



Jessica Ortner: Welcome friends. So by now you have probably experienced the power of Tapping. You feel calm in your body, you feel a release, and maybe it's left you wondering what is actually going on. What is happening in my brain? Why does this work so well? Well, we are going to answer all of those questions and I'm so excited to introduce our guest. So let me tell you a little bit about David Feinstein. David is a clinical psychologist and a pioneer in developing innovative therapeutic approaches leading to nine national awards for his books on consciousness and healing, including the USA Book News Best Psychology Mental Health Book of 2007. He is the recipient of the Marquis Who's Who Lifetime Achievement Award. He has served in the faculty of the Johns Hopkins University School of Medicine and Antioch College, and his wife, Donna Eden, has built one of the world's largest organizations teaching the hands-on use of energy medicine. You can learn more about all their great work at EnergyPsychEd.com. David, thank you so much for being with us.

David Feinstein: Thank you very much, Jessica. It's great to be here with you again.

Jessica: And like I said in the beginning, it's easy to experience the power of Tapping, but then sometimes we get confused and we're wondering, why is it so powerful? I know that's a question that we continue to ask ourselves. Can you tell me, before we start with the official presentation, I want to just hear about your passion. Why do you believe that the research is so important when it comes to spreading the power of energy medicine and energy psychology?

David: Well my very first job as a PhD, after I graduated with it in the Johns Hopkins University School of Medicine in the department of psychiatry, one of my assignments, one of my research assignments as part of a team was to look at the therapeutic innovation - this was 1972, before many of your listeners were even born. But in 1972 there were more than 400 new therapies, often with copyrighted names and the whole works. They had books. At Hopkins we were just trying to make sense of the explosion of new techniques, new directions. You know, for years, therapy was just psychoanalysis, and then behavior therapy came in, and then cognitive behavior therapy, and then humanistic psychology and all these developments started to explode in the 60s, in particular, with the human potential movement.

We wanted to see what works and when you looked at what was there back in 1972, you don't hear about most of them. You don't hear about primal scream as a current therapy. You don't hear about a lot of these because they couldn't be applied reliably

to people's concerns. Even though there was a lot of enthusiasm about them for a while, and I think they did people good, it maybe wasn't because of the technique, it was because of the setting and all of the excitement that people have about it and the way they supported one another. So I'm not saying that primal scream was irrelevant or that it didn't work, but there wasn't research to really demonstrate - to pull out the best of these 400 methods. Which ones should we really be teaching here at Hopkins? That was one of the questions that was being asked.

So that was where my career started, was in that question. And when I first saw Tapping, it looked so strange, let's face it. It just looked strange and there was nothing in my training as a psychologist that resembled this, so I wanted to look at the research. But in 2000, when I first got introduced to it, there was no research so that made me really wonder. We'll talk about the research now, but that's part of why research feels so important to me. Another reason is that by doing the research, you start to figure out how it works. How is it that tapping on these points on the skin can change deep-seated psychological problems? How can that be? So that's another reason that research - so one part is efficacy research, and another part is on the mechanisms. So those are all questions that I think researchers are able to answer for us.

Jessica: Yeah, it's been so interesting. Even my own journey, for the last 12 years, to see just the advances that we've made in 12 years have just been huge, and it's really only just the beginning so it feels like we're part of something that's still so new and exciting. With that, tell me a little bit about energy psychology and these main pillars around it.

David: Yes, you know, there's more than 100 books on Tapping or some form of Tapping. There are hundreds of articles that are published in both scientific journals and also in more popular places. So there is this amazing amount of information, and how do you make sense of it? How do you look at it? So I began compiling particularly the research studies, the studies where there were clinical trials to answer what are the clusters, or what are the concepts that really support this? And I call these the six pillars of energy psychology because they fit in to six basic clusters. And that, just to give a graphic of that, this is just kind of a metaphor, the six pillars.

