

Jessica Ortner: In the last few years, there has been an extraordinary amount of research around the effectiveness of EFT Tapping and to help us explore this research, we are speaking to Dr. Peta Stapleton. Let me tell you about Dr. Stapleton. Dr. Stapleton has 20 years of experience as a registered clinical and health psychologist, and is currently an associate professor in psychology at Bond University. Dr. Stapleton leads worldwide research in psychological trials, into new therapies, investigating the effectiveness of treatments such as Tapping. She is also the author of the incredible book, *The Science of Tapping*. You can learn more about her at PetaStapleton.com. Welcome, Peta.

Dr. Peta Stapleton: Thank you so much, Jessica. It's great to be here.

Jessica: Thank you so much for being with us. I mean, you are really a pioneer in this research. Before we dive into the research, I mentioned a little bit about you, but can you tell us a little bit more about your background? Because even before you've had a passion for Tapping, you really had a passion for research.

Dr. Peta: I did and I wonder where that comes from. I just put it down to being an introvert. Maybe introverts love research! Whilst I am a licensed mental health care professional, so a clinical and health psychologist, I have always had a love of research and academia. So the teaching, I've always been in university positions and I guess it was 15 odd years ago, I had the opportunity in my research to explore anything I wanted. And of course I was already using Tapping at that point and said to my boss at the time, who was a very conservative GP MD and said, can I investigate this tapping thing? And he's like, I have no idea what you're talking about and nobody will come to that trial. And of course the rest is history. So I have spent about 20, 22 odd years now in research and a good 15 of those in the area of Tapping.

Jessica: Wow, it's amazing. And I'm so grateful for the research. I will be honest when I started learning about Tapping, I was like, Oh, whatever research, like, who cares? You see it works, you know, you just have to experience it. But then I began to realize that in order to get into places like the VA and to certain hospitals and to certain institutions, this research was really important. And it's been incredibly inspiring to see the research in the last few years and how it has been approved by the VA. It is going into these different institutions. Can you speak a little bit about that?

Dr. Peta: I think you're absolutely right. That when you're in the field or you're working

with clients individually and you see the outcomes, you know it works. I think it's a different story though, for us to have it accepted in mainstream organizations. So you mentioned the VA, we've just had the Australian Psychological Society showcase Tapping for chronic pain during National Psychology Week, first time ever. And to have that level of the traditional medical fraternities and bodies out there, it is the research that they are going to want to be. I say they want to be sort of calmed by the notion that all this science and there's statistics and things behind this, because, as we often say, Tapping looks unusual, it doesn't look like a traditional talk therapy. So anything that's a bit different can sort of take a while to crossover.

I do know that research can be dry for a lot of people, but if we can present it in a way that at least kind of gives whoever needs it, that sort of sense of certainty that actually there is a lot of data behind this and we can show you how it works. I think it helps everybody out in the field.

Jessica: Yeah, I agree. So a lot of the research trials that have come out are using clinical EFT. Can you tell us what's the difference between that and other forms?

Dr. Peta: So clinical EFT, really just is the original form of EFT that has been around for about 40 odd years now, where we just use the side of the hand point and then the eight traditional points on the face and the top half of the body. Now there's lots of versions of EFT that have emerged out in the field by practitioners, working with clients that may perhaps use extra acupuncture points, not use as many as clinical EFT, or certainly even use other sort of modalities. And it's not to say that they don't work because of course they evolve because they find that they work with clients. What we decided as a research field worldwide was in order to have it accepted, e.g. the VA or eventually Medicare and places like that, we needed all the evidence to sort of be on the established base method, which is what we call clinical EFT. So then we can actually sort of branch off down the track and look at perhaps what we call the hybrid versions of EFT or even briefer forms than what we currently do. It will be much easier if we've actually got that foundation there first.

Jessica: Yeah, that makes a lot of sense. It was interesting. I was speaking to Dr. Feinstein who also does a lot of research and he was telling me that in 2000 when he started, there was no research. And now we have over 200 research studies in English, another 50 of them in a foreign language. Can you talk a little bit about that and kind of give us a quick overview?

