



Acupuncture, Acupressure, and Thought Field Therapy (TFT)

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A number of people have asked about acupuncture, acupressure, and Thought Field Therapy (TFT). I have tried to write out some comments and observations that I hope will be helpful for those of you who are encountering these techniques in one way or another.

I. Definitions/descriptions: As discussed below, I have serious problems with traditional acupuncture theory and also with the “Thought Field” theory proposed by Callahan and others. Therefore the definitions given here will be practical and descriptive as opposed to theoretical.

A. Acupuncture: Acupuncture treats physical and psychological problems by using the insertion of needles to stimulate certain anatomical locations identified as acupuncture points.

B. Acupressure: Acupressure is based on the same anatomical locations (acupuncture points) as acupuncture, but the acupuncture points are stimulated with tapping or rubbing as opposed to the insertion of needles.

C. Thought Field Therapy (TFT): 1. TFT focuses only on psychological problems, 2. As with acupressure, TFT uses the acupuncture pressure points and meridians, but stimulates them with tapping or rubbing as opposed to the insertion of needles. 3. The core TFT technique is to stimulate various acupuncture points while the person is focusing on the problem (for example, anger about a specific situation, a specific phobia fear, or an unresolved traumatic memory) and making simple cognitive statements, such as “I release myself from this anger.” A second important technique addresses what EMDR¹ therapists call blocking beliefs, what many emotional healing facilitators call guardian lies, and what TFT practitioners call psychological reversals (for example: “It’s not safe to be free of this problem,” or “I don’t deserve to be free of this problem”). With this second technique, various acupuncture points are stimulated while the person makes a paradoxical statement, such as “I deeply and profoundly accept myself even though it’s not safe to be free of this problem,” or “I deeply and profoundly accept myself even though I don’t deserve to be free of this problem.”

II. Theory: Note that it is important to separate theory from observable clinical results. For example, early native Americans discovered that one could cure malaria by chewing Quinine bark. The theory they proposed regarding why this treatment worked may have been incorrect, but in spite of erroneous theory, the actual treatment was valid. Similarly, I *do not* perceive either traditional acupuncture theory or Dr. Callahan’s recent thought field theory to be the correct explanations for the phenomena, but I *do* perceive that acupuncture, acupressure, and TFT

¹ EMDR refers to Eye Movement Desensitization and Reprocessing, a secular therapeutic process for dealing with emotional wounds from traumatic events. See “The Immanuel Approach & EMDR: F.A.Q.’s and Common Misunderstandings” for further information (available as a free download from the “Special Subjects/Advanced Topics” section of the Resources page of our website: www.immanuelapproach.com/special-subjectsadvanced-topics/ .

produce some kind of real clinical phenomena.

A. Traditional theory regarding acupuncture-related techniques: The traditional theory associated with acupuncture related treatments is based on Taoist philosophy, and is organized around the flow of an energy force, called “Qi,” that is comprised of two opposite but complimentary parts, Yin and Yang. The traditional theory states that illnesses occur if the flow of Qi is insufficient, excessive, interrupted, or unbalanced, and that acupuncture related treatments cure illnesses by correcting these problems with the flow of Qi. The Yin and Yang flow along pathways in the body, called meridians, and acupuncture points are found wherever the meridians come close to the surface (so that the energy flow can be manipulated by needle insertion, tapping, or rubbing).²

B. “Official” theory regarding Thought Field Therapy: Roger Callahan PhD, the developer of TFT, states: “TFT is the study of the structure of thought fields and the body’s energy system as they pertain to the diagnosis and treatment of psychological problems.” Callahan hypothesizes that perturbations in a person’s thought fields contain the active information that triggers and forms the neurological, hormonal, and cognitive activities that cause negative emotions, and that “the perturbation, or container of active information, is the deepest, fundamental, and most basic underlying cause of negative emotions.” He proposes that TFT resolves psychological problems by eliminating these perturbations through manipulating the body’s energy systems and thought fields.³

C. Western medicine hypotheses: One current theory presented by western medicine is that these techniques produce symptom relief by stimulating the release of endorphins.⁴ Another component of current western theory is that local effects on nerve and muscle fibers contribute to symptom relief.⁵

D. Augmented defenses: I am proposing, as described below, that at least some part of the symptomatic relief seen with TFT is produced by augmenting the psychological defenses that manage/contain/bury the memory-associated roots of the negative emotions.