And really, each of them is a premise and we didn't make it into a pillar until there were at least six studies that really supported that premise. So the first premise is that it works. That's certainly the key if anybody is going to benefit from it. And as I said, when I got interested in the energy psychology in 2000, there were zero clinical trials. A clinical trial means that someone has systematically investigated

what the person's condition was before treatment and then after treatment. Usually this would be on some kind of a psychological test or measure.

Today, 20 years later, the first study didn't come out until 2003, the first published, peer-reviewed journal article on showing that the Tapping technique works. This one was with small animal phobia. There have been 115 clinical trials and of those, 113 show that there is a benefit that is measurable, that is statistically significant before and after the treatment. So that is impressive. Almost every study has shown that it works. Beyond that, there is a statistical technique which is called meta-analysis where you look at a group of studies and a group of studies that are focused on the same area really gives you a bigger picture, like is it effective with depression? Or is it effective with anxiety? Is it effective with PTSD?

And all three of those have been studied with meta-analysis and in all cases, in all three studies, it shows that energy psychology and tapping treatments are highly effective. That is, they have what's called an effect size, a high effect size, an unusually high effect size, with all three conditions. Now the quality of the conclusions you can make, that is how firm you can be in them, depends on the quality of the study. So if you did the meta-analysis on 30-some studies and these studies are poor quality, then your conclusions are going to be poor quality. One of the biggest criticisms of energy psychology has been that the people doing the studies are proponents of the method. That's partially because nobody is funding it, so they are largely doing it out of their own pockets. Many of them were not researchers when they started. They just wanted to - they were so impressed with the results they just wanted to systematize and provide some data about what they're experiencing with their clients. It really is part of a larger picture.

There are two studies where the investigators were clearly not proponents of energy psychology or Tapping, and these are very interesting because one of the ways to find out which approaches are the most effective is to compare different studies with the same clinical population. So in this case, these were traumatized children in each of the studies, and each one compared about a dozen different treatments, standard treatments, like cognitive behavior therapy, EMDR, etc., and in each of them, in both of these two studies there was one energy psychology approach that in one case it was thought field therapy and in another it was EFT. In both of them, the tapping therapy was either the most effective in one of them, or one of the two most effective and the one that was the most long lasting. So this is really, you can't just say, 'Well, it was because it was the proponent that it was making these conclusions.' These were not the proponents that were coming to these conclusions.

Another way to establish that a new therapy works is to compare it with established therapies. The gold standard in clinical psychology is cognitive behavior therapy. That's what the American Psychological Association recommends for many conditions and at this point there have been ten what are called head-to-head studies between Tapping and cognitive behavior therapy. In all ten of them, there was an equivalency where the tapping was at least as effective as the cognitive behavior therapy and in nine of ten of these there was some advantage, either speed or impact or improvements, that were maintained on follow-up.

So if you have an unbiased clinician and researcher looking at this data, you have to start paying attention to it. Not that they are, because there is still a lot of prejudice against the field, and part of it is because it looks so strange. Part of it is because there are vested interests. Part of it is because in the early days we had no research, as I said, for giant claims. In 1985, the first popular book on Tapping was called *The Five-Minute Phobia Cure*. Clinicians who were spending months helping people overcome their phobias would say, 'Yeah, okay, well show me the data. Show me the research.' There was no research so the early introduction of energy psychology resulted, unfortunately, in some very negative impressions. It's the saying, 'You never get a second chance to make a first impression.' It has really haunted this field all the way until now.

Jessica: That's so fascinating. Do you feel like there is starting to be a shift? You know, obviously you just mentioned it wasn't the best start. Now we're starting to get research. And I keep seeing, I don't have the data, I just personally am hearing from people who were trained professionally, psychotherapists, social workers, different counselors, who now are incorporating it into what they had been doing before. I think that's what makes Tapping so unique, is that you can also incorporate it into the work that you're already doing.

