

Words to Tap By: The Use of Language in Energy Psychology Protocols

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Abstract

Most Energy Psychology protocols include a component in which the client is guided in the use of personally tailored wording related to a target problem or goal. These phrases are stated simultaneously with the stimulation of selected acupuncture points (acupoints) via tapping. Thought Field Therapy (TFT) and its popular derivative, Emotional Freedom Techniques (EFT), are the most well-known variations of the acupoint tapping approaches. These therapies have been validated for their efficacy and unusual speed in resolving psychological and physical conditions in more than 100 clinical trials and several meta-analyses. Clinicians and life coaches wanting to incorporate acupoint tapping into their practices can readily learn the basic protocols but are often unsure about how to formulate the most effective wording to accompany the client's self-tapping. This paper presents a qualitative analysis of videotaped statements that were judged to move the treatment forward in relationship to three process outcomes: (a) the statement

resulted in the practitioner becoming better *attuned* to the client's intentions for and experience with the therapy, (b) it *explored* the issues relevant to the client's needs and goals in order to deepen both the client's and the practitioner's understanding of them, and/or (c) it *led* the client toward more effective ways of addressing pertinent issues. These three categories—attune, explore, lead—were derived from the 62 therapeutic functions of language that were identified as the videotaped wording was being coded. The list is only an initial formulation, based on one clinician's sessions as analyzed by that clinician. It is intended as a first step toward a more comprehensive investigation of the use of language in Energy Psychology sessions, its impact on client outcomes, and its implications for practitioner training.

Keywords: Emotional Freedom Techniques, Energy Psychology, language, therapeutic alliance, Thought Field Therapy, wording

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often feel uncertain and ask for help is with the words to suggest as the client taps. Aware of this challenge, EFT educator and researcher Dawson Church and I created a weekend training for practitioners, which we presented in February 2017. It was well received, and Dr. Church has incorporated and expanded upon elements from that event into his EFT Universe Certification Program and other intensive trainings.

At the same time, I have become very interested in the therapeutic *functions* of the phrases used within Energy Psychology protocols. While many tapping practitioners and approaches use only minimal or formulized wording, this is an area where the art of communication can interact with and potentially enhance the already empirically validated manualized protocols. More than 100 peer-reviewed clinical trials demonstrating efficacy and unusual speed are listed

The mind is its own opiate. And the ultimate drug is the word.

—Thomas Szasz, MD

Psychotherapists, counselors, and life coaches can easily learn a basic Energy Psychology/acupoint tapping protocol. Where they most

on websites such as www.energypsych.org and www.EFTUniverse.com. Meta-analyses have shown unusually large effect sizes with depression (Nelms & Castel, 2016), anxiety (Clond, 2016), and PTSD (Sebastian & Nelms, 2017). The majority of these studies follow the protocol detailed in *The EFT Manual* (Church, 2018), which, like any manualized form of psychotherapy, limits the practitioner's creative options. Yet even within this limitation, protocols that utilize acupoint tapping have been shown to be effective with a wide range of conditions and to be significantly more effective than otherwise identical protocols that substitute acupoint tapping with an alternative activity such as diaphragmatic breathing or tapping on "sham" points (Church, Stapleton, Yang, & Gallo, 2018). In brief, tapping itself has been shown to be a potent therapeutic component of the approach.

Energy Psychology protocols that do not combine verbal statements with the acupoint tapping—relying instead on having the client attune to a pertinent emotion or a "felt sense" about the target problem—actually have certain empirically supported advantages. For instance, such protocols have been readily taught to local care workers in post-disaster situations who have then produced strong positive outcomes with posttraumatic stress disorder (PTSD) and acute stress disorders (Connolly, Roe-Sepowitz, Sakai, & Edwards, 2013; Stapleton, Sandstrom, & Hamne, 2018), and they have also been successfully applied in circumstances where multiple languages were involved (Connolly, 2019). Acupoint tapping protocols that use minimal verbalization are conveniently portable and may be particularly useful for swiftly countering the effects of trauma and other emotional wounds. The adroit use of language, however, can add power, precision, and nuance for changing the internal models that fuel maladaptive perceptions, feelings, and behavior. While no research has been conducted to date on the relative contributions of the acupoint tapping and of the words that accompany the tapping, bringing increased attention to the way language is used by tapping practitioners will presumably be a constructive step toward enhancing the effectiveness of tapping protocols.

Nearly all forms of psychotherapy are, in fact, conducted in the coin of the spoken word, as explored in the classic anthology *Spoken Interaction in Psychotherapy* (Russell, 1982). Recent

electroencephalography (EEG) studies at the University of Göttingen (2019) have shown that the brain can determine whether a word has positive or negative connotations within the lightning speed of 200 to 300 milliseconds. Since the limbic system responds more quickly to language than does the prefrontal cortex (Davidson, 2004), our emotional reactions to words occur more quickly than our conscious minds can control.

Another classic study, *Making Contact: Uses of Language in Psychotherapy* by Harvard psychiatrist Leston Havens (1986), was called "a basic grammar of empathy" in a *Boston Globe* review. The cleverly titled *Escape from Babel: Toward a Unifying Language for Psychotherapy Practice* (Miller, Hubble, & Duncan, 1996), without mentioning Havens directly, nonetheless provides a thoughtful response to Havens once having characterized psychiatry as a "Tower of Babel." The Tower of Babel was of course built, as described in Genesis, in an attempt to reach heaven. God was not pleased with such hubris and, since the people all spoke a common language, God confounded speech so that different peoples could no longer collaborate on blasphemous activities. Analogous language barriers are, as portrayed by these authors, the situation among the different schools of psychotherapy.