Dr. Peta: Absolutely. And it has grown exponentially. You have those early stages where you start to sort of see and Dr. Dawson Church was originally responsible for

some of the early research coming out and then it sort of started, we started our team here in Australia. We had a team in the UK that started publishing and suddenly we get this exponential kind of effect where it just starts to grow. And then, like you said, we've only just become aware in the last 12 months of 50 publications in foreign language journals on Tapping we're like, where did these come from? Who's doing this?

Jessica: These are published. This is not just someone in their basement saying they're doing a trial. These are published studies.

Dr. Peta: Absolutely. So all in academic peer reviewed journals. So when we say that there's possibly even thousands more case studies, anecdotal evidence, like lots of other things, but this is over 250 published clinical trials now, which I know it's a bit weird when we even sit back now and go, oh, we no longer know every piece of research out there because there's so much coming out so fast.

Jessica: Right. It's amazing. It really is a global movement, not just for English speaking countries. So let's talk about quality, right? What separates a high quality study or what are we really looking for when it comes to the studies that really do make a difference?

Dr. Peta: So you could have anything from a case study or even just a single study on the technique itself. So we might just sort of look at pre and post, like before and after, what difference does Tapping make? But the gold standard in research is what we call a randomized clinical trial, where someone volunteers to come into a trial e.g. maybe my food craving trial or a pain trial, but there are different conditions they are randomly allocated to by a computer so they don't get a choice. And that way we eliminate bias just in case they saw tapping on TV and had read about it and thought, yes, I know that works. So they may not get that condition.

There's over 65 of those that have actually been published now in top quality journals on Tapping where they've compared Tapping to something else and people didn't get a choice. So they truly are randomized and all of that kind of gold standard nature. Now there's a step above that, which is we've got enough randomized clinical trials that we've been able to analyze all of the data together from many, many trials in the one area. And we call those a meta-analysis. And what that shows is whether indeed Tapping was truly having the effect, or maybe it was due to something else, like warmth of the therapist or the group effect, that kind of thing. So we actually now have six meta-analyses in different areas that show the effect is indeed actually due to the acupoint tapping that we're actually doing. And they were across areas like post-traumatic stress disorder, depression,

anxiety, somatic symptoms, we've just completed here and several others. So we do really have some quality research that's actually being published.

Jessica: Yeah. And it's really nice to make that distinction that it's not just the words that you're really beginning to realize it is actually the tapping. So that's a great distinction to discover. Tapping works surprisingly quickly, as we all experienced. Sometimes it takes one session. Sometimes it takes a few, but what has the research shown when it comes to these single sessions?

Dr. Peta: We now have so many single session, but, and again, clinical trials that have been published where the single session may have been an hour or two maximum, two hours in that session with everything from changing EEG outcomes, cortisol, the stress hormone levels in the body, even things like phobias have been able to change in that one hour. And on some occasions we've even had post-traumatic stress disorder respond within a single session. Then there's other conditions like frozen shoulder syndrome that has been investigated in a couple of single sessions only. And again, responded, but these last over six months later. So when we go back and ask. And the greatest studies that have shown single sessions to have an impact have been the gene studies. So we've actually had a landmark gene study done of one hour of Tapping only. And they found 72 genes changed in their expression in the body, which actually then indicates only one hour of tapping has this profound physiological outcome.

Jessica: Can you explain that a little bit better? Because when I hear that I'm thinking of X-Men, you know, like what's actually happening to our genes when you say they're changing?

Dr. Peta: So genes have the ability in our DNA to either express themselves, which might give us a symptom of something or to not express themselves. And lots of research, our friend, Dr. Bruce Lipton and people like that, have shown that what changes the genes ability to express itself and perhaps, give someone eczema or have someone develop high blood pressure because the genes expressing itself in that way, are things like environmental toxins, but even internal issues such as the thoughts that we have or the emotional state that we're in.