David: Exactly, and in fact we did a study of the professional members of ASAP, a survey, and two-thirds of them were incorporating Tapping into what they already do. They weren't using it as a standalone technique. So the estimates now are that there are tens of thousands of therapists who have incorporated some form of Tapping into their practice. So you're right, I think that because of the research, because it works, because the public - largely because of *The Tapping Solution* having your giant Summit every year attended by half a million people or more - that when the public really gets on to something, the professional therapists in the same area have to pay attention to it, so all that I think has contributed to the growth. However, many of the main institutions have not embraced it and that's what we're working on. We want the military, we want the VA, we want the large hospitals to really understand

that this is a more effective technique than many of the things that are already being utilized. So it's a little frustrating to see how many people could be helped more effectively than are.

Jessica: I do have hope, though, because I hear so much of the individual people in those organizations bringing it in, this grass roots of a nurse using it when she's with kids who are scared of getting their shots. I hear so many stories, because it is so easy. I think the conversation is changing - it's not about Tapping against the world anymore. It's not tapping against other types of therapy. The way that I look at it is there is room for all of this and there is something incredibly beneficial in having this as a tool along with so many other things.

David: Absolutely, and it is absolutely true that a lot of people are just using it under the radar and just not talking about it. In their case notes they'll talk about it as a relaxation technique and supervise the use, and they are tolerating it. But more and more, as you say, the institutions are also starting to recognize that this is not going away. It's been around for 40 years. It's not going away.

Jessica: Right. All right, well let's talk about that next pillar.

David: Yeah, so the next pillar is speed. It's very fast. There is a different study for each of these claims that tapping sessions of 30 to 60 minutes have helped overcome a fear of small animals, have overcome claustrophobia, have overcome other specific phobias, overcome insomnia and symptoms of frozen shoulder, all of that in a single session. And even PTSD, in a single session. Now therapists don't talk about PTSD being cured in a single session, and there are four studies, however, that showed that there were significant gains. Not necessarily cured, but there were significant gains after one session and I have interviewed the investigators in all four of those studies and they told me that their intention was not to prove that one session is enough because they know it isn't. But they were surprised by how much change happened.

For instance, in Rwanda, 145 adult survivors of the genocide, and the study was more than a decade after the genocide, were given treatment of one session. And the scores showed that the improvements around all the scales were highly significant, including anxious arousal, depression, irritability, intrusive experiences, defensive avoidance, and dissociation. So then, amazingly, those results held at the two-year follow-up, and not only that, but the way that they conducted the study was that they trained local people to do the tapping, to teach the tapping on their compatriots. So that opens up a whole other realm because Tapping can be used by non-professionals. That's just a really exciting development for community mental

health. So you have the one session of treatment, but also for something tough like PTSD, one study of comparing or using EFT with PTSD in a public health facility in Scotland allowed subjects to receive up to eight treatment sessions. Voluntary termination of treatment occurred, however, after an average of 3.8 sessions, not the 8 treatments but 3.8, with a large overall effect size on post-treatment measures showing that people had improved.

For comparison, cognitive behavior therapy, the standard of care for PTSD averages 12 to 16 treatment sessions. An extensive study that was published in the Journal of the American Medical Association, showed that as many as two-thirds of service members and veterans completing a course of cognitive behavior therapy still met PTSD diagnostic criteria after the treatment. So that's the second pillar.

Jessica: Okay, so we know it's fast. I'm going to lead you to the third pillar because you kind of touched upon that. I think it's fascinating that the study in Rwanda did a two-year follow-up. I mean, that's extraordinary to have that data, that it's not just that moment but you're checking in two years later. So yeah, tell us about the third one.

David: Exactly, and the third one is that the benefits last. Of 115 studies that includes clinical trials, 79 of them did follow-ups between one month and up to two years, like the Rwanda study. Of those 79, 77 of them showed that there's a statistically significant improvement between pre-treatment assessments and assessments at the end of the follow-up period on at least one of the major targets for change that was being tracked. So that's another really well-established pillar.

