

© Find this article in the
Energy magazine

July/Aug 2021 Issue

SUBSCRIBE HERE:

EnergyMagazineOnline.com



Cognitive Somatic Energy Practices for Lasting *Mental Wellness*

Research suggests that Cognitive Somatic Energy Practices (CSEP) shows promising efficacy, speed, and lasting effects, equivalent to and sometimes surpassing conventional mental health treatments.

Lori Chortkoff Hops

Research suggests that Cognitive Somatic Energy Practices (CSEP), also known as Energy Psychology, treating depression, anxiety and Post Traumatic Stress Disorder (PTSD), show promising efficacy, speed, and lasting effects equivalent to and sometimes surpassing conventional mental health treatments.¹ These developments are welcome news for the millions of people suffering from mental health disorders. As the name implies, CSEP methods utilize mind, body and energy practices to alleviate suffering and promote wellbeing.

A CLOSER LOOK AT COGNITIVE-SOMATIC ENERGY PRACTICES

Cognitive-Somatic Energy Practices comprise a family of methods designed to strategically and methodically intervene with human energy fields in elevating physical, mental, emotional and spiritual wellbeing. Practitioners view issues as systemic, interactive bioenergetic patterns. This involves constant complex communication among neurobiological processes, electrophysiology, consciousness, and bioenergy systems (which may include the biofield, chakras, and meridians). CSEP approaches are used by practitioners of psychotherapy, counseling, coaching, energy healing and health optimization. Practitioners use a variety of methods to help clients shift the flow of information and energy throughout these systems. Clients also learn self-help techniques they can use for self-care.

The most commonly known and frequently researched CSEP modalities are Thought Field Therapy (TFT) and Emotional Freedom Technique (EFT), commonly referred to as “tapping,” due to the movement of manually stimulating various acupuncture points, generally located on the head, trunk and hands.¹ Other types of CSEP modalities use movements of sweeping, brushing and/or directional eye gaze, with and without talking. Spoken words may be scripted or spontaneous depending on the modality, for example, Logosynthesis² and Tapas Acupressure Technique. Clients typically self-administer the practices at the same time as the practitioner. All CSEP methods use focused intention to neutralize distressing thoughts and feelings, or to enhance desired outcomes. There are a variety of theories about how and why these procedures work, most focusing on activation and deactivation signaling to the brain, body and nervous system to establish calm, balance, safety and openness to new learning.¹

LONGSTANDING HISTORY OF MODERATE OUTCOMES FOR MENTAL HEALTH TREATMENT

The field of mental health has been creating and studying methods to alleviate suffering since the days of Freud with modern psychology, and long beforehand with indigenous methods the world over. Unfortunately, the modern track record for mental health treatment has been less than favorable, with most



of those with mental health disorders not receiving any treatment. For those who do receive treatment, only two thirds show improvement. More unsettling is that favorable change only lasts in three quarters of those treated. Those who drop out of treatment are less likely to have lasting positive change. Furthermore, conventional treatments are both expensive and time consuming. It is therefore important for mental health treatment to be brief and effective, resulting in stable outcomes.^{3,4}

RECENT INCREASING NEED FOR SUCCESSFUL MENTAL HEALTH TREATMENTS

The recent international pandemic referred to as COVID-19, has caused drastic changes to daily life, livelihoods, and social structures among other disruptions impacting mental health and illness. Though it is too soon to understand the full scope and scale of the effects from COVID-19 on mental health, some early trends are being reported. A nationally representative study of US adults aged 18 or older found increased stress and higher rates of depression during COVID-19 (March to April, 2020) compared to a similar database measuring depression in 2017–2018. Results identified *rates of depression up to seven times higher* after COVID-19 than before: mild depression (24.6% vs. 16.2%), moderate depression (14.8% vs. 5.7%), moderately severe, (7.9% vs. 2.1) severe, (5.1% vs. 0.7%), 2020 and 2017–2018 data, respectively. Most striking is that nearly one quarter of adults sampled had identified personal symptoms of depression during 2020.⁵ Another study based on US census bureau data, also found depressive disorder, anxiety disorder, or both disorders to be rated as three times higher between April and May of 2020, compared to ratings in 2019.⁶ An international review study of 12 community-based samples showed a seven-fold increase in rates of depression in 2020 compared to 2019.⁷ Now more than ever, there is a need for fast, effective and lasting change for mental health challenges, as reported by CSEP methods.