Escape from Babel encourages therapists to prioritize language that addresses core requirements for successful psychotherapy, such as conveying respect and understanding about the client's point of view, encouraging hope, and envisioning a promising plan for the future. By focusing on these fundamentals, a unifying language emerges that transcends the contentious psychobabble of competing schools of psychotherapy. Meanwhile, certain legendary therapists—such as Milton Erickson, Virginia Satir, and Fritz Perls—used language so creatively and effectively that their students have written tomes trying to discern the secrets of their verbal prowess.

While most Energy Psychology instruction manuals do offer guidance on the use of language (e.g., Church, 2018; Freedom, 2013), this is to my knowledge the first peer-reviewed attempt to systematically analyze the wording that was used during actual acupoint tapping sessions. The analysis focuses on the *functions* of the wording used. What were the phrases intended to accomplish? What types of phrases are most beneficial? While simple curiosity set me onto this line of

inquiry, I soon realized that the answers to these questions could hold value for practitioner training. Even experienced practitioners have not necessarily had instruction in the flexibility and precision by which language can be used within Energy Psychology protocols to achieve desired clinical ends. Training events could, for instance, start by presenting a framework for the wide range of outcomes that wording can facilitate and the types of phrasing that might achieve those outcomes. They could then show videotaped sessions of practitioners known for the effective use of language, pause at critical points, and have participants apply the framework in formulating what the practitioner might say next. The video could then be resumed, showing what the practitioner actually did say at that juncture, followed by further reflection and discussion. These could be highly engaging and instructive exercises. For the framework to be useful, however, it needs to capture the essence of what is truly effective.

This paper presents an initial formulation for capturing that essence. It is based first on an earlier survey of Energy Psychology practitioners as to what a round of tapping might be intended to foster (Feinstein, 2016). From this, I reflected on the types of statements that would be required to achieve these outcomes based on my own clinical experience. This led to an initial framework that I tested against videotapes of 10 sessions I had personally conducted with 10 different individuals. Such “qualitative studies” are primarily exploratory, gathering non-numerical data about the characteristics of the phenomena being investigated (Berg & Lune, 2012). The next step would be for others to test the framework presented here against sessions conducted by other practitioners and modify it as appropriate. So this exploration is but a first step toward a more comprehensive investigation of the use of language in Energy Psychology sessions, its impact on client outcomes, and its implications for practitioner training.

Seven Targeted Outcomes for Acupoint Tapping Based on the ACEP Practitioner Survey

In the practitioner survey, sent to the membership of the Association for Comprehensive Energy Psychology, 294 respondents (24% of the

membership) identified the following as targeted outcomes when using acupoint tapping procedures (Feinstein, 2016). A round of tapping is most often intended to further one or more of the following objectives:

- Eliminating an unwanted physiological/emotional response to a specified trigger
- Eliminating an unwanted physiological/emotional response to a traumatic or otherwise difficult memory
- Eliminating a maladaptive belief about self or how the world operates
- Eliminating a maladaptive behavior habit
- Eliminating emotional obstacles to reaching a desired goal
- Shifting an unwanted baseline affective state (e.g., depression, generalized anxiety)
- Establishing and reinforcing beliefs and behaviors that overcome a problem or support a desired goal.

Tapping, Language, and Neural Change

The thread linking these intended outcomes is the transformation of deep learnings that are no longer adaptive while developing new strategies that are. Preliminary brain imaging studies suggest that Energy Psychology protocols are unusually efficient in altering the neural pathways that maintain outmoded learnings. For instance, tapping on acupoints has been shown to send signals that increase arousal in executive regions of the brain that mediate limbic responses to stressful stimuli and that downregulate activity in brain areas involved with fear (Di Rienzo et al., 2019) and food cravings (Stapleton, 2019; Stapleton et al., in press). The neural regions that are activated by the words or images that accompany the tapping are believed to determine where the signals evoked by the acupoint stimulation will be transmitted (Feinstein, 2018). Thus the phrases the client is instructed to use plausibly allow the practitioner to “aim” the signals generated by the tapping to bring about specific neurological and psychological outcomes. Outdated learnings and strategies can, in this manner, be modified in precisely targeted ways, depending on the words utilized.

Rather than programming the client like a computer, however, the art of using tapping protocols involves finding language that is so highly

attuned to the client's inner world that the direction of the therapy is dictated by the client's natural propensities for healing and growth. In fact, to the extent possible, the client's own statements in describing the issues of concern are used or built upon in the practitioner's choice of wording to suggest for the client to repeat while tapping.

Functions of the Wording That Accompanied the Tapping

Reflecting on my own use of phrasings during videotaped tapping sessions, I began to refine the list of the functions of the statements I had used. Usually the words would come spontaneously, intuitively, but in retrospect I could often discern their purpose, and I could feel into my intentions in using them. I realized that these ruminations were not only an intellectual exercise. They were training my intuition by stepping back and observing where my intuition had led and what had followed. Incorporating a similar process into training programs might, in fact, be the ultimate purpose for pursuing this line of investigation.

In a typical 30 to 60-minute session, I would feed the client dozens of phrases. I began to limit the phrases that I would code to those that seemed to move the session forward in at least some small way. Still, the list grew as dozens of possible functions for wording were identified. I began to group the functions of the statements, deriving 10 major categories, with up to seven subcategories in each. I compared each of these functions with the ACEP list of intended outcomes. I found close correspondences in that a logical connection could be established between the wording and the desired outcomes.

Ten Primary Functions of Wording

- Restate the problem from multiple angles
- Keep the process safe and attuned to the here and now of the therapeutic relationship
- Identify and examine roots of the problem, its aspects, and related symbolism
- Investigate the problem's costs or double binds it creates
- Articulate dilemmas around overcoming the problem
- Enhance emotional safety and self-acceptance
- Bolster confidence

- Build positive meaning or otherwise come to terms with aversive life events
- Particularly as arousal decreases, establish effective mental strategies for resolving pertinent issues
- Move toward desired outcomes.