The fourth pillar is - so those three are really the ones that a user of the technique would really care about, that it works, that it worked quickly, and that the benefits are sustained. The fourth pillar is one that is more interesting to researchers, which is that when you do research, one of the ways that you find out if something worked is by asking the client. So it's very subjective. Another question that researchers ask is are there 'biological markers?' That is, are there physiological changes that have nothing to do or that are different from subjective reports? And indeed there have been. There have been beneficial changes in hormone production, cardiovascular function, immune response, gene expression, brainwave patterns, and blood flow to targeted brain areas. So that's quite a list of areas where tapping, all from one session, brought about measurable biological changes.

For the fifth pillar, is it the *tapping*? After all, you are using wording, you are making what are called cognitive interventions by saying things like, 'Even though I have this anxiety, I deeply love and accept myself.' You are using exposure therapy

by bringing to mind something that was traumatizing. So there's a lot of elements of other therapies within tapping protocols. The criticism has been that that's what makes the change, it's not through the tapping.

So there have been now six comparison studies to investigate that and what you do is you take a tapping protocol and then you remove the tapping and substitute it with something else so that they are an identical comparison except for one has tapping and one has something else. The something else, in one case we used diaphragmatic breathing. In another case it was mindfulness technique. Another case was sham points, which is tapping on points that are not known acupuncture points. In all of these studies, and there's different interpretations, but in all of these studies the condition that included the tapping was considerably more effective than the condition that didn't include the tapping.

So we have a good basis for knowing that yeah, it is the tapping. It's not the words. The words are important. I think the words are really important but the tapping itself is definitely part of what creates the speed and the power of the technique.

So the sixth pillar, and that is that there are studies now showing that when you do this tapping that you are sending signals that go to areas of the brain that have to do with what you're tapping on. They may be activating signals and they may be deactivating signals. They may calm the response or they may increase confidence. There have been only two imaging studies so far that really support this, but it's consistent with everything we have conceived in the clinical trials, that the tapping sends signals to the brain - that the words and the images that you tap on allows the therapist to target where the signals go. We will talk about that more in a moment. But here are six empirically supported premises that could be thought of as the pillars of energy psychology.

Jessica: That's fantastic, thank you. So you're just talking about what's actually happening while we're tapping, and I think that's what so many people desperately want to understand - exactly what's happening as I'm tapping on these points? I'd love for you to share that with us.

David: Yes, good. Now the pillars do tell us a lot and they summarize a tremendous amount of information, but there's one really important question that they don't answer. So we know the benefits last, but *why* do the benefits last? What is happening in the brain when Tapping leads to such fast and durable results? I'm going to present a guess, a hypothesis, and then we'll explore it, okay? So the hypothesis is that the improvements are durable because Tapping protocols reconstruct the neural circuits

that maintain maladaptive mental models. Now that's a mouthful, and we're going to break it down into seven little pieces so that it becomes very understandable.

The first is that tapping on our acupoints creates an electrical signal in motor areas of the body through the body's connective tissue. The transmission is nearly instant because of the high concentration of the semi-conductive collagen between the connective tissue. So that's a really important thing, is what does tapping do? We tap on the skin, the skin of my hand, and it does something to my brain? How is that possible? Well, we know now that there are molecules in many cells that when you tap on them or stimulate them in other ways, mechanical, we call them mechanoreceptors, it's well-known that they generate electricity. So it converts the mechanical stimulus into electrical impulses, called piezoelectricity.

So that's what's happening and how it gets to the brain or other areas of the body, the immune system, etc., is that the entire connective tissue that makes up our infrastructure or physical body, has this collagen, which conducts electricity. So it doesn't have to go from cell to cell and neuron to neuron and through synapses. It goes directly through the wiring of the nervous system. That's the first piece of that hypothesis that's up there.

Jessica: Let me ask you a quick question, David, if that's okay. So we were talking about the research, about the pillars, and it seems like although we need a lot more research it's definitely more established than it's ever been before. There's been research conducted by people who weren't supportive of Tapping that has shown its effectiveness. So, you know, the question of 'does it work?' seems to be answered by a lot of these studies. It seems like the big question that's left is, *how* does it work? Is that right? So here you're kind of giving us an idea of what you believe could be the reason why, but that's still the thing that we have yet to discover.

