

Tapas Acupressure Technique

Background/Definition

The Tapas Acupressure Technique (TAT), developed by acupuncturist Tapas Fleming in the late 20th century, is almost always self-administered and involves applying pressure to various points on one's body while directing one's thoughts to past physical, emotional, or ancestral traumas that require healing (Elder et al., 2012; Honda et al., 2012).

Tapas Fleming's TATLife organization offers two levels of certification for individuals — regardless of professional licensure — who want to either incorporate TAT into their practice, or teach the technique to others. This certification process involves multiple workshops with a TAT teacher, the documentation of at least 65 TAT sessions performed on the self and others, and a formal evaluation conducted by an established trainer (TATLife.com). The technique has been taught in and utilized by several hospitals in the United States as well as abroad, often as a form of first-aid following traumatic community events (e.g., natural disasters).

Over the past decade, TAT presentations have been hosted by the Association for Comprehensive Energy Psychology (ACEP), an organization that offers education programs, certification, and research conferences for licensed mental health practitioners (TATLife.com; energypsych.org). Psychologists who participate in TAT workshops can receive continuing education credits.

Theory

Chinese medicine posits that “the free flow of energy, or qi, through the body-mind system is essential for balance and health” (Elder et al., 2012). A blocked, turbulent, or otherwise imbalanced flow of qi results in mental and physical disturbances (see Qigong for more information).

TAT, as an energetic healing technique, works to restore and balance the flow of qi by allowing charges, or accumulated stresses, to be gently reintegrated into the entire mind-body system and subsequently released (TATLife.com). TAT provides an opportunity to confront past traumas which have been repressed — maybe for generations, and perhaps even down to a cellular level — with the idea being that current physical, mental, or emotional issues are manifestations of unresolved ancestral traumas which have simply been passed down to us.

Tapas Fleming argues that allergies, for example, are our bodies' responses to the environmental traumas of generations past, and that they can be quickly relieved via her technique (Fleming, 2002).

Procedure

During a TAT session, continuous pressure is applied by the patient to specific acupoints on the face and head while focusing on several aspects of an obstacle he or she is currently facing (Elder et al., 2012). If the goal is to resolve a known trauma, the patient focuses on the manifestation of the trauma, its origins, and the locations it has been stored in both the body and mind (Fleming, 2002). This releases the tension surrounding the event and allows energy to move freely through those physical and mental spaces once again.

TAT is easy to teach and administer and some TAT practitioners instruct their patients on proper use of the technique over the phone (Neal, 2002). The fact that it can be completely self-performed makes this a virtually cost-free therapy; often, a single one-hour session is enough to teach patients how to help themselves via the technique. It requires no equipment and can be utilized throughout the day as needed.

Review

While there is a significant amount of research on traditional acupressure therapies, very little empirical research has been conducted on TAT, and none of it tests theories as to how the technique works.

Elder et al. (2012) investigated whether TAT could help individuals minimize weight regain following a weight loss program. Obese adults who had successfully completed a six-month weight loss program were randomly assigned to one of two groups: a TAT group, in which participants applied the method to themselves for at least 20 minutes per day, or a social support circle, which served as the control group. In addition to documenting the amount of weight lost or regained by participants in the two groups, the researchers investigated whether stress, depression, insomnia, and overall quality of life were impacted by TAT or the social support group over the next twelve months.

While the results show that TAT is not more effective than social support in minimizing weight regain, the authors were hesitant to draw hard conclusions, since the mechanisms at work during TAT practice are not yet understood scientifically. Interestingly, TAT was more effective

than social support for individuals with greater initial weight loss, suggesting that the technique might be better suited for people who are highly motivated or who have already experienced major change in their lives. Further research should therefore examine the personality and life experience differences between individuals who find success using TAT, compared to those who do not find the technique helpful.

Recently, researchers at Kurume University in Japan investigated the effectiveness of self-administered acupressure in improving depressive mood in college students (Honda et al., 2012). While the program significantly improved students' mood, the study had several limitations. The 23 participants were students of acupuncture and moxibustion medicine, and were thus already highly familiar with acupoint therapies. The possibility of a good-subject effect cannot be ruled out; that is, the participants may have been motivated to provide data in support of the researchers' hypotheses. Replicating this research using participants who were previously unfamiliar with acupoint therapies would increase the validity of the results.

References

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