So we know that genes will respond to a range of different things, external things, but also internal. So what this study showed was that by doing tapping on stress and actually getting the body into a calmer physiological state, but also an emotional calmer state. We had 72 genes in the body that they'd measured when someone was in a highly stressed state an hour earlier, that actually stopped expressing themselves. What that meant was it was things like the stress response, perhaps PTSD, symptomatology, that sort of thing, which people might

experience as type of vigilance or insomnia, but even genes responsible for the immune system response in the body. So if your gene is responding in a certain way that your immune system is compromised, that's due to directly the gene's expression.

But what happened was that gene for immune system response, actually down-regulated and was protecting the body. It was in a better place because the stress response was turned off. Even things like cancer, cancers that are non-genetics so they're not driven by DNA deformation, for example, those types of genes actually stopped expressing themselves after one hour of tapping. Meaning that person in that moment was not having a gene express itself that potentially might have caused cell mis-alignment and transformation to become a cancer cell down the track. So it's phenomenal when you start to read those types of study and go, this is not just tapping on your face and you'll feel better afterwards. This is your body actually changing.

Jessica: Right, so is the connection because it's so effective on stress and it's the stress that impacts these genes?

Dr. Peta: It is and more and more, the way I describe Tapping is a stress-reduction tool. It's just a technique that helps you reduce stress. It just so happens that, say, in a food craving or an addiction or chronic pain, stress plays a really big role in how someone feels or how they respond. So if you target stress in anything, you tend to get a response in whatever else was going on. So even perhaps people that might have a skin condition and might think that it just is a reaction to something from the way they wash their clothes, if they were to tap on stress and that was to actually remit or go away, then we know stress was playing a role in why that symptom was coming out. It's why it works in a food craving. So if you don't have a food craving anymore, it's because there is no stress wrapped around trying to resist that food or willpower or whatever might be going on when you're trying to stay away from it. If you're a bit blase and like, eh, I don't really care about that food anymore. I don't have any desire for it. There's no stress. We don't realize how encompassing stress is in so many life things.

Jessica: Yeah. A lot of times we don't realize it. And then in other cases, I can't tell you the amount of people I've spoken to - actually one woman in particular just last week who has a rare autoimmune disease, and she had this horrible rash and just nothing was working, and she realized it only comes when she's stressed. And she saw the pattern through the years. Every time there was a difficult moment her body would break out. And so you begin to see those patterns. And she started to use Tapping and her rash disappeared because she's addressing the stress. And I think it's important to make that link to not think it's like a magical thing where

you tap and then the genes change - it's impacting your stress.

Dr. Peta: And I think it really draws our attention back to when we do Tapping, we have to focus on what's happening for us then sometimes I do get asked, is it a distraction technique? And the answer is, no, it doesn't work when you're distracted, you need to be mindful, almost engage everything in the body, then do the tapping. And that is why, then we see things like the amygdala calming down, that stress center, we see genes changing. We see cortisol, the stress hormone, drops, it decreases, it lowers even after an hour of Tapping.

Jessica: Right. Well, you're kind of answering my second question. I wanted to learn a little bit more about the physical responses. Obviously with Tapping, we measure zero to 10. So it's very easy for people to say they feel better, but how are researchers beginning to test besides the genes, the reaction that the body is having?

Dr. Peta: Yeah. So we've got a lot of physiological research that has emerged, particularly in the last decade of things like blood pressure. So they can be taken as a measurement before and after a session, even things like EEG. So we have had the ability in lots of research studies to measure brainwave activity, that EEG level, even things like cortisol can be easily measured through saliva. So we've been using that.

There've been lots of other studies that have used that too, which gives us instantaneous access to current cortisol in the body. So those types of things have been done. We've recently explored heart rate variability before and after. So we've been able to measure what's happening in the heart when you are doing Tapping. And then after you've done an hour or two of Tapping, is that variability in the heart a lovely kind of coherent wave, which actually it is. So that type of thing, which is fairly noninvasive to get those types of measures, almost adds another layer to asking questions like, what's the rating out of 10, or how do you feel on my questionnaire? You know, anxiousness, depressive, those types of symptoms, but to actually see what's your body saying as well?