David: One of the leaders of the American Psychological Association, a real opinion maker, was arguing with me about this very point. He said that as long as there's no plausible explanation, that it doesn't matter how much research you show me, I'm not going to believe that it's the tapping. I'm going to believe that it's something else. So that's a mood that's out there. I'm not ready to put down the flag and say we won that one, because we haven't in the minds of the professional community. But we're a lot closer and so that's why this question of mechanisms is so important because in the early days the explanations were pretty far out. They were pretty far out, pretty metaphysical, and they didn't fit scientific ways of thinking.

Now we have explanations that totally are congruent with scientific ways of

thinking, so that's where we'll move forward here, is that the second point supporting this hypothesis is that these signals may deactivate arousal in the amygdala. So you have, you think of a height, if you have a height phobia, and the amygdala goes into a threat response. The tapping sends signals to the amygdala and other areas of the limbic system that are able to deactivate the threat response. So that's pretty amazing and that comes out of a ten-year research program at Harvard University Medical School on acupuncture.

The acupuncture is stimulating the same points that tapping stimulates and there's a number of studies that show that there can be an equivalency between the two. So we have these studies that very clearly show that some acupuncture points deactivate arousal in the parts of the brain that have to do with emotion. So that's another really key piece of this.

The third is that the other points, the points that are called tonification points in acupuncture, they're sedating points which decrease activation and tonification, things that increase activation in areas of the brain involved with executive function. These are areas that as you tap it increases the activation and increases the amount of blood that goes to these areas and the amount of work that these areas can do. That enhances things like your ability to plan and your ability to manage stress. So that's the third one.

The fourth one is that the words or the images the therapist asks the client to bring to mind during the tapping activates brain areas that govern the issue being addressed. So whatever you're saying, or whatever you're thinking, or whatever you're imagining, it is going to be activating different areas of your brain. It's not a surprise but that's a really important piece of understanding this explanation of why Tapping lasts. Because the areas of the brain that are aroused by the words or images attract the signal generated by the tapping. Which is an amazing thing. There isn't good research on this yet, but the two imaging studies that do exist, one by one of the other speakers on the Tapping Summit, Dr. Peta Stapleton, is doing amazing work, just amazing researcher, to show that this is the case. Also, all the clinical trials are consistent with this explanation that the words or images that certain parts of the brain light up, attract the signals that are generated when you tap. It's got kind of a magnetic draw and what that does is it allows the therapist to target the brain areas that will receive activating or deactivating signals.

So that gives the tapper, or the person needing the tapper, a tremendous amount of power. I don't know any other therapy that can be, that is that precise in being able to really focus in on what areas of the brain are being treated at a particular moment.

Now whether the signals, for instance if we panic while an image of a spider is being evoked in a person with a spider phobia, we are able to see that kind of change in one session. It's always been amazing to me, one of my very first times that I was doing a course in South Africa, for leaders shortly after the end of apartheid, we were working with these 46 people from all realms of South Africa and all economic, racial, etc. They were a very diverse group, but they were all leaders in their communities. One of my specialties is what's called person mythology, and because South Africa had just had such a massive shift in its mythology from the guy that was in prison for all those years now being President, I was brought in to help the leaders understand how their own personal mythologies evolved so they could better understand how their communities were evolving, and how the members in the communities were having to deal with these changes.

It was when I was first learning Tapping and it was the first time I kind of publicly went out and used it and what I did was to - I didn't know how I was going to introduce it to the group. The first night, a woman who, we were all at this lodge, like at a game reserve and we rented the whole game reserve for the conference. The woman at the end of the evening says, 'I am really scared to go back to my cabin because I have a fear of snakes.' So you know, four people popped up and walked her back so she was fine, but I'm thinking this is my opportunity.