Attuning, Exploring, Leading

The list is not comprehensive. The kinds of problems clients present and the ways tapping practitioners field them are countless, and this formulation was based on only 10 sessions, all conducted by a single practitioner. Nonetheless, of the hundreds of statements that were evaluated from the videotaped sessions and judged as facilitating the treatment, most did fit into one of these categories. The categories represent the types of statements (based on their apparent purpose) that most frequently appeared in my own sessions, and they seem similar to the types of wording used when I've observed other practitioners at training events, on video, or in published case studies. As I reflected on the developing list, I came to realize that the types of statements on the list fell into three major groupings. Each is, in fact, well represented in the clinical literature, whatever the terminology used to describe it. As a therapist, you *attune* yourself with the client and to what the client desires and experiences during your work together. You *explore* the issues related to the client's needs and goals to deepen your own and your client's understanding of them. And you *lead* the client toward more effective ways of addressing the pertinent issues. So now the list looked like the following.

Functions of Wording in Relation to "Attune," "Explore," and "Lead"

ATTUNE yourself to the client's understanding of the issue and experience of the therapy:

- Restate the problem from multiple angles
- Keep the process safe and attuned to the here and now of the therapeutic relationship.

EXPLORE to deepen this understanding for both yourself and the client:

- Identify and examine roots of the problem, its aspects, and related symbolism
- Investigate the problem's costs or double binds it creates

- Articulate dilemmas around overcoming the problem.

LEAD toward more effective ways of addressing the issues:

- Enhance emotional safety and self-acceptance
- Bolster confidence
- Build positive meaning or otherwise come to terms with aversive life events
- Particularly as arousal decreases, establish effective mental strategies for resolving pertinent issues
- Move toward desired outcomes.

Tapping during the “Attune” and “Explore” phases reduces excessive emotion regarding targeted issues, so these statements are far more than just therapeutically idle activities waiting for the direction of the “Lead” phase. In addition to the statements deepening the client’s and the practitioner’s understanding of the issues being addressed, the tapping shifts the psychological landscape, reducing arousal, reorganizing information within the internal models being explored, and facilitating the healing of traumatic wounds. The “Lead” phase does, however, further drive psychotherapeutic change by introducing new or enhanced strategies for addressing pivotal situations in the client’s life. Simultaneous with statements that lead the client into more adaptive ways of addressing an emotional challenge, the tapping sends activating signals to related brain areas, neurologically buttressing the newly envisioned strategies (Feinstein, 2018; Stapleton, 2019).

A counterintuitive element of acupoint tapping protocols should be mentioned. Having a client repeat a self-defeating belief or other cognitive distortion would seem to be reinforcing it through repetition or some form of autosuggestion. The simultaneous tapping, however, leads to the opposite outcome. It promotes more efficient information processing by diminishing the emotional charge that keeps the belief in place.

Method

In addition to organizing the 10 categories of the functions of tapping statements around “Attune,” “Explore,” and “Lead,” the hundreds of statements that fell into these 10 categories were divided into subcategories. The more specific the subcategory, the more instructive it is likely to be

in a training situation, so the list of subcategories expanded rapidly. A point was reached, however, where so many categories could be created (technically, every statement, due to its unique place in time and space, represents a new, single-item “category”) that I found myself having to moderate between subcategories that were specific enough to be useful and having so many subcategories as to be overwhelming. In the final analysis to this point, each of the 10 categories contains three to seven subcategories, with a total of 62 subcategories. While the complexity of language and the psychological issues that wording addresses make it hard to create categories without some overlap, the categories and subcategories seem relatively discrete. Of course some statements inevitably serve more than one function, but the vast majority of the statements that were analyzed could be reasonably placed into one of these categories.

In reviewing the videos, I generally made one of four determinations for each statement: (a) it fit into one of the existing subcategories (even if it did not completely accomplish the function of that subcategory, it had to take a step toward accomplishing it); (b) it necessitated a new subcategory or that an existing subcategory be broadened; (c) it was so atypical or required so much context to be understood that, even if it was creative and useful, it was not categorized; or (d) it was judged as not moving the treatment forward and was dismissed. Some dimensions of language could not be coded. For instance, the practitioner’s tone conveys emotion (or carries an “energy,” if you will) that is not reflected in the lists. Sometimes the complex meaning of a phrase was based on the discussion that had preceded it, and these phrases could not be coded. During my coding of the 8th, 9th, and 10th videotaped sessions, no new subcategories were necessary, and I ended the review process at that point.

One to four examples of wording that fall into each of the subcategories are presented. These were derived from the videotaped sessions but were often altered to provide more context since some statements were meaningful only in relationship to previous statements or interchanges with the client. The number of examples in a subcategory does not correlate with the subcategory’s importance or the frequency with which that type of statement appeared in the videos. Subcategories with only one or two examples were judged as having been adequately illustrated. Other

subcategories used three or four examples to show the range of possibilities within that subcategory. In some instances, commentary about a particular set of wording is provided under the repeated heading of “Guideline.”

Although an actual treatment session will move freely among statements designed to “attune,” “explore,” or “lead,” the attune-explore-lead triad does represent a logical sequence that emerged in various phases of the treatment process. It also offers a guideline for which statements were assessed as moving the treatment forward. Does the statement deepen *attunement*, enhance understanding through its *exploration*, or *lead* toward more effective strategies and solutions?