ARE CLAIMS FROM CSEP TOO GOOD TO BE TRUE?

Are the claims of rapid, effective and lasting change from CSEP treatments too good to be true? It could be

that mental illness improvement following treatment is due to a lucky break, coincidence, or spontaneous remission. In the past, psychotherapy approaches that announced rapid, dramatic and sustained relief for trauma and other mental illness diagnoses, were seen as suspect. At best, they were viewed as making overly exaggerated claims, and at worst, offering deliberate and dangerous deception in exchange for money, from those in need of relief from suffering. It was believed that people with trauma and mental illness simply didn't get better that fast or easily.

What has recently changed is the advent of combined cognitive and somatic (body based) energy practice approaches to mental health treatment, rather than focusing only on the “talking cure” as it was dubbed in the early days of psychodynamic therapy. We now know we need to teach the body and mind that events have passed, the danger is over, and there is new learning to take its place. The reactive brain and energy body, typically remained in flight/fight/freeze/flop responses when treated exclusively with cognitive approaches. With the advent of CSEP, formerly relentless traumas are replaced with the “here and now” experiences of safety and openness to new experiences, rather than the “there and then” experiences of disruption and suffering.¹

WHICH MENTAL DISORDERS CAN BE TREATED WITH CSEP?

CSEP treatment has been applied to a wide range of mental, emotional and behavioral disorders and symptoms by practitioners from around the world. There is research evidence documenting CSEP successfully treating addictions, cravings, eating disorders, anxiety, depression, phobias, PTSD, trauma, and stress. A catalogue of mental health and other conditions treated with CSEP approaches, including results from peer reviewed research studies, can be found on the website for the Association for Comprehensive Energy Psychology (ACEP).

WHAT IS THE RESEARCH ON MENTAL HEALTH OUTCOMES USING CSEP?

According to the ACEP website catalogue of peer



reviewed research studies, CSEP methods (primarily EFT and TFT) are both “evidence-based” mental health treatments, with supporting peer reviewed published studies, that rank in the top 10% by volume in psychotherapy outcome data. Over 200 review articles, research studies and meta-analyses have been published in professional, peer-reviewed journals. More than 115 studies reported efficacy for energy psychology practices. 50 studies included measures of change before and after interventions, and 65 studies utilized random assignment to both an intervention group and a control group, the gold standard for research designs.

There have been five meta-analyses on CSEP interventions, analyzing statistical comparisons with a group of studies, on anxiety (14 studies, 658 participants), depression (12 studies, 398 participants) and PTSD (7 studies, 247 participants). All three studies found large effect sizes, a statistical measure of overall strength of the studies (effect sizes of 1.23, 1.85 and 2.96 respectively), well above the threshold measure of 0.8 for a large effect size. There have been 4 systematic reviews of the state of the art with CSEP, and 10 comparative reviews between CSEP methods and Cognitive Behavior Therapy, suggesting CSEP studies had equivalent or better outcomes in fewer sessions. Lasting change has been reported after treatment with CSEP modalities from one month and up to two years’ duration, for 77 out of 79 clinical trials, as reported in a research database from the Association for Comprehensive Energy Psychology.

Physiological changes have also been recorded in response to CSEP interventions. One study by Peta Stapleton and colleagues reported decreased food cravings, a component of disordered eating patterns, when participants were treated with EFT, along with changes in the limbic system of the brain in an fMRI (functional magnetic resonance imaging).⁸ In another study Bach and colleagues found improvements in immune functioning, changes in cortisol, resting heart rate, and blood pressure along with decreased anxiety, depression, PTSD and cravings occurred after a four-day EFT training.⁹ One study on a group CSEP treatment showed decreased cortisol by 43% in one hour.¹⁰ CSEP approaches are effective in general, sometimes outpacing other known treatments, when

addressing a variety of populations and mental health problems.

CONTINUING VALIDATION FOR CSEP METHODS

In 2016, TFT was validated by NREPP (the National Repertory of Evidence Based Practices and Procedures, a division of SAMHSA in the U.S.) as an evidence-based treatment. Unfortunately, NREPP has been defunded and has since closed. ACEP and AAMET (EFT International) made a joint submission of the research evidence for EFT and TFT as treatments for PTSD to NICE (National Institute for Health and Care Excellence) in the UK. NICE has created a specific category for EFT, TFT and Somatic Experiencing called “CSACTS” (Combined Somatic and Cognitive Therapies), and acknowledged that they are “worthy of further research.” In 2017, the U.S. Veterans Administration added EFT to a category labeled “List 2,” approving it as a “generally safe therapy.”