So I made some arrangements the next morning with the staff and then talked to her at breakfast and said, 'You know, I think I can help you with your snake phobia.' She was real interested in that and I said, 'Yes, I'd like to do it as a demonstration for the group because it's a topic I wanted to address anyway.' She said, 'That's fine,' and I said, 'Oh, by the way, we're going to have to bring a snake in.' And she wasn't so enthused about that part of the program. But I kind of charmed her into it. So at 10 o'clock that morning she gets into the center of the room and I placed her in a chair, and I put her chair so she can see the door. In through the door, by prearrangement, comes a handler with a big snake around his neck and I asked her, 'What's it like to be in the same room as a snake?' And she said, 'Well, as long as I don't look at him, I'm okay. But I should probably tell you I left my body 30 seconds ago.'

So she was kind of dissociating and I said, 'Well, you don't have to look at him. Just focus on your feelings.' So we did just a standard tapping session, just what we would expect, just what all of you know how to do. And within half an hour she was walking up to the snake and she was petting the snake and her snake phobia was gone. It was gone. I checked up two years later and it was still gone. She lived in an

area where she would occasionally run into snakes.

Jessica: You know, I hear stories about this all the time and I never get used to them. I'm shocked every single time. And you are also very brave to give it kind of your first public try with Tapping to go fully in and get a snake and everything. That's incredible.

David: Yeah, fools rush in. So that's how I felt when we first started doing Tapping, when there was no research. I respect research, and there's no research, and still I'm becoming a spokesperson for this technique that has no research. But history is really proving that I bet on the right horse, and the right snake. Okay, so we have someone who has been afraid of spiders, and so it increases the capacity to manage fear as well as decreasing the response in the nervous system, in the amygdala, of threat. So here's a person with a flying phobia, and he is after treatment. So that is just so common, those of us that are tappers are just so used to that with simple phobias. Sometimes if you are working with a phobia you will find that there's all kinds of roots in the person's past that need to be dealt with first, so it's not a 30-minute treatment. But often it is.

What's important, is why is it that the neurological changes outlast the tapping? That's what we're really getting at, why it's durable. And it's because of a process involving the dismantling of existing mental models and replacing them with new or revised models. That's what the seventh point here is going to be talking about, is how that works. It's called reconsolidation and it's a process that's initiated when what is experienced is not what is expected. So you have surprise, and surprise actually changes the neurology. Dopamine is released and you are realizing that the old model that was surprised by this new experience isn't working anymore.

So for instance, you show the spider. Now, when you tap down the fear then the person is looking at the spider and they're not afraid. That doesn't fit the old model. That is a shock. How could this possibly be, that I am thinking about a spider and I'm not anxious? My whole life I've been anxious. So when a learned rule, and that's a rule, I'm going to be anxious when there's a spider, is violated, when the learned rule is violated, when what you expected is different from what happened, the brain gets the message that the old rule doesn't apply anymore. Now, neurologists call this a prediction error. And prediction errors open your neurons to learning a new association. So tapping on the irrational fear of spiders, for instance, turns off the threat response so the person is amazed by being able to imagine a spider with no sense of discomfort.

That's the prediction error. The old rules don't apply and the new experience becomes the new normal. That's the key here, is that when using Tapping you are able to change the neural landscape so that the accustomed experience that they want to change isn't happening, that's a shock. It changes everything, so it really does become the new normal. So that's it in a nutshell, and other therapies are sometimes able to do this, the reconsolidation theorists believe that all therapies that are effective at changing long-standing patterns are in some way evoking the reconsolidation process, whether they are conscious of it or not. It just kind of happens in the protocols.

But the fact that we can so quickly deactivate the stress response so that the person, right there in the session, is really upset and now they're not upset with the same cue in front of them is really remarkable and I think that's part of the hidden power of Tapping, that it does that all the time, even though you're not thinking that's what's happening. Those are the ingredients that need to occur in order to shift these deep mental models. So that's it in a nutshell.

Jessica: For those who have experienced it, I think another aspect of the shock is not just what you're thinking, how your brain is reacting, but how your body is reacting.