Words That Attune

Empathic attunement to the client’s inner world is a pillar of the therapeutic alliance that is an essential ingredient in all forms of psychotherapy (Ardito & Rabellino, 2011). *Escape from Babel* broadens the usual scope of empathic attunement:

Empathy emerges as a discerning and thoughtful appreciation of the situation that brings the client into contact with the clinician.... Unfortunately, much of what has been written about and considered empathic has focused almost exclusively on the practitioner’s identifying and connecting with the client’s negative feelings and personal experiences (e.g., client’s pain or suffering, their despair or feelings of hopelessness, their present difficulties, and the history of their complaint). However, since client strengths and resources contribute greatly to psychotherapy outcome, we would do well to adopt a broader view of empathy, a view that encompasses the light as well as the dark, the hope as well as the despair, the possibility as well as the pain (pp. 112–113).

In Energy Psychology, teaming with the client in formalizing the initial “setup” and “reminder” phrases for the first rounds of tapping requires deep reflective listening and accurate attunement. (Note: some specialized terms—such as “setup phrase,” “reminder phrase,” “psychological reversal,” “SUD,” and “tail-ender”—are used in accordance with their definitions in *The EFT Manual* [Church, 2018].) The initial reminder phrase generally focuses on what the client wants

to change, on what is “wrong.” But as the tapping proceeds, the emotional charge on the problem is reduced, the “onion” is peeled away, and new layers of the issue become evident. As this occurs, the practitioner is better able to attune to and articulate (a) the higher positive intentions in the client’s desire to change; (b) the compelling reasons the problem was there in the first place and, importantly; (c) the client’s strengths for overcoming the problem and reaching desired goals. Articulating each of these throughout the session reactivates and strengthens attunement. Words within this listing that attune the practitioner with the client fall into two categories, divided into seven and six subcategories, respectively, as follows.

ATTUNE: Restate the Problem from Multiple Angles

State Reminder Phrase, its variations, or other prompts that bring the situation to mind:

- “Fear of criticism.”
- “I start to shake when I get onto a balcony.”
- “The first [or last] time I experienced this [completed by client].” (Adds specificity.)
- “That terrible thing that happened.” (Generalizes to minimize retraumatization.)

Describe the current situation or symptoms through a broader lens (place the problem in the context of other information the client has presented):

- “Other people have no idea how I struggle with this.”
- “My wonderful gift as a singer has become a curse because of my stage fright.”
- “The accident from when I was 8 is still getting in my way.”
- “I’ll never succeed in this job if I can’t speak truth to power.”

Relive the problem or triggering situation (e.g., describe as a story or movie):

- “I’m 11 years old. I’m at school, and...”

Recognize the problem’s benefits:

- “My anxiety keeps me on alert.”
- “I love being so close to someone [despite the abuse I receive].”

Identify and accept the client’s conflicting desires or unstated feelings:

- “My head and my heart are battling this out.”

- “I want to keep the security of my job *and* I want to do more meaningful work.”
- “I don’t want to get hurt again.”
- “How could this happen!”

Affirm insights:

- “Isn’t that interesting!”
- “Now I understand what my psyche was up to!”
- “Wow, that really sucks!”
- “We’ve named the problem; still need to solve it!”

Update Reminder Phrase as new information emerges:

- For example, FROM: “I’m anxious when I don’t know what will happen” TO: “I’m anxious that I might make a mistake.” (Based on the client’s having realized and reported that this is the specific source of the anxiety.)

Guideline: Stating the problem is always in a framework of accepting the problem.

Guideline: Be sure the initial reminder phrase is in the client’s words, particularly if you took substantial leadership in formulating the initial wording.

ATTUNE: Keep the Process Safe and Attuned to the Here and Now of the Therapeutic Relationship

You are asking the client to go into vulnerable or painful territory. Articulate a likely possibility:

- “I don’t feel safe right now.”
- “This is really hard. The past is past. Can’t we just focus on solving the problem?”

You are asking the client to do something that looks silly. Articulate a likely possibility:

- “You gotta be kidding! How is this going to help with my fear of flying?”

You are exposing the client’s patterns. Articulate a likely possibility:

- “I’m so embarrassed for you to see that I...”

Your client will probably touch into highly uncomfortable feelings at various times. Articulate a likely possibility:

- “It’s unbearable to realize how much I’ve hurt her.”

You are a blank screen for the client’s projections. Articulate a likely possibility:

- “You are doing this for the money. You don’t care about me...”

Your own projections may also be activated. Articulate a likely possibility:

- “Male therapists always get taken by my physical beauty.”

Guideline: This ongoing reattunement may mean asking direct questions or, as in the examples here, may involve offering guesses about the client’s feelings based on earlier statements or nonverbal cues. Such guesses should generally be followed with an inquiry, such as “True or false?”

Guideline: When you become aware of your own projections or countertransference issues, use that awareness to the degree possible in reattuning with the client, even to the extent of formulating statements that explore interpersonal dynamics, such as in the final example above.

Guideline: When the kinds of issues in this set arise, an opportunity (if not a necessity) has emerged for creating better alignment within the therapeutic relationship. They may occur at any point during the treatment.

Words That *Explore*

Mutual exploration of the problem or issue that is the focus of the treatment is critical to the effectiveness of subsequent problem-solving. This can be a highly creative task for both the client and the practitioner. In Energy Psychology, many of the statements that comprise a round of tapping are designed to deepen both the client’s and the practitioner’s understanding of the problem, its costs, its many facets, and the obstacles to its solution. ACEP’s executive director, Robert Schwarz, emphasizes another function of the language used while exploring the issue:

The practitioner’s wordings can quickly shift the focus so every significant aspect of the way the problem is encoded is brought into the client’s awareness, and each can then be tapped down so its emotional charge is neutralized. This leads the client to greater self-acceptance and understanding about each of those aspects, and it results in the problem being more thoroughly treated. Failure to clear all or a sufficient number of aspects, on the

other hand, leaves the client vulnerable to the problem reestablishing itself (personal communication, Robert Schwarz, May 10, 2019).

