found that cortisol did indeed drop in all three groups, but the surprise was just how much more it dropped in the EFT group. The participants who received talk therapy had about a 15% reduction in cortisol, and those just sitting quietly in a healing environment had a similar drop. Those who received an EFT session dropped even further, with cortisol falling by about 24%. Cortisol also correlates with changes in those rapid-fire IEG stress genes, and the sympathetic nervous system, which means that after EFT, the whole stress response in the body got the message to “stand down,” and restore function to the immune system, and all the other systems

from which our physiological resources are drained when we're under stress.

Counterconditioning

The word “stress” was coined by the German physician Hans Selye in the 1920s. He noticed that many symptoms were common to most of the patients in the hospitals he visited, and he used the term “stress” for this collection of dysfunctions. His Russian contemporary Ivan Pavlov became famous for his demonstrations of the conditioned response. Pavlov would feed dogs when a bell rang. Later, when the bell was rung without food being present, the dogs salivated anyway. They had learned to associate the sound of a bell with food, and the association produced the physiological response of salivation even when no food was present. In the language of behavioral psychology, the dogs had been taught a “conditioned response.” American behavioral psychologist B. F. Skinner realized that these large behaviors could be broken down into small elements. Meanwhile, in the 1950s South African psychiatrist Joseph Wolpe experimented with “counterconditioning” in which a traumatic memory would be paired with an innocuous stimulus, leading to a gradual reduction in trauma. He called this “reciprocal inhibition.” Wolpe and many subsequent therapists used “exposure,” which means that a traumatic event is held in memory. While the client exposes him or herself to the stressful memory, therapeutic measures are taken to provide a new, non-threatening stimulus that does not activate the fight-or-flight response.

In the 1970s, a new school of psychology, cognitive therapy, became ascendant over the behavioral school. Cognitive therapies and cognitive behavioral therapies (CBT) are the form of therapy practiced predominantly today. Cognitive therapy focuses on changing “cognitions,” the concepts about self and the world that we carry about in our heads. We might, for instance, believe that the problems at our job are caused by the management, that the government is responsible for the country’s problems, or that our relationship partner is the source of all the difficulties in the relationship. Since our cognition is that the problem is “out there,” we feel little power to affect events. When our cognition shifts, and we do recognize our role in maintaining the situation, we develop the power to change it. A classic case cited by a cognitive behavioral therapist is that of “Mr. A,” a computer programmer. He “requested treatment for panic disorder with agoraphobia. He had been symptomatic for at least 5 years. His condition had deteriorated to the point where he was largely housebound, although he was able to drive about half a mile to his workplace, where he worked in a cubicle and had little social contact. When Mr. A considered driving to the city to see an old friend or to a mall near his home, he would have thoughts such as ‘I can’t do it ... I’ll faint or I’ll have a heart attack ... I’ll panic and lose control ... I’ll have a wreck and kill everyone in my path.’ As might be expected, he had intense anxiety and autonomic arousal associated with these thoughts. His behavioral response was to avoid driving anywhere other than work and to avoid going anywhere there might be crowds. Each time he avoided these activities, his basic fears were reinforced, and eventually his symptoms became deeply ingrained.” The therapist used CBT techniques to challenge the client’s cognitions, and helped him develop new thoughts that counter-conditioned his fear.

Neural Plasticity

Together, CBT and exposure therapies have established a long and successful track record in the treatment of emotional trauma. Not only do we feel different when emotional trauma is released, but our brains rewire themselves around the new cognitions. As late as the 1980s, the prevailing view in the field of biology was that the human brain grew till about the age of 17, and was then fully grown, and static, thereafter. In the 1990s, experiments began to demonstrate that the neural pathways in our brains are in constant flux, and grow in response to stimuli, just

as our muscles grow when we lift weights at the gym, or our genes are turned on by epigenetic signals. For instance, the brain region most involved in memory and learning, the hippocampus, is enlarged in the brains of London taxicab drivers. They have to master the complex tangle of streets in the ancient city, and so their brains grow new neurons in order to accomplish this memory-intensive task. In 2000, a doctor called Eric Kandel won the Nobel Prize for Medicine for showing that within just one hour of repeated stimulation, the number of connections in a neural bundle can double. If we don't use a neural pathway, it begins to shrink. Based on how we're using our brains, they are being rewired hour by hour and day by day, a phenomenon called "neural plasticity." That's a great term, because it conjures up a vision of a brain that is like putty, being shaped by the thoughts, feelings and experiences being processed through it. People who have gone through a large emotional trauma, such as veterans suffering from PTSD, show changes in their brains over time, as flashbacks and intrusive traumatic thoughts, and other negative stimuli rewire their neural circuits. The brains of schizophrenics also show changes over time, and the genes that help them handle fear can become permanently shut down by the epigenetic signals sent by their psychological disease. So CBT, exposure therapy, EFT, and other treatments that help relieve psychological suffering can produce positive changes in the wiring of our neuroplastic brains, as counterconditioned memories are turned into hard-wired neural bundles.