III. Research support: A growing number⁶ of research studies are being done, including a growing number of the most careful and valuable kind of study (randomized, double-blinded, placebo-control). Some of these studies verify that acupuncture and acupuncture-related

² Singer, Jeffrey. “Acupuncture, A Brief Introduction.” www.acupuncture.com homepage, November 2, 2002.

³ Handout included in training material presented by Gregory Nicosia, Ph.D. during Level I TFT training seminar, Chicago IL, February 7-8, 1998. See also Callahan, R.J. “Introduction to Thought Field Therapy.” Presentation to Arizona Mental Health Association, March 21 1995, pp. 1,2.

⁴ See, for example, Sher L, “The role of the endogenous opioid system in the effects of acupuncture on mood, behavior, learning, and memory.” *Med Hypotheses* 1998 Jun;50(6):475-8.

⁵ See, for example, Chu J, “The local mechanism of acupuncture.” *Zhonghua Yi Xue Za Zhi* (Taipei, China) 2002 Jul; 65(7):299-302.

⁶ My medline search found more than 200 professional journal articles on acupuncture and acupuncture-related techniques just in the 2.75 years since January 2000.

techniques do indeed produce statistically significant symptom relief.⁷ Other studies are documenting that acupuncture points are indeed somehow significant, and that acupuncture-related techniques do indeed produce laboratory-verifiable changes in nerve, muscle, and brain activity.⁸ The studies specifically supporting the western medicine theories mentioned above are discussed in the references already cited above.

However, I have *not* yet seen scientific research directly verifying traditional acupuncture theory or the “Thought Field” theory proposed by Callahan and others, and I have *not* yet seen any careful logic connecting traditional acupuncture theory or Callahan’s TFT theory to established scientific principles. My assessment at this time is that traditional acupuncture *theory* and Callahan’s thought field *theory* are entirely speculative.

IV. Personal experience: I know many people (patients, friends, and family) who have reported benefit with acupuncture or acupressure for various physical complaints. Possibly the most commonly used acupuncture-related treatment is the wrist band that many people use for the treatment of nausea. These wrist bands are a simple form of acupressure – a small bump on the inside of the band applies pressure to an acupuncture point on the wrist. I have found this simple tool to be moderately effective for myself, and we have a number of friends who report that this acupressure treatment is consistently effective.⁹ Other than using the wrist bands, I have never received or administered acupuncture or acupressure for the treatment of physical complaints.

I have had the most experience with TFT. I stumbled across TFT in the form of a couple of pages stapled to the back of notes a colleague obtained at a presentation on Post Traumatic Stress Disorder (PTSD). They were photocopies of several pages off the Internet from a research group at Florida State University. This research team was basically trying to find anything that actually worked for resolving PTSD, and they reported discovering 4 techniques with particularly impressive results. One of these four techniques was Eye Movement Desensitization and Reprocessing (EMDR) and another was Thought Field Therapy (TFT). I had been using EMDR for the past

⁷ See, for example, Fink, M *et al*, “Acupuncture in chronic epicondylitis: a randomized controlled trial.” *Rheumatology* (Oxford) 2002 Feb;41(2):205-9, He, D *et al*, “Effect of acupuncture on smoking cessation or reduction: an 8-month and 5-year follow-up study.” *Prev Med* 2001 Nov;33(5):364-72, Carlsson, CP *et al*, “Manual acupuncture reduces hyperemesis gravidarum: a placebo-controlled, randomized, single-blind, crossover study.” *J Pain Symptom Manage* 2000 Oct;20(4):273-9, and Werntoft E; Dykes AK, “Effect of acupressure on nausea and vomiting during pregnancy. A randomized, placebo-controlled, pilot study.” *J Reprod Med* 2001 Sep;46(9):835-9.