Clues for formulating the areas to explore often come from the client's descriptions of the feelings, sensations, thoughts, beliefs, or specific memories that arise while tapping or when tuning inwardly to determine the in-the-moment 0-to-10 SUD (subjective units of distress) rating, as generally tracked following each round of tapping. Carefully observing the client's nonverbal reactions as the session progresses is another source of information for formulating statements. Because the practitioner is sometimes taking intuitive leaps when framing the phrases used during the tapping, any suggested wording can be followed with the question "True or false?" to keep the attunement on track. This inquiry can also be more open-ended, such as "In what ways does that land or not land for you?"; "Do any words need changing to make it a better fit for you?"; or "Those are my words; how might you put it?" Words identified in this listing that explore the nature of the issue on which the therapy is focusing are divided into three major categories, each with six or seven subcategories, as follows.

EXPLORE: Identify and Examine Roots of the Problem, Its Aspects, and Related Symbolism

Name physical, emotional, or interpersonal aspects of the situation or problem:

- "My breath is getting caught in my throat..." (when thinking about the problem).
- "I feel so sad..." (when thinking about the problem).
- "Seeing the blood."
- "My wife has just about had it with my inability to manage time."

Examine precipitating events:

- "My stepdad would sneak into my room at night."
- "I had my first panic attack in an elevator right after I learned he'd died."
- "My baby sister died in my arms when I was 7."
- "That's when I appointed myself to rescue my mother from her alcoholism."

Explore connections between precipitating events and current difficulties or maladaptive beliefs:

- "Her voice sounds just like my mother's when she was angry."
- "From that moment, the universe no longer felt safe! If *that* could happen, who knows what else could also happen!"
- "That's when I stopped trusting men."
- "It's the same feeling as when my father would go silent."

Highlight contradictions:

- "Whenever my life starts to get better, my physical symptoms return."
- "I had an idyllic childhood, though we did move every year because of Dad's job."
- "My groveling for affection turns people off!"

Have client find an image for the issue or a part of it:

- "I see myself in a field running away from a charging bull when someone is about to ask me to do something I really don't want to do but can't say no."
- "My back pain looks like a fiery red devil sticking pitchforks in me."
- Instruction to client: "Invite a symbol to emerge that represents my fear of failure."
- Instruction to client: "Ride this feeling back in time to a scene of one of the first times you had this tightness in your throat." (Called the "affect bridge.")

Recognize metaphors, coincidences, or synchronicities:

- "Wow, my gambling addiction is just like the way Dad would invest in those wild business schemes!"
- "How interesting that I'm suddenly afraid of bridges as I approach this 'bridge' into a big change in my life."
- "While I didn't 'catch' Mom's inflexibility, my back took the hit." (After noting a possible relationship between the mother's rigidity and the chronic stiffness in her back.)
- "Dad only noticed me when I was sick. Like that, this rash is my body's way of telling me I'm ignoring it."

Pose open-ended questions that deepen the exploration or put the situation into perspective:

- "I wonder where that came from?"
- "Maybe there's an emotional reason for this?"

- “What is my body telling me with this leg pain?”
- “Where else in my life is this pattern playing out?”

EXPLORE: Investigate the Problem’s Costs or Double Binds It Creates

Identify pain, uncertainty, or blocked opportunities caused by the situation:

- “My marriage suffers from my having closed down after my uncle abused me.”
- “The accident leaves me afraid to drive.”
- “My need to please others keeps me from enjoying my friendships.”
- “This panic I can’t control robs me of any chance of success as an athlete.”

Discern client’s strategies for fielding the situation:

- “I had to layer over my vulnerability and get tough!”
- “I worry before anything bad happens so I won’t be taken by surprise.”
- “I avoid people because someone might ask me to help with another stupid project or listen to gripes I can’t do anything about.”
- “I can feel the energy of people who are judgmental, and I’ve tried to fight it so much that I’ve become judgmental of anyone who might possibly judge me.”

Highlight triggers or cause-effect patterns that maintain the problem:

- “My need to be beyond criticism keeps me always feeling anxious.”
- “My body reacts, so I can’t think, and then I repeat the same pattern.”
- “I’m suspicious and close down when I get involved with someone new.”
- “My fear of looking stupid keeps me from speaking up.”

Address fears that the problem will return:

- “I may feel calmer now, but wait till next time I’m...”
- “Maybe we’re tapping on the wrong issue.”

Uncover self-judgments:

- “I’m not good enough to succeed at this.”
- “I hate myself for getting so angry with my mother.”

- “I don’t deserve her.”
- “I was a failure at 4, and I’m still a failure.”

Detect ironies:

- “The more I love him, the more he takes advantage of me.”
- “It was totally unfair that this whole horror happened because I was helping someone.”
- “I wind up letting people down worse than if I’d refused their invitations because I accept the invitation and then cancel out.”
- “If I stay in this relationship, I’ll be hurt; if I end it, I’ll hurt.”

Introduce humor or gentle parody:

- “Of all the ways a parent could screw up a child, I’ll settle for this.”
- “What a coincidence!” (After realizing that a chronic respiratory condition first appeared at the point of her mother’s death from emphysema.)
- “My fear keeps me from putting myself into situations where I have to take a risk. So that’s one good thing if this doesn’t work!”
- “I could move to a foreign country where no one speaks English so I won’t be in the position of having to say no.”

Guideline: The use of humor can energize a session, be a great boon to rapport, bring a breath of fresh air to intense and painful exploration, and quickly create a shift in perspective. It can focus on the ironies or intensity of a problem, or it may accompany the client’s own cognitive shifts, but it should never risk ridiculing the client or implying disrespect. The effective use of therapeutic humor requires, in fact, strong rapport and a well-established sense of safety or it can paradoxically do great harm to the healing relationship.