Though the bulk of robust empirical findings on CSEP have been published only in the past five years, the foundations of CSEP practices reach back to Roger Callahan’s TFT practices in the 1970’s. Popular awareness of “tapping” through programs like the annual online Tapping Summit, a growing database of international empirical studies, and satisfied clients relieved from mental suffering are helping to spread the word about CSEP. As graduate programs in mental health train students in CSEP modalities, and professionals incorporate CSEP into their practices, the future looks bright as CSEP provides a rapid, effective and lasting approach to alleviate mental health challenges. €



Author Dr. Lori Hops can be found at www.DrLoriHops.com.



ADDITIONAL RESOURCES

If you'd like more information about CSEP treatments and research on mental health disorders, visit the ACEP website at www.EnergyPsych.org.

Logosynthesis² and Tapas Acupressure Technique
<https://tatlife.com/what-is-tat/about/>

A catalogue of mental health and other conditions treated with CSEP approaches, including results from peer reviewed research studies
https://cdn.ymaws.com/www.energypsych.org/resource/resmgr/research/EP_Hierarchy_of_Evidence_-_A.pdf

A free masterclass on EFT
www.EFTonline.org/free-course

A free report on removing blocks to healing
<https://energypsych.lpages.co/removing-blocks-to-healing/>

Free videos for EP techniques for Self-care
<https://www.r4r.support/>

Free master class on the science of energy healing
www.energyhealingscience.com/freecourse

Science of Energy Psychology Quick Facts
https://www.energypsych.org/page/Research_Landing OR https://cdn.ymaws.com/www.energypsych.org/resource/resmgr/research/Science_Behind_EP_Quick_Fact.pdf

Other training resources
<https://www.energypsych.org/page/MoreResources>

ACEP and AAMET joint submission of the research evidence for EFT and TFT as treatments for PTSD to NICE (National Institute for Health and Care Excellence) <https://www.nice.org.uk/>

References

1. Feinstein, D. (2019). Energy psychology: Efficacy, Speed, Mechanisms. *Explore*, 15, 340-351. <https://doi.org/10.9769/EPJ.2016.08.1.DF>
2. Lammers, W. (2020). *Discover Logosynthesis: The Power of Words in Healing and Development*. Author.
3. Munder T., Flückiger C., Leichenring F., Abbass A.A., Hilsenroth M.J., Luyten P., Rabung S., Steinert C., & Wampold B.E. (2018). Is Psychotherapy Effective? A Re-analysis of Treatments for Depression. *Epidemiology and Psychiatric Sciences*, 1–7. <https://doi.org/10.1017/S2045796018000355>
4. Kline, A. C., Cooper, A. A., Rytwinski, N. K., & Feeny, N. C. (2018). Long-term efficacy of psychotherapy for posttraumatic stress disorder: A meta-analysis of randomized controlled trials. *Clinical psychology review*, 59, 30–40. <https://doi.org/10.1016/j.cpr.2017.10.009>
5. Ettman C.K., Abdalla S.M., Cohen G.H., Sampson L., Vivier P.M., & Galea S. (2020). Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic. *JAMA Network Open*; 3(9):e2019686. doi:10.1001/jamanetworkopen.2020.19686
6. Stapleton, P., Buchan, C., Mitchell, In. McGrath, Y., Gorton, P. & Carter, B. (2019). An Initial Investigation of Neural Changes in Overweight Adults with Food Cravings after Emotional Freedom Techniques. *OBM Integrative and Complementary Medicine*, 4, doi:10.21926/obm.icm.1901010
7. Bach, D., Groesbeck, G., Stapleton, P., Sims, R., Blickheuser, K., & Church, D. (2019). Clinical EFT (Emotional Freedom Techniques) Improves Multiple Physiological Markers of Health. *Journal of evidence-based integrative medicine*, 24, 2515690X18823691. <https://doi.org/10.1177/2515690X18823691>
8. Stapleton, P., Crighton, G., Sabot, D., & O'Neill, H. M. (2020). Reexamining the effect of emotional freedom techniques on stress biochemistry: A randomized controlled trial. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(8), 869–877. <https://doi.org/10.1037/tra0000563>