Jessica: So fascinating. All right. We're going to jump into one of my favorite research studies, which is the brain scan study. Can you tell us about that?

Dr. Peta: Yeah, so we had the opportunity several years ago now to access an MRI machine that was close to our university and it had always been a bit of a dream board moment of mine to be able to look at Tapping in the brain. So it was amazing that we were able to do that. So what we did was we were working mostly in the area of food cravings and weight management. So we're trying to help people decrease

the food craving and then see if it would relate in weight loss over time.

We had 15 willing volunteers to go inside an MRI machine. Now they were randomly allocated and they had no choice [in which group]. They had 10 of them ended up in the Tapping group, but five were in a control group. So they didn't actually get any intervention for the period of time, which happened to be a four week treatment program. We put them inside an MRI machine, first thing in the morning, they weren't allowed to eat. So they were hungry and we showed them images of high calorie foods when they were lying in there. And we asked them to think about eating or drinking those foods. And what would that taste like? What would they feel? So they had about six minutes of watching these food images cycle around. You can imagine, by the time we let them out of there they were starving. They wanted to race off and actually get access to the food.

And then they went and did a four week, two hours a week, trial. So they got eight hours of Tapping in total. Tapping on different foods that would trigger foods for themselves. And then we ask them to all come back at the end of that four weeks and have the scan again with the same images, look at the food images, see what happens. And we were looking at what parts of the brain fire, when you think about eating or consuming any of those high calorie foods. And we chose foods from previous trials, you know, everything from the chocolate cookies to the ice cream sundae, to the burger and fries, like it would have made me drool, you know, those kinds of images.

What we found in the beginning was the parts of the brain associated with reward and loss - so any of that sense of 'I might miss out if I don't eat this food' - that was the area of the brain deeply emotional that was lighting up on our brain scans. But after they came back in four weeks later and had the same brain scans done again, we found such a lack of activation. Literally they were looking at these images and because there was no desire, no part of that brain was lighting up that we couldn't actually even try and see. Is there anything lighting out there? Are they asleep? We thought they might be asleep in there. And they weren't because they were just lying there. And if anything, they were a bit bored.

So they were like, eh! So if food doesn't have any control over you at that level, you have no desire. You look at food and don't feel anything. The brain doesn't light up, but it does. It told us a lot about even if you have had a meal and you might be watching TV or scrolling through social media or looking at lovely kind of food images, your brain will still fire. It will still actually set off that if there's any interest in the food. So those brain scans are actually on my website. Anyone can have a look at them, now what happened with the poor control group? And I always feel a bit sort of sad when someone doesn't get intervention, but what

happened was their brains didn't change. So a four week period did nothing. Their brains still lit up like a Christmas tree and you can actually see that as a color on the scans. And we have published that in an open access journal, so anyone can read what we did, but it was very exciting.

Jessica: Very exciting. And just fascinating that those who did do the Tapping were telling you that they didn't have the cravings, they're telling you that they felt better, but to see it in their brain is fascinating to get that type of confirmation and not someone just trying to make you feel better, you know? The brain scans don't lie, right? So we see how effective that is. A quick question about that when you do that type of Tapping, some people might worry, well does it mean I lose all joy? How do things change? So how do you see the relationship change with food?

Dr. Peta: So it even becomes more healthy by default, which is perhaps something they weren't trying to achieve, but when people do lose that craving or that deep interest, or that lack of restraint ability for a high calorie food that they know, they just can't stay away from. And they genuinely have no desire for that. And we've even done two year follow-ups on many of our trials, just to show the food cravings don't come back.

It seems to be, which has been a curious outcome, that the natural desire for more healthy food choices, fruit and veg, that type of thing, actually emerges of its own accord and we don't always need to do any Tapping on that. And people start to almost come back to a natural state of perhaps how their bodies actually want to be nourished because they've just removed that particularly high sugar content food, and they don't have any worry about that anymore. And we've seen that over the last 12 to 15 years without actually doing anything, people actually say to us, six, 12 months, two years later, actually, 'Yeah. I eat really healthily now. And actually I've never done tapping on that, but I just don't have any desire for those types of foods. So I'm naturally drawn to more of those healthy food choices.' It's almost been a side effect that we weren't anticipating.