EXPLORE: Articulate Dilemmas Around Overcoming the Problem

Decisions or beliefs that serve as obstacles to solutions:

- “I *don’t want* to get over my hatred of those who have wronged me.”
- “I can’t change how I feel.”

Secondary gains:

- “If I get over my depression, I’ll lose my disability benefits.”
- “If I get over my resentment toward my husband, he’ll just do it again.”

Catastrophic expectations:

- “If I tell the truth, I’ll be fired.”
- “If I open myself to this relationship, I’ll only be hurt again.”
- “If I try to fix this, it will only make it worse.”

Other Psychological Reversals or “tail-enders”:

- “It’s not safe to ignore the dangers of driving. This is a healthy fear!”
- “...but if I lose the weight, men will hit on me.”

Articulate alternative explanations for the problem or the process:

- “Maybe I did it because I was deeply hurt.”
- “My shaking means my body is talking to me.”

Give voice to people or to hidden or conflicting “parts” (e.g., Gestalt dialogue while tapping):

- “My stomach is saying: ‘I won’t let you get away with this.’”
- “My guilt is saying: ‘Yes, everyone else has forgiven you, but I haven’t!’”
- Client as if speaking to her husband: “I hate you for what you did!”
- Client as her husband: “And you’ve been punishing me for it ever since!”

Words That *Lead*

Most psychotherapeutic frameworks recognize that the client will play a pivotal role in finding solutions for the problems being addressed. The practitioner’s job is not seen as imposing solutions but as arriving at them collaboratively, mutually envisioning viable strategies and solutions for previously intractable problems or unresolved issues. William James (1842–1910), known as the “Father of American Psychology,” and certainly one of the most influential thinkers of his time, stressed:

Positive images of the future are a powerful and magnetic force . . . They draw us on and energize us, give us courage and will to take

on important initiatives. Negative images of the future also have a magnetism. They pull the spirit downward in the path of despair (James, n.d.).

Positive images have greater traction, however, when emotional blocks have been resolved. The statements in the “Attune” and “Explore” lists generally focus on “What is” or “What was.” Tapping on these statements can have the effect of healing unresolved trauma, reducing emotional reactivity, and/or reorganizing the client’s internal models. The statements in the “Lead” category generally focus on “What can be.” They are visions of a different future than the current trajectory would bring, visions of concrete action steps that can be taken, or visions of changes that strengthen the client’s *ability* to come to a solution. For instance, rather than directly addressing the problem, the practitioner may lead the client toward greater confidence or self-acceptance. Or the practitioner might guide the client in assessing the effectiveness of previous ways of approaching the issues at hand, which becomes background information when focusing on ways for achieving desired outcomes. Note that even though the “Lead” statements fall into as many major categories as the “Attune” and “Explore” categories combined (because they are more specific and strategic), the greatest amount of clock time in the sessions involved statements that fell into the “Explore” category. Wording identified in the “Lead” listing is divided into five major categories, each with three to seven subcategories, as follows.

LEAD: Enhance Emotional Safety, Peace, and Self-Acceptance

Reinforce internal sense of safety:

- “Right here, right now, I’m safe!”
- “When I look these fears in the face, they’re not as big as they seemed when I didn’t look them in the face.”
- “The worst is over...”

Ground the client in the security of what is established and familiar:

- “I know my friends want to support me.”
- “I have my garden to bring me comfort when I feel down.”

Tap calmness into inner states that interfere with a sense of peace:

- “The red hot anger in my heart.”

- “My grief about losing my marriage.”

Cultivate self-empathy about the problem:

- “I didn’t bring this on. I did everything I could to prevent it.”
- “I’m feeling deep compassion for myself around my difficulty setting boundaries.”
- “Of course I feel angry.”

Foster acceptance for who the client is and what he/she has done, including blunders:

- “Even though I’m full of jealousy, I deeply love and accept myself.”
- “I’m learning to accept myself.”
- “I wish I hadn’t thrown it at him, but there’s a limit to how many times you can tolerate someone telling you that you’re stupid.”
- “Of course I put up walls—so many people have taken advantage of me in the past.”

Stay within “Window of Tolerance” (see Corrigan, Fisher, & Nutt, 2011):

- “If this starts to be too upsetting, I can breathe deeply and tap to calm myself. Knowing I can do this if needed is comforting.” (Keeping within comfort zone.)
- “As I’m getting more comfortable with this tapping stuff, I am letting my barriers down a bit.” (Affirming that it is safe to go beyond a narrow comfort zone.)

LEAD: Bolster Confidence

Acknowledge personal successes and strengths:

- “I’m the one who people come to for advice.”
- “I raised four daughters by myself.”
- “My heart is wise.”

Distinguish between the present situation and the precipitating event:

- “I was just a little girl.”
- “That was a long time ago!”
- “That was a great solution for when I was 8, but I don’t live in that family anymore.”
- “Yes, she tells me to pick up after myself, but I’ve got to get it, she’s not my mother!”

Assure that established strategies (including defenses) won’t be yanked away:

- “I’ve been stubborn all my life, and no one is going to take that away from me.”

Address inner critic:

- “Mom sure taught me how to be hard on myself.”
- “I judge myself every time.”

Articulate and challenge limiting beliefs:

- “I will never find a man who will go the distance with me.” (Articulating.)
- “Yes, men have hurt me, and that’s taught me a lot about discernment.” (Challenging.)

Counter fear of failure:

- “Even if I can’t pull this off, I will be fine.”
- “No matter what happens, I’ll still learn a lot.”

Lead: Build Positive Meaning or Otherwise Come to Terms with Aversive Life Events

Acknowledge skills arising from challenging circumstances:

- “I’ve gotten very good at recognizing insincerity. I have a great crap detector.”
- “I’m a survivor!”

