



# ENERGY PSYCHOLOGY IN *DISASTER* RELIEF

DAVID FEINSTEIN

**E**NERGY PSYCHOLOGY IS AN APPROACH to psychotherapy and emotional self-management that stimulates “energy points” on the skin in order to change specific emotional response patterns. Its methods have been highly controversial within the psychological community. On the one hand, the rapid positive results being reported make no sense in terms of psychotherapy’s stock concepts, such as insight, contingency management (incentive-based change), or the curative powers of the therapeutic relationship. On the other hand, when you see a person with a lifelong fear of

heights walk toward the edge of a balcony, start to sweat, shake, and back away, but thirty minutes later watch that same person after a largely mechanical treatment walk calmly to the railing and enthusiastically lean out into the view, it is striking. When you see a comparable scenario ten times out of twelve, it is persuasive. Although energy psychology is backed by a credible and growing professional organization, acceptance, as might be expected with any radically new approach, has been slow within the broader psychotherapeutic community.



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## ENERGY PSYCHOLOGY IN THE FIELD

For a therapeutic innovation to prevail, it must pass many tests. These tests are even more stringent if the technique, as in the case of energy psychology, is rooted in a paradigm adopted from a foreign culture (in this case, Traditional Chinese Medicine) and uses unfamiliar and odd-looking methods (such as tapping on acupuncture points). One acid test for therapies such as energy psychology that claim to be effective with trauma relief is their use in the wake of a profound disaster. Even

while systematic research studies on energy psychology are only beginning to appear, a legacy of the method's effectiveness in disaster areas has been accumulating.

Carl Johnson, PhD, a clinical psychologist retired from a career as a PTSD (post-traumatic stress disorder) specialist with the Veteran's Administration, has traveled over the past six years to the sites of some of the world's most terrible atrocities and disasters to provide psychological support based in energy psychology methods. About a year after NATO put an end to the ethnic cleansing in Kosovo, Johnson found himself in a trailer in a small village where

the atrocities had been particularly severe. A local physician posted a sign offering treatments for trauma, and on the afternoon of a hot summer day a line of people formed. The referring physician told Johnson, with some concern, that everyone in the village was afraid of one of the men waiting outside for treatment. Indeed, the others had positioned themselves as far away from him as possible.

Johnson decided to start with this man and invited him into the trailer. Seasoned in work with war veterans, Johnson recalls that the man “had a vicious look and felt dangerous.” But he had come for help, so with the physician translating, Johnson had the man identify the trauma for which he wanted help. The man brought the trauma to mind, and though he never put the memory into words, his treatment began. Johnson tapped on specific acupuncture points that he identified using a simple physical test. He then instructed the man, through the interpreter, to do a number of eye movements and other simple activities. More tapping followed. Within fifteen minutes, according to Johnson, the man’s demeanor had changed completely. His face had relaxed; he no longer looked vicious. He was openly expressing joy and relief, initiating hugs with both Johnson and the physician. Then, oddly, he abruptly walked outside, jumped into his car, and roared away as everyone watched in wonder.

The man’s wife was also in the group waiting for treatment. In addition to the suffering she had faced during the war, she had become a victim of her husband’s rage. The traumas she identified also responded rapidly to the tapping treatment. About the time her treatment was completed, her husband’s car roared back to the waiting area. He came in with a bag of nuts and a bag of peaches, both from his home, as unsolicited payment for his treatment. He was profuse and gleeful in his thanks. He knew that something deep and toxic had been healed. He hugged his wife. Then, extraordinarily, he offered to

escort Johnson into the hills to find trauma victims who were still in hiding, both his own people (ethnic Albanians) and the enemy Serbs. In Johnson’s words, “That afternoon, before our very eyes, we saw this vicious man, filled with hate, become a loving man of peace and mercy.” Johnson further reflects on how often this happens, that when tortured souls are relieved of their suffering, they become palpably loving. (Additional case studies from numerous disaster sites can be found at [www.energytraumacases.com](http://www.energytraumacases.com).)

## THE KOSOVO DATA

The first 105 people treated in Kosovo by Johnson and his colleagues were followed for 18 months after their

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treatments. The results are astounding. These 105 victims of ethnic violence were suffering from the post-traumatic emotional effects of 249 discrete, horrific, self-identified incidents, from torture and rape to witnessing the massacre of loved ones. For 247 of those 249 memories, the treatments (using Thought Field Therapy, an early formulation of energy psychology developed by Roger Callahan, PhD, in the early 1980s) successfully reduced the level of emotional distress not just to a manageable level but to a “no distress” level (“0” on a 0-to-10 “Subjective Units of Distress”

scale). The memories, of course, remained, and although they were no less horrific, they were no longer emotionally disabling.

Johnson made nine trips to Kosovo between February 2000 and June 2002. His later visits were as much to train local health-care providers in Thought Field Therapy as to treat additional patients. He also received follow-up information on approximately three-fourths of the initial 105 people treated, primarily from two physicians who participated as translators in the initial treatments and had continued to care for those who received treatments.