Jessica: Right, yeah, absolutely. I mean, when we begin to let go of stress, it seems like we just become smarter. Right? We can listen to our body easier, you know, better, and we can make healthier choices easier. The way that I look at it is you're putting your brain back online.

Dr. Peta: Yes. Yeah. I think that's probably the way, we do become smarter. I think we become our natural self. We don't want cortisol to start flooding the frontal lobe. So we're like, I can make a decision here, that's healthy. Yeah.

Jessica: That's good for me. Absolutely. I know a lot of people are curious when it comes

to Tapping, compared to other modalities, especially those gold standard ones. Can you talk a bit about that?

Dr. Peta: Yeah. So we have had quite a few worldwide comparison studies to gold standards. And one of the biggest ones in the talk sort of therapy field is cognitive behavioral therapy or CBT. We've done several comparison trials, not only in the food area, but with major depression to compare EFT to CBT. I certainly know it's been done for test anxiety elsewhere in the world as well.

What it shows in all of those studies is EFT is absolutely as effective on most of the outcome measures. So it gets the same outcomes, but where it really stands out as a difference is where the outcomes occur. So in all of the trials that have compared to CBT, most of the people going through CBT treatment arms get their outcomes sort of six and 12 months down the track because they keep practicing the different ways of thinking and cognitive reframing and things like that. So because they practice, that's where we see the outcomes, funnily enough, though, in the EFT trials, those participants get their outcomes within the EFT trial.

So that could be eight weeks in my case of my trials, but in one of the Canadian studies where they looked at a comparison to CBT for test anxiety, it only took the EFT participants two sessions to get their outcomes. And then those outcomes last over time. So it looks like we're comparable six and 12 months down the track, but when you drill down and actually look at, but where did the change happen? It's much, much faster for EFT. So I guess if I always say, look, if time's an issue for someone or even finances and access to services, then absolutely we've got enough evidence that EFT and Tapping compares to the gold standards, but you get your outcomes much faster.

Jessica: Yeah. What's been really hopeful, just amazing to see, is how many traditional practitioners and traditional psychologists have begun to incorporate this into what they're already doing. And I think that's what makes Tapping unique is that it is very easy to bring into the work that you may already be doing.

Dr. Peta: And it's not too much of a stretch. We have a lot of licensed professionals here that add Tapping to their toolbox as well because in the world of some other somatic kind of trauma-based approaches, EMDR being one of them, or even some aspects of dialectical behavior therapy, we use somatic elements. So as long as, when you were sharing the story to those types of community groups of health professionals, we talk their language. They actually don't see it as too much of a stretch. And I used to notice it took my colleagues and graduates about 10 years to go out, try traditional therapies with their clients and then start to look for other things. So then we would hear from them and they go, 'Oh, what's that tapping

thing that you do?’ So it used to be like this 10-year wave, and then they'd come back to us. It's taking about one year now. So they are graduating, they're out there, they're trying traditional therapies they've been trained in and they're way more quickly coming back saying, ‘Okay, I want to learn something else now. Tell me about that EMDR or that EFT or whatever that might be.’ So even that is a sign of change, something’s happening.

Jessica: Yeah, that's amazing. So you've shared over 200 studies around EFT Tapping in English, we have 54 and there might be more in foreign languages, but as we know right now it's 50. It's pretty clear that there are studies that show that Tapping works. What I'm curious about is how Tapping works, where are we with our understanding on how exactly it works?

Dr. Peta: We have come a long way and anyone that has been familiar for decades with Tapping might remember that we used to talk about it in terms of shifting energy at some level in the body, and that didn't make sense to everybody, but it was all that, all that we had...

Jessica: All that we had.

