

A COMPARISON OF EMDR AND ACUPOINT TAPPING

EMDR has featured prominently in the news recently, with Prince Harry's disclosure that he has undergone this form of therapy. Many clinicians moved to acupoint tapping and other forms of energy psychology after first exploring EMDR and find the two to be rather similar and to combine well. This was certainly the case for me. An excellent but under-recognised book that addresses these links is John Hartung and Michael Galvin's *Energy Psychology and EMDR: Combining Forces to Optimize Treatment* (Norton, 2003). There is also my own *EMDR and the Energy Therapies* (Karnac, 2005). The latter came about because I was initially asked to write a book about EMDR, but by the time I wrote it I had become much more interested in EFT and other forms of energy psychology. There are differences between the approaches, as well as many similarities. Here are some of these:

SIMILARITIES:

- Both involve guiding the client's attention to the body and to bodily accompaniments of emotions. Involvement of the body, and of somatic awareness, seems a key feature of effective therapy. This focus recognises that emotions are physiological and somatic events as well as mental. Traditional talk-based psychotherapy does not do this so explicitly, but often implicitly assumes a disembodied psyche.
- Both can involve guiding the client to tap rhythmically on his or her body. This rhythmic somatic sensory input provides additional stimulation to the brain that may disrupt the repeating and ruminatory patterns of negative thought, emotion, and memory.
- Both can involve eye movements (such as the '9 gamut' procedure in EFT and TFT). The 9 gamut procedure was developed by Dr Callahan as a way of accessing more hidden realms of emotional perturbations, and may well have been influenced by EMDR.
- Both include a quality of mindfulness. The client is guided to observe and notice their thoughts, perceptions, emotions, and somatic sensations. A typical remark by an EMDR practitioner might be "just notice that". The EFT practitioner will often play back to the client his or her own words and images, offering these as tapping phrases.
- Both facilitate free-association and the emergence of relevant further memories, images, fantasies, thoughts, and emotions – although in both cases this attribute is often not fully exploited by clinicians.
- Both forms of therapy can lead quickly to important formative childhood experiences.
- In both forms of therapy, the therapist's own thoughts and insights are relegated to the background.
- Careful attention is paid to the client's own words, images, metaphors, etc.
- In both cases, the therapist's task is to facilitate an internal process within the client. The work does not depend on a healing or reparative relationship with the therapist. Nor does it rest upon working through a transference relationship. Although elements of transference do occur from time to time (in the original Freudian sense of an intrusion of elements of childhood experiences, desires, and anxieties, into the present relationship with the therapist), the task is to re-locate these into their proper historical realm and process them along with all other psychobiological material that emerges. Transference is not given a privileged position.

- There is, however, an important interpersonal component in the work. The presence of the empathic therapist, intensely attuned to the client's emotions and physiology, mirroring the client's words, does have a down-regulating and calming effect, probably via the polyvagal system.
- In both forms of therapy, the client's troubling traumatic memories are changed. The emotional charge is dissipated, and the client arrives at a different relationship with his or her memorial experience. The past experience, that had previously been so emotion-laden, can be recounted in a matter-of-fact manner, as just a part of the person's history. This absence of emotion is not, however, due to dissociation – although at times this distinction can be important to explore.
- [NB. Some conceptualise the change in the memory as due to a process of memory reconsolidation. For reasons too complex to summarise here, I have reservations about that concept. It does seem that the person's experience of, and relationship with, the previously traumatic memory changes. Whether or not the original emotionally charged version of the memory, with its accompanying state of mind, still exists as a potential, is probably impossible to know. Roger Callahan considered that under certain circumstances, including exposure to 'energy toxins', a previously treated problem could be reinstated. The phenomenon of state-dependent memory is well-established and this may be involved.]
- Both therapies can involve efforts to be thorough, carefully checking for residual or more hidden emotional distress.