⁸ See, for example, Siedentopf, CM *et al*, “Functional magnetic resonance imaging detects activation of the visual association cortex during laser acupuncture of the foot in humans.” *Neurosci Lett* 2002 Jul 12;327(1):53-6, Park, HJ *et al*, “Acupuncture enhances cell proliferation in dentate gyrus of maternally-separated rats.” *Neurosci Lett* 2002 Feb 22;319(3):153-6, Lo, SY, “Meridians in acupuncture and infrared imaging.” *Med Hypotheses* 2002 Jan; 58(1):72-6, Kovacs FM *et al*. “Experimental study on radioactive pathways of hypodermically injected technetium-99m.” *J Nucl Med* 1992 Mar;33(3):403-7, and Litscher, G *et al*, “Changed skin blood perfusion in the fingertip following acupuncture needle introduction as evaluated by laser Doppler perfusion imaging.” *Lasers Med Sci* 2002; 17(1):19-25

⁹ Stimulation of this wrist acupuncture point for the treatment of nausea (from various sources, such as pregnancy, chemotherapy, and motion sickness), also has good research support. See, for example, the last two references cited in footnote 7 and also Roscoe JA, Matteson SE. “Acupressure and acustimulation bands for control of nausea: a brief review.” *Am J Obstet Gynecol* 2002 May; 185(5 Suppl Understanding): S244-7.

year and a half, and had seen consistently impressive results with this technique, so I at least read what they had to say about TFT.

They claimed that this simple technique of tapping on an assortment of pressure points in combination with focused positive statements could produce dramatic therapeutic benefits, and actually included detailed instructions for a “do it yourself” TFT protocol that was supposed to work for trauma and anxiety. The whole thing seemed hard to believe, and I was tempted to file it under “hokey,” along with claims about pyramids and snake oil. The only reason I even kept the material was because this research team had gained credibility points by recognizing a technique which I had already proven for myself (EMDR, as mentioned above).

I put it in my filing cabinet and forgot all about it until several months later when I was intensely triggered about a crisis situation with one of my patients. Friends of my patient left a message that she had become extremely angry, had begun destroying property, and then had ridden into Chicago on her bicycle at about 10:30 p.m., talking about suicide as she left. They had driven around looking for her, without success, and she had still not returned to her apartment when they left the message at about midnight. On top of everything else, she didn’t have insurance or funds for hospitalization.

This situation stirred up toxic content from a number of different traumatic memories, including panic and powerlessness from a childhood near-drowning experience. Unfortunately, I had not yet started using EMDR, Theophostic, or the Immanuel Approach for my own healing work, and had minimal self-awareness or understanding regarding my own triggering. At 2:00 a.m. I was still unable to sleep, pacing back and forth in the dark in our bedroom, and so anxious that I was sweating from head to foot. I eventually remembered “that silly tapping thing,” and I was miserable enough that I was ready to try it. I clearly remember thinking “This is so bogus – I can’t believe I’m even doing this – I don’t think this is going to work,” as I went through the protocol for anxiety. To my amazement, my intense anxiety resolved completely and suddenly – like somebody turned off a switch – within several seconds of finishing the last step of the TFT protocol.

I was sufficiently impressed by this experience that I attended a Level I TFT training seminar and began using TFT with my patients.¹⁰ Initially I was very encouraged because the technique did produce symptom relief from various negative emotions (for example, anger, anxiety, and addictive compulsion). However, over time I began to observe a number of things that made me increasingly concerned, and eventually led me to stop using TFT:

A. Mature Christians who didn’t feel comfortable with TFT: One of the early puzzling observations was that some people didn’t feel comfortable trying it. Some of these people were folks who were fearful about just about everything in life, but others were mature Christians who had good discernment and were especially concerned that it somehow felt similar to other things they had encountered and didn’t feel comfortable with.

B. Persistent resistance: Another puzzling observation was that, even in spite of dramatic

¹⁰ I also continued to use TFT on myself during the approximately one year that I used TFT with my patients. I received dramatic results similar to my first experience with TFT in several other situations where I was experiencing intense emotions, but I received marginal/minimal results whenever I used TFT in situations with only mild-moderate negative emotions.

initial benefits, nobody would use TFT as a “self help” tool outside of sessions. They gave all kinds of reasons, and sometimes seemed unable to come up with any coherent explanation. But the bottom line was that they would never use it except as a part of sessions in my office when I led them through the procedure. And nobody commented, complained, or requested TFT when I stopped using it.