Dr. Peta: All that we had. And now I'm so grateful that we actually have much better understanding and words. So for us, we really look to the research that had been done on acupuncture and Harvard University over in your area had actually done a 10-year study and published it mapping all the acupressure points in the body, which was fantastic because it gave a lot of evidence to what I guess Eastern philosophies and approaches already knew for hundreds of years, but they were able to demonstrate these acupressure points actually do work. They then also showed that the stimulation of an acupressure point, whether that was with a needle in traditional acupuncture or any other process e.g. tapping on it, then the amygdala, the direct relationship back to that stress center in the brain actually was what was responding.

Then we also saw the hippocampus, the memory center that lives next door to the amygdala, which is why we often think of things from our past childhood, while we're tapping, that actually was responding as the amygdala was quieting down. So Harvard really did a lot for us. There was an acupuncture big study or a project that was done after that, that actually showed out of 120 studies that were actually investigated 126 of them, so only one, that didn't show any outcomes absolutely for the stimulation of those acupressure points for a whole range of different conditions, but the impact on the brain.

So our research worldwide in Tapping ever since then has just added another

layer that now shows we don't just feel better, but physiologically, we've got all these changes that are actually happening in the brain and the body. And we've got another FMRI study happening early next year in the chronic pain area. So again, we're going to show what happens in the brain for pain after Tapping. And I just think with more and more of that coming out, it does give us the ability to say, this is not just shifting energy. This is having a profound stress-reduction in the body.

Jessica: Fascinating. So we have that study coming up, chronic pain. What else do you have on the horizon?

Dr. Peta: We've actually spent the last 12 months by invitation with an Integrative Medicine Institute here. They were looking for psychological support for patients going through cancer treatments. So traditional chemotherapy and radiation. So we've actually spent the last 12 months and we will be doing more of this next year, supporting those patients with Tapping not only on what might've been happening in their life when they got a cancer diagnosis, but coping with chemotherapy along the way. And it has been profound. It was not sort of a natural area for me to go into, but this invitation was sort of almost the ability to be able to help these sufferers going through that type of health issue has just been enlightening and listening to their stories and listening to what they've been processing. We've had such interest that other institutes around Australia actually want to include Tapping in cancer treatment now. So that's an area that will be ongoing for us as well as the chronic pain space for the next 12 months.

Jessica: Amazing. Looking into the future, how can those who were watching this support the research and then where do you see this going? What's your hope for the future?

Dr. Peta: Absolutely, anybody out there that is interested, follow the research, get in touch, ask questions. Of course, all of those communities exist on social media, lots of the EFT organizations around the world support the research by actually being philanthropic, if you like, so people can donate. If they do have a desire to want to help support funding, the different trials, that type of thing. And of course we can put people in touch with that.

I would absolutely say if anyone wanted to be involved in research, that there's always opportunities for that. So if practitioners wanted to be involved, they can reach out. There's lots of us worldwide that always love to have people that can help out even with coordinations of trials and things like that. My hope for the future, and I know it's one that I share with you and your brothers, is that Tapping reaches our younger age groups. So for me, a world in the future where our



children coming out of schools, our teenagers, Tapping is normal. That Tapping is just something you do when you're not, you've not had a good day.

So I do really hope that the movement that has already started to happen in those school systems will continue. And that our medical bodies worldwide will embrace and we're already seeing that. So I'm actually already seeing that dream come true that very conservative, traditional organizations are actually embracing Tapping and recommending it.

Jessica: Yes. And a big part is because of all the amazing research that you have done and grateful also to Bond University and just your entire team, because I know you're leading a lot of people in this wonderful research and it's making a really big difference. It's having a huge ripple effect on this world. So thank you so much for that. And thank you so much for spending time. Any final words, anything that I forgot to ask you that you think would be good to share?

Dr. Peta: No. I think anyone listening in, either for the first time and Tapping's new, absolutely stay open to the possibilities that this can have. And I guess anyone that's in the field and been around for a long time, just know that there is a lot coming out and to the point where it's so fast at the moment that we can't even keep up and to reach out and to read the research and to know exactly what it is that we're doing, or if anyone's got a wishlist of what they would actually like research to be done on, we're always open for that type of thing as well.

Jessica: Wonderful. Well, thank you so much again, this has been great.

Dr. Peta: Thanks, Jessica.