Articulate wisdom gained:

- “I’ve learned to see the good in people and in their intentions.”
- “Overcoming this is a clear ‘Yes’ to life!”

Recognize absurdities:

- “What happened makes no sense from down here. I wonder how the Universe sees it?”

LEAD: Particularly as Arousal Decreases, Establish Effective Mental Strategies for Resolving Pertinent Issues

Reframe challenges within an affirming perspective:

- “My self-judgment is like training wheels I don’t need anymore.”
- “I’ll be a stronger person when I get out of this mess!”
- “Even though I don’t know quite what it will look like, I choose to meet this change with excitement.”
- “That critical voice was my mother’s curse on me...and her gift to me.”

Challenge cognitive distortions (e.g., overgeneralizations, all-or-nothing thinking, magnification, minimization, discounting the positive, assigning unwarranted blame, unrealistic expectations, irrational conclusions, mind-reading, etc.):

- “My best isn’t good enough.”
- “I always get hurt!”
- “The presentation was a disaster. I kept saying ‘um.’”
- “It’s my fault that she died.”

Guideline: Tapping on such statements can reduce their influence.

Highlight experiences that contradict the old internal model:

- “When I finally asked for a raise, my boss responded with respect.”
- “I can feel my chest softening when I think of Dad.”
- “Everyone I invited came to my birthday party.”
- “Being recognized as the hardest worker on the staff was a real puzzler since I’m so lazy.”

Open to the lessons from unsuccessful attempts to resolve the situation:

- “I gathered all my courage to make it clear to my husband how serious I am about this, and he changed the subject!”
- “Three years of therapy, and I still buckle when I feel judged.”
- “I’ve left two marriages, yet once more the pattern returns.”

Address the still-active role of underlying influences:

- “My mother’s fears acted like a post-hypnotic suggestion I’ve carried ever since.”
- “Speaking to the deeper part of myself, I see what you’re up to...”
- “My uncle, who I tried to please more than anyone else, was always critical of me, and I’m still finding highly critical men to try to please.”
- On six consecutive tapping points:
 - “My job as a child was to try to save my parents’ marriage.”
 - “I saw relationships as something to fix.”

- “I applied that lens to my marriage.”
- “Even though I was in a marriage that couldn’t be fixed.”
- “Just like my parents’ marriage.”
- “And I’ve never forgiven myself for not fixing either of them.”

Recognize and affirm progress during the treatment:

- “I’m more calm now when I think about heights.”
- “I like it when I feel my tenderness.”
- “I’ve put this very deep into my psyche.”
- “I’m realizing it’s time to break free from my need to push myself so hard.”

Consider how life would be if the problem were overcome, including gains and losses:

- “As I get more comfortable facing anger, I’ll be able to set better boundaries with my ex-husband.”
- “I won’t be seen as such a loving person if I start putting my own needs first.”
- “If I overcome my fear of flying, I will have to go with my husband on those dreadful business trips.”
- “I’m feeling new waves of hope!” (Thinking of the problem resolving.)

LEAD: Move Toward Desired Outcomes

Envision specific outcomes that have become possible:

- “I have power and understanding I didn’t have as a child. I can no longer be manipulated by bullies.”
- “As I get over these self-doubts, I will be able to...”
- “I’m imagining driving over the bridge being totally comfortable.”
- “I’m rewiring my brain, right now, as I tap!”

Explore and articulate strategies for moving forward:

- “I will tap on these self-judgments whenever they arise.”
- “I can get a grip on this problem by...” (Have client complete sentence or complete with something the two of you have already established.)

- “Every morning I will...”
- “I will give my Facebook group a progress report every week and adjust the plan as needed.”

Anticipate and prepare:

- “I may get mad and want to retreat.”
- “Knowing what I need to do doesn’t make it hurt less.”
- “I am getting myself ready to live alone.”
- “Although there are things I haven’t thought about yet, I will deal with them when they come.”

Formulate specific responses to doubts or the possibility of old patterns returning:

- “If I even begin to feel my resolve weakening, I will call Roger for support.”
- “If I am triggered by my boss, I will find a private place and tap it down.”

State intentions and affirmations:

- “I am finding the time to enjoy my grandchildren.”
- “You’re on the chopping block, critical voice!”
- “I’m shifting the energies in my body when I think about his hatred.”
- “I am choosing to open myself to Gerry’s love.”

Vividly imagine and tap on scenarios of success:

- “The entire staff is riveted to my every word as I explain my proposal.”
- “My tennis serve is perfect.”
- “I am telling him exactly how I feel about his having taken credit for my idea.”

Test your results:

- “I see myself petting my neighbor’s dog, and I feel...”
- “As I remember the sound of the skidding tires, my SUD is...”

Summary: *Attuning* establishes and maintains the therapeutic alliance. *Exploring* uncovers the issues and dynamics that maintain the problem without particularly attempting to intervene in them. Since, however, tapping on statements oriented toward attuning and exploring reduces the emotional intensity of the issues of concern, this in itself is often highly therapeutic.

Leading focuses on specific active steps—both internal and in the client’s external environment—toward resolving the problem. The first three subcategories listed under “leading” (enhancing safety/self-acceptance, confidence, and meaning) build internal capacities for resolving the problems of concern. The other two (establishing effective mental strategies for resolving pertinent issues and moving toward desired outcomes) address the problem and related issues head-on.

Reflections on Acupoint Tapping and the Practitioner’s Theoretical Orientation

An obvious question that grows out of this analysis involves the relationship between the wording used during tapping and the therapist’s theoretical orientation. While a cross-section of therapists who use acupoint tapping indicated, in the survey referenced earlier (Feinstein, 2016), that they found the approach to be compatible with a wide range of clinical frameworks, the relationship between phrasing and theoretical orientation has not been explored in the literature. So I was interested to see how my own clinical models were reflected in the wording I was using.