What Johnson found was that once a memory had been cleared of its emotional charge, it remained clear. The initial treatment proved a potent and durable healing in all cases. The physicians did ask Johnson to see two of the patients a second time, and their problems (similar, though less intense than the original memories) were treated. The chief medical officer of Kosovo (the equivalent of the U.S. Surgeon General), Dr. Shkelzen Sylja, stated in a letter of appreciation:

*Many well-funded relief organizations have treated the post-traumatic stress here in Kosovo. Some of our people had limited improvement, but Kosovo had no major change or real hope until . . . we referred our most difficult trauma patients to [Dr. Johnson and his team]. The success from Thought Field Therapy was 100 percent for every patient, and they are still smiling until this day [and, indeed, in the follow-ups, each was free of relapse].*

Johnson kept a simple but ultimately provocative set of statistics during his visits to Kosovo and other areas of ethnic cleansing, warfare, and natural disasters:

- Number of people treated
- Number of people treated successfully (hyperarousal to traumatic memories neutralized)
- Number of traumatic incidents identified
- Number of incidents from which the person reported relief

Here is his tally to date:

Country	# of Clients	# Treated Successfully	# of Traumas Identified	# Completely Resolved
Kosovo	189	187	547	545
South Africa	97	97	315	315
Congo	29	28	78	77
Rwanda	22	22	73	73

Johnson, who holds a diplomat status with the American Board of Professional Psychology, acknowledges that these figures raise even his own skepticism. The findings “feel embarrassingly too-good-to-be-true,” he says. While affirming that they indeed reflect his experiences, that he “recorded them exactly according to what happened,” he wonders if the results could somehow have been inflated through translation of the language and cultural concepts. In any case, he notes, “Well-controlled research is essential before results like these can be accepted.” He also

emphasizes that healing a trauma with energy therapies, as reflected in the above numbers, is not the end of a person’s healing journey. “Often it is a new beginning,” he observes, providing people an opportunity to rebuild their lives without the oppressive emotional weight of their traumatization. To this end, I noticed from our interviews that Johnson meticulously integrates his energy work into the context of the local culture’s values, social structure, family relationships, and healing traditions to support continued healing and follow-up.

Although my own skepticism was strongly triggered upon first hearing these numbers—therapy simply isn’t known to produce near-100 percent results with any group, no less with people who have been severely traumatized—I think it is important to present Johnson’s data. These treatment results were corroborated not only by Kosovo’s chief medical officer (a highly regarded psychiatrist) but also by the therapists I have spoken with who worked with Johnson in Kosovo and Africa. They are consistent with what others are also describing. Clinicians from a wide range of backgrounds are reporting that energy psychology treatments can rapidly and permanently clear the emotional overwhelm associated with traumatic memories.

Members of the Trauma Relief Team of the Association for Thought Field Therapy Foundation (see box on p. 20) have used Thought Field Therapy, for instance, while providing disaster response services in more than a dozen countries, with strong results being reported. The Humanitarian Committee of the Association for Comprehensive Energy Psychology (ACEP) reports corresponding observations based upon its work with some 300 tsunami victims. Although systematic follow-up has not yet been conducted, the ACEP group describes strong, rapid responses to the psychological aftermath of the disaster, including alleviating anxiety, depression, and anger, as well as successfully resolving earlier traumatic memories activated by the tsunami experience. One of their most interesting findings has been that since it is more acceptable for individuals in these cultures to complain of physical suffering than emotional pain, many of the treatments focused on physical pain and consistently brought about substantial relief, based on both the survivors’ self-reports and a reduction in observable physical difficulties.

In short, although Johnson’s figures certainly aren’t science, they shouldn’t be too readily dismissed. Disaster

# DISASTER RELIEF ORGANIZATIONS USING ENERGY PSYCHOLOGY

**Green Cross** is a humanitarian relief organization founded in response to the Oklahoma City bombings in 1995. In conjunction with the Association of Traumatic Stress Specialists (ATS) and the Academy of Traumatology, Green Cross trains and certifies trauma specialists and deploys them to disaster areas worldwide. Energy psychology methods are increasingly being used by Green Cross trauma specialists. Some counselors have specialized training in terrorism response, compassion fatigue, or organizing first-responder peer counseling. Green Cross also provides information, education, consultation, and treatment for traumatized individuals or communities that have been affected by natural or human-caused disaster, and trains social service personnel in local settings. In Sri Lanka, more than 100 people were trained to be "field traumatologists" following the December 2004 tsunami. For further information, visit Green Cross at [www.gcprojects.org](http://www.gcprojects.org) or ATS at [www.atss.info](http://www.atss.info).

**The Trauma Relief Committee** (TRC) of the Association for Thought Field Therapy (TFT) Foundation coordinates a team of more than thirty TFT-trained practitioners available for deployment to assist victims and workers in need during and after local and global incidents of trauma and disaster. These volunteers have provided emergency and follow-up trauma relief services in such

places as the Congo, Guatemala, Kenya, Kosovo, Kuwait, Mexico, Moldavia, Nairobi, Rwanda, South Africa, Tanzania, and Thailand, as well as in the United States following Columbine, 9/11, and Hurricanes Rita and Katrina. TRC will soon release a "Trauma Relief Pack" with a CD demonstration of TFT trauma-relief techniques, a web-based TFT trauma-relief video, a description of TFT trauma-relief protocol, and a list of emergency TFT telephone numbers and contact data. Go to [www.atft.org](http://www.atft.org).