C. Underlying memories and lies not addressed: As just described above, I experienced dramatic symptom relief with TFT – I no longer felt the intense anxiety that had been present only moments before. But I did not have any insight about the source of the anxiety, and I did not connect with or address the underlying traumatic memories. I also observed this same pattern in each of my patients who experienced symptom relief with TFT – the negative emotions would suddenly decrease/resolve, but the person would not connect with or address the underlying source of the negative emotions. Furthermore, TFT literature indicates that this is the usual pattern with TFT. For example, phobic fears are referred to as “inappropriate,” irrational fears, with no discussion of underlying traumatic memories that are getting triggered to cause the phobic fears.¹¹ People treated for phobias reportedly experience relief from the phobic fears without identifying or addressing underlying roots.¹²

It is important to note that TFT theory does not see this as a problem, but rather as the expected treatment process – TFT theory postulates that all negative emotions (including phobic fears) are most fundamentally contained in thought field perturbations, and therefore can be permanently resolved at their roots by resolving these perturbations (no insight or work with underlying traumatic memories required). This is very different than Immanuel Approach theory, which postulates that the deepest, most fundamental roots of negative emotions are the unfinished processing tasks, defenses, sin, and demonic infections associated with traumatic memories. Immanuel Approach theory states that negative emotions are caused by these unresolved emotional and spiritual issues coming forward when something in the present stirs up an old traumatic memory, and that true, permanent healing only occurs when these underlying memory-associated issues are resolved.

The TFT literature claims that psychological problems are usually fully and permanently resolved with TFT.¹³ If TFT *did* produce true, permanent healing, with the same kind of lasting fruit and life change as we see with the Immanuel Approach, we would have to reconsider Immanuel Approach theory. At least the part that says true healing *only* occurs when the underlying memory-associated issues are brought into the light and resolved. However, my perception is that the TFT “short-cut” approach *does not* produce true, permanent healing. My experience with using TFT for my own severe anxiety provides a good example. As mentioned earlier, at the time I first used TFT on myself I had not yet started using EMDR, Theophostic,

¹¹ Callahan, RJ. “Introduction to Thought Field Therapy.” Presentation to Arizona Mental Health Association, March 21 1995, p. 1&2.

¹² See, for example, “Australian Clinical Trials for TFT Phobia Algorithm,” Handout included in training material presented by Gregory Nicosia, Ph.D. during Level I TFT training seminar, Chicago IL, February 7th-8th, 1998. The same material is also published as “Innovative Treatment Helps Beat Phobias, Lorraine Loses Fear of Needles.” *Manly Daily* (North Curl, Australia), Tuesday, December 3, 1996.

¹³ See, for example, Gallo, F. “A No-Talk Cure for Trauma: Thought Field Therapy seems to violate all the rules.” *The Family Therapy Networker*, March/April 1997. P 65-75.

or the Immanuel Approach in my own healing journey, and my self awareness regarding my own internal processes was poor. Even so, I remember at the time noticing that I felt a little strange – I was glad to be free of the anxiety, but I had a vague sense that something wasn't quite right, and I felt a tightness in my throat and a faint, dull ache in my chest. As I have become more experienced with repressed and/or dissociated trauma in myself, I have come to recognize this tightness in my throat, dull ache in my chest, and this vague uneasiness as indicating that something is buried/disconnected as opposed to resolved. I can now see that the “strange” feeling I noticed after the first time I used TFT was the feeling I get when a memory is still active but I can't get to it... like when I want to cry but I can't get to the emotions. It felt like the anxiety “went away somewhere inside,” as opposed to the “resolved and clean” feeling that I experience with techniques that actually produce resolution of the underlying trauma (such as EMDR, Theophostic, and the Immanuel Approach).

A simple, empirical observation with TFT is that episodes of intense anxiety seemed to be blocked for 12-18 months, but they eventually returned. In contrast, when we worked with my intense anxiety using Theophostic, I went back to several unresolved traumatic memories, including the childhood near-drowning experience. *And* the intense sweating-from-head-to-foot anxiety has never come back since resolving the lies and other issues associated with these underlying traumatic memories. Now the healing work feels clean and complete – there is no vague uneasiness, or the feeling that something is stuck and/or stuffed down.