EFTs most fundamental procedure is called the Basic Recipe, and it's described in the next chapter. While the Basic Recipe is very short, it borrows elements from all these earlier discoveries. The verbal part of EFT involves *remembering a specific incident with a strong emotional charge*, and combining the recall with a *statement of positive self-acceptance*. The element of recall involves *exposure*. The exposure part of EFT is then paired with a self-acceptance statement that introduces the possibility of *cognitive change*. This counterconditions the conditioned stress response that your body has to the memory of the traumatic event. When the conditioned response has been successfully counterconditioned by EFT, you can still remember the stressful event. In fact, your memory might get even clearer. However, the memory no longer triggers a stress response in your body. After the calming experience of EFT has been associated with the memory, the memory is no longer tagged by the body as a cue to go into fight-or-flight. Instead, it has a neutral emotional tone. Once you break the conditioned response, you can think of the memory again without any emotional charge. The memory remains, but the emotional association is gone, and your cognitive experience of the memory shifts. EFT thus uses elements of both CBT and exposure therapy in its verbal components.

In 2007 the Institute of Medicine (IOM), the medical arm of America's NIH, the government body responsible for healthcare standards and research, conducted a review of which treatments were effective for PTSD by carefully examining all the scientific studies performed to date. It found that CBT and exposure therapy were the most effective treatments available. Though in 2007 no studies on EFT for PTSD were yet complete, and available to IOM reviewers, subsequent reviews by government bodies will have this later work to draw on when assessing the value of new therapies such as EFT. There are many EFT studies that are not described above, or that are in process; you can find a current list of EFT research on the EFT web site, which is updated frequently.

Dr. Callahan's First Experience

In the late 1970s, clinical psychologist Roger Callahan made a major breakthrough, when he discovered that the ancient Eastern energy adjustment techniques of acupoints could be applied to psychological as well as physical symptoms. He was working with a patient, Mary, for an

intense water phobia. She suffered from frequent headaches and terrifying nightmares, both of which were related to her fear of water. To seek help, she had been going from therapist to therapist for years, with no material improvement.

Dr. Callahan tried to help her by conventional means for a year and a half. He didn't make much headway. Then one day he stepped outside the normal boundaries of psychotherapy. Out of curiosity, he had been studying the body's energy system and decided to tap with his fingertips under her eyes (the end point of the stomach meridian). This was prompted by her complaint of some stomach discomfort.

To his astonishment, she announced immediately that her disturbing thoughts about water were gone, raced to a nearby swimming pool, and began splashing water on her face. No fear. No headaches. It all, including the nightmares, went away. And it never returned. She is totally free of her water phobia. Results like that are rare in the field of psychotherapy, but commonplace with acupoint tapping. Callahan eventually developed an entire therapeutic school based on acupoint tapping, called Thought Field Therapy or TFT. TFT was usually able to remove phobias in a single session, and showed promise for depression, anxiety, and other psychological problems. Along with tapping, TFT incorporates elaborate diagnostic procedures using muscle testing, which has the therapist apply pressure to a particular muscle on the client. Muscle strength is tested before and after treatment, to determine if the muscle tests stronger or weaker. TFT also taps acupoints in a particular order depending on the diagnosis; Callahan called these tapping sequences "algorithms."