**The Humanitarian Committee** of the Association for Comprehensive Energy Psychology (ACEP) conducted its initial relief work with survivors of the December 2004 tsunami. ACEP members provided, on a volunteer basis, energy psychology treatments to some 300 individuals in Singapore, Sri Lanka, and Indonesia, where they have also trained approximately 100 local health-care providers in an energy psychology approach. The organization's primary strategy is to coordinate with government and nongovernment agencies, health-care organizations, and psychological associations to train local social-service providers. Outreach teams from all three countries are currently using energy psychology methods with tsunamivictims. Direct inquiries to John Hartung, ACEP Humanitarian Committee Chair, [jhartung@uccs.edu](mailto:jhartung@uccs.edu).

treatment can prevent the emotional scarring that results in impaired relationships, productivity, and health, along with painful psychological sequela such as nightmares, flashbacks, insomnia, depression, and panic disorders. In a world of terrorism, ethnic violence, wars, and natural disasters, any method that appears to be rapid, effective, and relatively easy to teach deserves serious attention.

## HIGH IMPACT, SLOW ACCEPTANCE

Given all this, one might think that most mental health teams involved in disaster relief would be using or at least considering the use of energy interventions. The professional psychotherapy community, however, has been slow to accept these methods. The 150,000-member American Psychological Association (APA), for instance, has taken the unprecedented step of singling out energy psychology as an area whose study cannot lead to APA-approved continuing education credit. It has held to a 1999 directive to its continuing education providers that they

risk losing their sponsorship status if they offer psychologists continuing education credit for courses in Thought Field Therapy. This restriction has been applied to any form of energy therapy, effectively preventing untold numbers of psychologists from exploring new methods. Indeed, growing numbers within the APA are becoming familiar with the power of energy therapies, including psychologists on both the TFT trauma-relief and the ACEP humanitarian teams, who have seen the method give hope and healing to hundreds of the most traumatized people on the planet.

The APA's reluctance is nonetheless understandable. The methods look strange, conventional explanations do not account for the reported results, and the claims seem extraordinary. Most seasoned therapists, even upon directly witnessing the power of energy psychology treatments, are at first not sure what to make of them. The APA has been similarly equivocal. At the same time it is preventing psychologists from receiving educational credit, a review in *PsychCritiques* (APA's prestigious

online book review journal) of a professional home-study program in energy psychology states: “Energy psychology is a new discipline that has been receiving attention due to its speed and effectiveness with difficult cases.” It goes on to laud the work as “a valuable expansion of the traditional biopsychosocial model of psychology to include the dimension of energy.”

While the psychotherapy community continues to debate the efficacy of energy interventions and even to block their proliferation until more scientific evidence has been produced, relief workers are developing guidelines for their application in global disasters. The Green Cross, for instance, a humanitarian relief organization analogous to the Red Cross, has been working closely with the TFT Trauma Relief Team and the ACEP Humanitarian Committee to expand the number of available relief workers trained in energy psychology methods (see box on p. 20). Psychologist Charles Figley, PhD, founder of the Green Cross in 1995 and a leading figure in trauma treatment, notes that “energy psychology is rapidly proving itself to be among the most powerful psychological interventions available to disaster relief workers for helping the survivors, as well as the workers themselves.”

## A NEW TOOL FOR HEALING

Trauma is known to adversely change limbic system structures (involved in various emotions such as aggression, fear, pleasure, and also in the formation of memory) that are not easily corrected through talk therapy methods. Energy therapies, however, appear to change emotional responses at basic neurological levels (see [www.energypsych.org/article-ruden.php](http://www.energypsych.org/article-ruden.php)). Empirical investigation of such treatment outcomes, while still in an early stage, is underway. For instance, systematic observation of 2,500 anxiety patients receiving energy psychology treatments compared with a matched group receiving a Cognitive Behavior Therapy (CBT) protocol suggested that the energy treatment was more effective (complete remission of symptoms was 76 percent versus 51 percent for the CBT group) and more rapid (1 to 7 sessions versus 9 to 20 sessions). Rather than interpreting such findings in terms of energy psychology or Cognitive Behavior Therapy, it should be emphasized that the combination of the two is proving the most powerful. (See [www.energypsychologyresearch.com](http://www.energypsychologyresearch.com) for a summary of

the available evidence about energy psychology treatments.)

With energy psychology we have a new genre of clinical tools for bringing an effective and compassionate response to those whose lives are convulsing after terrible misfortune. While we are still learning about the power, limitations, and best applications of the approach, its apparent distinctive ability to rapidly reorganize the neurological disruption that occurs for many people in the aftermath of trauma is establishing itself as an important resource in our disaster response capacities. 

—This article is excerpted from a more clinically oriented paper that is posted at [www.energytraumatreatment.com](http://www.energytraumatreatment.com).

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