D. My professional clinical experience was similar to my personal healing experience: the thirty-one patients with whom I tried TFT experienced temporary symptomatic relief, but not the permanent resolution of underlying trauma, accompanied by lasting observable positive changes, that I see with EMDR, Theophostic, or the Immanuel Approach.

E. Augmented psychological defenses: My current hypothesis is that TFT stimulates the nervous system in some way that results in augmentation of the defenses that manage/contain the toxic content associated with the underlying trauma. Much like antidepressant medications,¹⁴ TFT seems to “thicken the psychological skin,” decreasing symptoms by making it harder to trigger the underlying traumatic memories that cause the negative thoughts and emotions. This is certainly consistent with my first experience using TFT for the episode of intense anxiety described above. I now realize that the strange feeling I had after the intense anxiety went away was the distant ache of a repressed and/or dissociated traumatic memory that was buried but not resolved. It is now clear to me that the distorted negative thoughts and intense anxiety were simply toxic content from the underlying memories that were being brought to the surface – the intense triggers from the patient crisis were breaking through the defenses that normally kept the memories buried. My perception is that the TFT somehow strengthened these defenses so that they could regain control and return the toxic content from the memories to their previously buried state.

The persistent resistance mentioned above is also consistent with this hypothesis. I think my patients could tell, at some subtle, intuitive level, that their problems were being buried as opposed to truly resolved. And they became increasingly uncomfortable with TFT as this

¹⁴ For discussion of this theory that antidepressant medication “thickens our psychological skin,” see “Depression and the Immanuel Approach: General Comments and Frequently Asked Questions,” available as a free download from the “Special Subjects/Advanced Topics” section of the Resources page of our Immanuel Approach website: www.immanuelapproach.com/special-subjectsadvanced-topics/ .

perception grew.

Furthermore, certain comments in TFT literature are consistent with this theory. In his introduction to Thought Field Therapy, Dr. Callahan describes a common phenomena in which the person treated with TFT will acknowledge decrease in negative emotions, *but doesn't believe that the problem has truly been resolved*. He states "The client will usually claim that he was distracted from the problem...." and "...another favorite response is 'I can't think about the problem.'" Dr. Callahan goes on to say "...what is meant, more precisely, is that when the client thinks about the problem he is unable to get upset...."¹⁵ My observation and personal experience, however, is that the clients using TFT mean exactly what they say. When I used TFT on some of my own traumatic memories, the painful emotions associated with the traumatic memories went away, but my internal, subjective experience was that somehow my mind wasn't *able* to look at/connect with the memories after the TFT.¹⁶ It was some mixture of "I just can't look at it," "I just don't want to look at it," and "I just don't feel like looking at it." It seemed like the TFT activated a psychological force field that separated me from the traumatic memory, and this force field felt subjectively like a combination of repression, denial, avoidance, and dissociation. My patients who have used TFT for traumatic memories have had experiences similar to myself. They have used words like "I just can't seem to look at it right now," "I just can't seem to go there any more," or "I just don't want to think about it right now." They did not report being able to look at the memory and feeling that it was resolved, but rather that their mind was somehow unable to look at/connect with the traumatic memory after doing TFT.

F. I like insight and understanding: I think I might prefer the Immanuel Approach even if TFT did produce true, permanent healing through some kind of "shortcut" process. I like the Immanuel Approach process, where the underlying roots of painful thoughts and emotions are uncovered, everything is brought into the light, and everything makes sense when I'm done. I can look back at the negative thoughts and emotions and understand the triggers, understand the roots, understand the connections, and understand how the Lord uses the Immanuel Approach process to permanently resolve the root issues. Part of why I feel so confident that the problem is truly resolved is that all the pieces fit together and the whole process makes sense. This feels much better than wielding a tool that does not include insight/understanding regarding underlying roots, and that causes changes in the brain through some process that I don't understand.