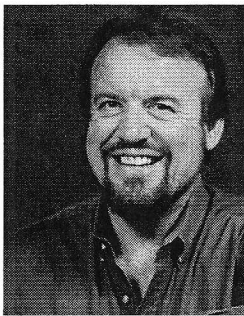
EFT dispenses with muscle testing, tapping only on specified points, and the entire suite of diagnostic procedures central to TFT. Since there are only 12 tapping points, and it takes under 2 minutes to tap them all, the points tapped in all possible treatment algorithms can be addressed in a very brief time frame. This allows many more troubling emotional memories to be treated in a single session. It also allows EFT to be learned quickly, and self-applied. EFT tapping is done while using exposure, an established technique for treating trauma, in combination with cognitive shift, the other technique found to be effective by the IOM review. EFT thus combines the powerful Eastern energy techniques of acupoint stimulation with the best Western approaches, embodied in cognitive and exposure therapies, to produce rapid psychological shifts. Effectiveness, rapidity, and simplicity have been key to EFT's rapid growth; over 1.2 million people downloaded the online version of the first edition of this manual, and there are an estimated 6 million people worldwide who use EFT or who have been exposed to EFT.

EFT research is still in the early stages. When Roger Callahan and then others discovered that deep-seated psychological problems could be cured with miraculous speed, there were few answers from science as to how this was possible. Epigenetics and neural plasticity had not yet been discovered. Acupuncture had been around for thousands of years. So these pioneers, looking for explanations, seized on energy, acupuncture meridians, and quantum physics. These explanations might be correct, but they're hard to prove. Now that epigenetics and neural plasticity have been discovered, it turns out that there are explanations for EFT's rapid effects that are grounded in solid science.

It's not uncommon for innovations such as EFT to be observed first in the clinic, then in outcome studies, and finally in "hard science" experiments. The history of medicine is full of treatments that followed the same path. Doctors used aspirin for a century, observing that it worked, before they discovered *how* it worked. The same is true for quinine, and many other treatments. The development path for proving EFT is typical of a new approach, and as additional studies are

conducted, we'll get a better and better understanding of the mechanisms by which EFT works its magic in the body.

Studies like the ones described above provide *objective* evidence that EFT works. As you learn more about EFT, and dive into doing it yourself, you will quickly have *subjective* experiences of just how startlingly fast your body can respond. As you recall traumatic events in your life, whether they happened in early childhood or an hour ago, you'll feel exactly what it feels like to have an electromagnetic energy shift in your body. You'll feel your stress level receding as your levels of adrenaline and cortisol drop, and your sympathetic nervous system calms down. You'll quickly understand that you don't have to be afraid of dealing with your past emotional wounds. You now have a tool that allows you release that stuck energy and your old biological patterns. It gives you the gift of emotional freedom.



Dawson Church has edited or authored many books in the fields of health, psychology, and spirituality. He has collaborated on articles with many of the leading voices of our time, including Larry Dossey, Bernie Siegel, Caroline Myss, Neale Donald Walsch, Gay Hendricks, Joan Borysenko, and John Gray. He has been quoted in *USA Today*, *CNN*, the *Los Angeles Times*, *San Francisco Chronicle*, *Parenting*, and many other national media. In undergraduate and graduate work at Baylor University, he distinguished himself by being the very first student to complete the academically rigorous University Scholar's program. He earned his doctorate in Integrative Healthcare at Holos University under the mentorship of distinguished neurosurgeon Norman Shealy, M.D., Ph.D., founder of the American Holistic Medical Association. He went on to receive a postgraduate Ph.D. in Natural Medicine.

Church and Shealy coauthored a compendious survey of spiritual healing throughout history called *Soul Medicine*. Church founded Soul Medicine Institute (<http://www.soulmedicineinstitute.org>)(SMI), a nonprofit institution dedicated to education and research into evidence-based medical interventions which use consciousness and energy as primary modalities. He has published several scientific papers in peer-reviewed journals, and was founding editor of Energy Psychology: Theory, Research, and Treatment (<http://www.energypsychologyjournal.org>). He started the Iraq Vets Stress Project (<http://www.StressProject.org>) to connect veterans with posttraumatic stress disorder with energy therapists. Church is the former president of The Family Connection, one of just 53 US nonprofits honored as "Points of Light" by President Bill Clinton. Books on which he has worked have won over two dozen awards, including Best Health Book (Independent Press Awards) and Best Science Book (USA Booknews Awards).

Church is a seminal thinker, whose research summaries of the biomedical evidence for consciousness-based treatments provide the scientific underpinnings for this emerging field. His book *The Genie in Your Genes*, (<http://www.genieinyourgenes.com>) outlines the latest studies on the effects of consciousness on gene expression, and how consciousness will become the front line of medicine in the coming decade. It has been hailed as a brilliant contribution by many leading authorities in the field.

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