Some background on my own training and clinical orientation is relevant for that question. In addition to my foundational education in psychodynamic and Rogerian approaches to psychotherapy in graduate school, during my more than 45 years as a psychotherapist, I have received training at the certificate level or equivalent (say, at least 30 hours of classroom learning or supervised experience) in cognitive behavior therapy (CBT), Gestalt therapy, hypnosis, Ericksonian hypnosis, meditation, guided imagery, Jungian-oriented approaches, psychosynthesis (after Assagioli), family therapy (after Satir), bioenergetics (after Lowen), and, of course, Energy Psychology. Each of these has influenced my practice in that I will gravitate toward a technique or a perspective that suits a given situation. While an “eclectic” approach to psychotherapy can be criticized for lacking theoretical backbone, not being too tied to a particular theoretical model allows the therapy to be more flexible, responsive, and adaptive. I like to think of my practice as being “integrative.” The terms “eclectic” and “integrative” are sometimes used interchangeably, but they differ. Eclectic psychotherapists

are relatively atheoretical, drawing ad hoc from a variety of approaches with a focus on what will produce the best outcome in a given situation. Integrative approaches add to this an overarching theoretical basis for combining the various theories and practices (Woolfe & Palmer, 2000).

The 62 therapeutic functions of language found in my own sessions fell into the categories of “attuning,” “exploring,” and “leading,” and these categories provide a template for sorting through the theoretical frameworks that best align with these functions. Phrasings that fit in the “attune” category are quite Rogerian in the sense that empathic understanding, positive regard, congruence, and supporting client self-determination have become fundamentals for most psychotherapists, not just those who use tapping. Statements that are based on a recognition of transference and countertransference dynamics, as pioneered in psychoanalysis, also fit in the attunement category.

Phrases that fell into the “explore” category often examined the psychodynamic or familial roots of the person’s concerns, as first investigated by Freud and established empirically by attachment theory researchers. Also in the explore category was the identification of conflicts and polarities within the psyche, as focused upon by Freud and Jung. Recognizing the intrapersonal, interpersonal, and societal contingencies that shape feelings, thoughts, and behavior—which behavioral and cognitive therapies pioneered—were also evident in this category. A cognitive focus also led to phrasings that revealed and addressed irrational thoughts and self-defeating beliefs. The use of Gestalt dialogue, guided imagery, the affect bridge, and other non-tapping techniques to deepen the exploration of unconscious dynamics fit here as well.

Within the “lead” category, principles from CBT were especially helpful in formulating strategies for implementing more adaptive beliefs and behaviors. “Corrective emotional experiences,” which are the purview of all forms of therapy—from psychoanalysis to behavioral psychology to family systems approaches—often occur *internally* during the tapping process (the integration of novel experiences into existing mental models, and the reconsolidation of these models during tapping sessions, are discussed in Feinstein, 2018). My wording also often contained a suggestion or an affirmation. While this is by no means my contribution to Energy Psychology (consider

the basic setup statement, “Even though I have this problem, I deeply love and accept myself”), my hypnosis training and a week I spent with three other therapists studying with Milton Erickson in his home office were evident in some of my phrasings. Guiding clients to find positive meanings, or at least come to terms with aversive life events, exercised both the client’s and my own spiritual perspectives, and often deepened them.

The ability of phrasings to quickly move attention among the past, present, and future was evident in each of the categories. Also distributed across the attune/explore/lead categories was tapping using phrasings that focus on the aspects of experience identified in Arnold Lazarus’ (1981) classic multimodal therapy model (including behavior, affect, sensation, imagery, and cognition, known by the acronym BASIC). Meanwhile, some of the activities within Energy Psychology protocols require a mindfulness that regularly brings the focus back to the “here and now,” such as when the client periodically assesses the shifting SUD rating or is “observing and becoming intimate with the emotional reaction while tapping” (Gallo, 2015, p. 29).

While these initial ruminations hardly constitute an overarching theory, such comparisons of the functions of a practitioner’s phrasings during tapping sessions with the theoretical perspectives reflected in those phrasings could be a step toward a more coherent theory for integrating multiple clinical perspectives. My sense is that acupoint tapping can be effectively applied in the service of any theoretical perspective—psychodynamic, behavioral, cognitive, humanistic, spiritual, or in the more integrative fashion that is increasingly being utilized within the field (Stricker, 2010). Regardless of the clinician’s orientation, however, and in ways that are not yet fully understood, the tapping seems to increase the neurological impact of words formulated to enhance healing, growth, and well-being. Indeed, as emphasized earlier, Energy Psychology protocols were significantly more effective than otherwise identical protocols (using the same wording and adjunct procedures) but without the acupoint tapping (Church et al., 2018).

Conclusion

This paper describes an initial exploration of the uses of language during acupoint tapping psychotherapy sessions, focusing on just one

practitioner's wording during 10 videotaped sessions as analyzed by that practitioner. While most research is based on observing external behavior, an advantage of this approach in the early phases of formulating the framework has been that it was possible for me both to observe the wording used and to recall my intention in using that wording. Thus the process was informed by both an objective lens and a subjective lens. The framework can, however, now be tested more objectively by using the wording of other practitioners as rated by independent observers according to more formal coding procedures (e. g., Rodríguez-Morejón et al., 2018). This would refine and begin to validate the framework. Using it and its various evolutions in training programs would further sharpen it and also ascertain whether or not such a framework is particularly useful in practitioner training. One final caveat: The framework is not intended as a set of formulas to emulate but as a training resource that underscores how flexible, nuanced, and creative the wording that accompany acupoint tapping can be. My hope is that it will generate a broader and deepened appreciation of the practitioner's options, ultimately leading to sessions that are more effective and empowering for the client.

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