G. Overall, Immanuel Approach ministry feels better: Having experienced both TFT and the Immanuel Approach in my own healing journey, my personal, experiential reality is that the overall subjective experience of using the Immanuel Approach feels better than the overall subjective experience of using TFT. Immanuel Approach work "feels right," and TFT "just doesn't feel right somehow." This also seems to be true for most (all?) of my clients who have

¹⁵ Callahan, RJ. "Introduction to Thought Field Therapy." Presentation to Arizona Mental Health Association, March 21 1995, p 6.

¹⁶ TFT literature describes some clients who clearly report being able to look at the previously upsetting traumatic memories, but with no negative emotions. See, for example, Gallo, F. "A No-Talk Cure for Trauma: Thought Field Therapy seems to violate all the rules." *The Family Therapy Networker*, March/April 1997. p.67. My hypothesis is that in these cases the negative emotions have been dissociated from the visual components of the memories.

experienced both TFT and the Immanuel Approach – they feel “right” about continuing with Immanuel Approach work, but don’t feel “right” about using TFT.¹⁷ This is especially interesting in light of the fact that the Immanuel Approach takes longer and requires more emotional work than TFT.¹⁸

H. TFT and forced dissociative disconnection: My biggest concern about TFT is that it seems to cause *forced* dissociative disconnection in some situations. I came to this conclusion as the best explanation for a session in which one of my patients appeared to have a sudden and intense paranoid reaction to TFT. The first time she used TFT she experienced dramatic and immediate relief. As we were coming to the end of our available time, she was still feeling terrible, and I thought TFT might provide symptom relief so that she would not have to walk out of my office with intense negative emotions. All of her intense negative emotions disappeared instantly as she finished the TFT protocol, and I was pretty happy with the results.

And then, several weeks later, she was experiencing the exact same intense negative emotions, once again at the end of the session. However, when I suggested trying TFT, like we had in the earlier session, she became “paranoid” – she backed into a corner of my office, looking frightened and angry, and said “You did that to me last time – no way am I going to do that again. You’re just trying to control me! I don’t trust you.” I was baffled by this reaction at the time (this was before I knew much about dissociation), but now it is clear to me that this patient had dissociation and that I was talking to the internal dissociated part that carried the intense negative emotions we had “treated” the first time we tried TFT. The subjective experience of this internal part had been “I cooperated with this simple procedure, and the next thing I knew I had been locked back in the closet without my consent. My concerns weren’t addressed, and I didn’t give permission. I just got conked on the head and locked back in the closet.” In this situation the forced dissociative disconnection had clearly frightened and confused the internal part involved.

V. Physical reactivity with TFT technique for guardian lies: Another interesting data point in my experience with TFT is that many of my patients have had dramatic emotional and/or physical reactions when using the TFT technique to address psychological reversals/blocking beliefs/guardian lies. I have observed sudden and intense coughing, gagging, difficulty with keeping the eyes open, confusion (inability to remember what has just been said or done), and involuntary muscle twitches (can be all over the body, but most often in the face). In several patients, these physical reactions stopped immediately when anything demonic was commanded to be still and harmless; in others, the physical reactions stopped after interactions with internal dissociated parts; in still others, the physical reactions stopped after interactions with both demonic spirits and internal parts. The whole picture is very similar to what I sometimes see

¹⁷ It is important to ask whether the feeling that something is “not right” about TFT is due to something inherently wrong with TFT or due to the recipient being triggered by it. However, the subjective, initially unexplainable feeling “not right” about something can also be the first recognition of an intuitive insight that has to be pondered more before the underlying reasoning becomes apparent. My hope is that the points discussed in this essay will help people to make this discernment for themselves.

¹⁸ I would like to hear from anybody who has experienced TFT as well as EMDR and/or Theophostic and/or the Immanuel Approach, who perceives that he/she received true, permanent healing with TFT, and who feels better about the overall experience of TFT as opposed to EMDR and/or Theophostic and/or the Immanuel Approach. 2026 addendum: In the twenty-four years since initially writing this essay, not a single person has contacted me to report this.

when a person hits important material with EMDR and/or the Immanuel Approach.¹⁹

It is interesting to note that the physical reactivity was always observed with the technique addressing guardian lies, but *not* with the actual protocols used to directly treat the various negative emotions. It is also interesting to note that these physical manifestations were not mentioned in any way during the training seminar I attended and are not mentioned in any of the TFT literature I have reviewed.²⁰

My assessment is that the TFT technique to address guardian lies seems to access the neurological/physical place where traumatic memories, internal parts, and demonic spirits are all connected in much the same way that EMDR and the Immanuel Approach do. I'm not sure what this means, but I think it is a significant data point to be aware of as we try to understand how all of these pieces fit together.