DIFFERENCES:

- In EFT, TFT, and other acupoint tapping methods, precise meridian points are tapped. In EMDR, there is simply a bilateral tapping on the two sides of the body.
- EMDR can make use of other forms of bilateral stimulation, including eye movements, alternating auditory signals, and vibrating objects to hold.
- Eye movements in EMDR seem particularly evocative of emotions and memories – a quality that can at times raise a risk of the client becoming overwhelmed.
- EMDR practitioners place importance on building in 'resources' prior to trauma work. These can include various forms of 'safe place', as well as internalisation of nurturing or protective figures.
- Acupoint tapping seems less liable to stir up overwhelming

emotions and trigger abreactions. In addition, there are procedures for additional safety built into the EFT approach. These include 'tearless trauma', "movie technique", and following the somatic sensations (sometimes misleadingly called 'chasing the pain'). All these are ways of approaching a traumatic memory less directly and more safely.

- In the case of many energy psychology modalities, there seems no need for the client to experience the full intensity of emotions in the target problem or experience. Indeed, in some approaches, there is an avoidance of focusing on the experience of emotion. Instead, the emphasis is upon relevant thoughts – upon information and upon directing the energy system. I believe this to be the case, for example, with Logosynthesis, TAT, Ask and Receive, and (to some extent, TFT). However, the practice of EFT often is based around revisiting all the emotional, perceptual, sensory, and cognitive details of an experience, particularly in the 'tell the story' procedure.
- Following the previous point, I am inclined to consider that energy psychology approaches work, in part, at a level beyond, above or underneath, the mind. This can contribute to what Callahan called

(confusingly) the 'apex problem' – the phenomenon whereby the client's presenting difficulty has gone but the client either does not believe this is the case or cannot relate the change to the procedure that has been used. Because the brain cannot track the changes through its direct experience, it confabulates and produces an absurd explanation which the client at that moment believes to be true. By contrast, the client who has undergone an EMDR procedure is fully aware of the emotional journey they have travelled.

COMBINING EMDR AND ACUPOINT TAPPING:

- The two approaches combine very well, each adding to the efficacy of the other. Hartung and Galvin, in the book mentioned above, use the analogy of accelerating and braking controls on a car. Eye movements will accelerate the availability of emotional material, whilst acupoint tapping will reduce the emotional intensity. The clinician can combine the two in order to optimise and regulate the emotional intensity of the work.
- Used in this way, the client experiences greater safety. One might say to the client – “you see what is happening – we use eye movements to bring up your emotions, then we tap them down so that you do not get overwhelmed.”
- Although I trained in EMDR to the consultant level (no longer practising as such), I would never now use pure EMDR, but would always combine it with acupoint tapping. Typically, I might guide the client to make eye movements, but at the same time have them tap rhythmically on the collar bone points.

TWO FURTHER RELATED HYPOTHESES

I have two additional hypotheses regarding the mode of action of energy psychology modalities, including acupoint tapping.

- The effectiveness of psychotherapy depends on how many levels or dimensions are incorporated. Thus traditional psychotherapy (not very effective) targets thoughts and emotions – the emotional body and the mental body. EMDR and other modalities do this but also target the physiological body level. Energy psychology modalities additionally use the higher dimensions of the subtle energy system. This means a greater range of levels are targeted, but also with greater leverage by working at a higher level. If we try to address the problems of a client's thoughts and feelings just by talking with them about thoughts and feelings, it is hard work because we are working at the same level the problem is manifest – but if we can work from a level above (the subtle energy system) then the work is easier and more effective.
- My more esoteric hypothesis (arising from Blue Diamond Healing) is that we all have a parallel realm in addition to the matter-based realm that is most immediate in our experience. The meridian system of subtle energies may actually flow from the parallel realm. Thus when we bring a problem to mind and tap on acupoints we are (by analogy) placing it at the boundary interface of the matter and anti-matter realms – where it instantly dissolves!

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