David: Yes, absolutely.

Jessica: Right, because it's one thing to tell yourself you're not scared. It's very different when your heart doesn't feel like it's pumping out of our chest and you're not sweating. Now, a quick question about some of these phobias. When it comes to having a fear of snakes, it's not the unhealthiest fear. If I saw a rattlesnake, I should feel pretty scared and move away. Does it have any - sometimes people wonder, can you go too far? Or even with pain, if I completely let go of this pain with Tapping, which we see a lot, does it mean that I'm not listening to my body? Is there kind of a downside to this?

David: That's a good question. It actually turns out that tapping does not make people stupid. Even if they got over their height phobia, they don't start jumping off tall buildings. That's seen clinically all the time. What it actually does is because it takes the charge away from the issue, it makes you more rational about the issue. Also, as we saw, it strengthens the frontal cortex. It strengthens the executive regions of your brain, which increase good judgment. So for things like phobias, it has not been a problem. I have never heard anyone report that as a problem, that somebody was - because they got over their phobia that they did something that showed really bad judgment. Now, in terms of pain that's a more complex question because pain is the

body's warning signal. It's telling you to not put pressure on that foot. It's telling you to be gentle with this and it's healing.

My experience is that this has not been a problem either. I don't know what your experience has been, because you have done a lot more work than I have with pain.

Jessica: Well, I agree that it doesn't make you stupid, that it's quite the opposite. It makes you a lot smarter because when you're feeling calm you're resourceful and you're more creative, you're more innovative. I see it often with pain or a health challenge, they feel the physical relief but then they say, 'But then I got inspired to look at my diet,' or, 'Then I got inspired to talk to this other person and look at this different thing.' When you are dealing with chronic pain, there is this hopelessness that often comes with it where you're not looking for possibilities and ways to support yourself when you feel like nothing ever works. When something finally works like Tapping, it opens you up to seeing how else can I support my body?

So I do feel that it makes you smarter, that it's not just that one thing. I mean, I see it all the time with all the women I work with for weight loss and it starts with the self-hatred and the way that we punish ourselves and we try to force ourselves to be a certain way or to eat a certain way. When we let go of the pressure, there's this fear that if I let go of the panic and the pressure then nothing will control me and I'll eat everything. But the opposite happens. You let go of the fear and the pressure and suddenly you can navigate a healthier relationship with food that felt impossible before. So just looping back to what you said, I think it just makes you smarter, so you find more ways to support yourself.

David: Right, exactly. And it is - you gave a beautiful example there of how the tapping is activating the executive regions of the brain, which have to do with good judgments.

Jessica: Yes, amazing. All about that good judgment. David, one final, final question. What is your hope for the future? We've come a long way and we have a long way to go. What do you hope to see happen in the next 5 to 10 years when it comes to the science and research around this?

David: Well, I gave my first keynote to one of the energy psychology groups about maybe 18 years ago, and I said, 'The tipping point will happen within 5 years.' And every year I say, 'The tipping point will happen within 5 years.' But what I think is where we're headed is that Tapping is going to be standard procedure in most clinics, in most places that therapy is delivered. I think Tapping will be standard procedure in hospitals before and after surgery. I think that it's just that powerful. Now there's

other techniques, EMDR, that are also powerful and I think that each will find its place, but specifically these somatic interventions, these interventions that really are doing things with the body, tapping on acupuncture points does all kinds of things in the body. These somatic therapies are going to be more and more mainstream, more and more incorporated, more and more valued.

Jessica: I think so, too, and when that happens that's going to be a big part due to all of the amazing work that you've done. So thank you for spending time with us today, but also the years of commitment and research and just being an advocate for this. You've really been a pioneer and I'm so grateful to have this chance to speak with you. Thank you.

David: Thank you, Jessica. It's really a pleasure and I'm so glad that you guys at The Tapping Solution are running this Summit, and just doing so much to bring this work out into the world. Thank you for including me.