VI. Spiritual concerns: I have heard others express concerns about spirituality connected with acupuncture-related techniques. I know that many new age²¹ practitioners do use these techniques, and I would be very concerned about receiving any acupuncture-related technique from someone who is involved in new age or any other kind of non-Christian spirituality. However, I don't have any experience (personal healing journey or professional clinical experience) indicating that acupuncture-related techniques are inherently connected to new age or other non-Christian spirituality. As described above, my concern is more clinical – that these techniques will hinder permanent healing by causing underlying traumatic memories to be more disconnected/dissociated.

VII. Summary conclusions and recommendations: A growing body of careful research, my professional clinical experience, and my personal experience all indicate that acupuncture, acupressure, and TFT involve some kind of real phenomena. My assessment at this time is that TFT does not resolve the roots of painful thoughts and emotions, but rather augments the defenses that manage/control/contain/bury these underlying roots.²² Much like antidepressants, this can prevent disability by decreasing symptoms, but it can also make it more difficult to accomplish permanent healing. In some situations TFT seems to produce symptom relief by

¹⁹ For additional discussion of physical manifestations in the context of EMDR and prayer for emotional healing, see my six essays addressing physical behavior, phenomena, and manifestations associated with emotional healing work, all available as free downloads from the “Kclehman.com Website Archives” section of the Resources page of our Immanuel Approach website: <https://www.immanuelapproach.com/kclehman-com-website-archives/> .)

²⁰ Note that this is exactly the same as my experience with observing similar physical reactivity when I use EMDR in the context of prayer for emotional healing, but finding no reference to this in any training material or published EMDR literature.

²¹ The term “new age” is very broad and means different things to different people. We are referring generally here to those pursuing a number of different non-Christian spiritualities which tend to emphasize (whether self-consciously or not) creating one's own god, reality, and belief about an afterlife. For a good, brief discussion of “new age” spirituality, and how Christian theology interacts with it, see chapter 10 of *Who Is My Enemy? Welcoming People the Church Rejects* by Rich Nathan (Grand Rapids: Zondervan, 2002), p. 209.

²² Again, “underlying roots” would include unresolved trauma, dysfunctional psychological defenses, sin, and demonic infection, with these four components often tangled together.

forcing dissociative disconnection, which can traumatize the internal parts involved. I would consider using TFT as an “acupressure antidepressant,” with the same considerations about balancing the need to prevent disability with concern about hindering therapy,²³ except that I don’t know how to deal with the problem of forced dissociative disconnection. I have less concern about the use of acupuncture or acupressure for the treatment of purely physical symptoms, since there is a lot of evidence that they may produce temporary symptom relief by simply activating our natural, internal pain control system (endorphins). However, since they use the same acupuncture points as TFT, I would encourage those who are using these techniques to consider the possibility that they can cause dissociative disconnection in some people.

For those of you who use TFT, but are unsure regarding whether my observations and conclusions are valid: I would encourage you to observe and discern very carefully regarding whether there is evidence of true, complete, permanent healing or whether symptom relief is occurring through causing the underlying traumatic-memory-associated roots to be buried more deeply.

Note: I would especially appreciate feedback and observations from those who are using acupuncture/acupressure-related techniques and who have experience with both the Immanuel Approach ministry and dissociative phenomena.

²³ For discussion of the appropriate place of medications, and discussion of the importance of considering both the need to prevent disability and the risk of hindering therapy/ministry, see “Depression and the Immanuel Approach: General Comments and Frequently Asked Questions” in the “Special Subjects/Advanced Topics” section of the Resources page of our Immanuel Approach website: www.immanuelapproach.com/special-subjectsadvanced-topics/.