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Meta-Analyses, Reviews and Theoretical Articles

2016

Clond, M. (2016). Emotional Freedom Techniques for anxiety: A systematic review with meta-analysis. *Journal of Nervous and Mental Disease* [J Nerv Ment Dis.](#) 2016 Feb 18. [Epub ahead of print].

Emotional Freedom Techniques (EFT) combines elements of exposure and cognitive therapies with acupuncture for the treatment of psychological distress. Randomized controlled trials retrieved by literature search were assessed for quality using the criteria developed by the APA's Division 12 Task Force on Empirically Validated Treatments. As of December 2015, 14 studies (n=658) met inclusion criteria. Results were analyzed using an inverse variance weighted meta-analysis. The pre-post effect size for the EFT treatment group was 1.23 (95% CI: 0.82-1.64, $p < 0.001$), while the effect size for combined controls was 0.41 (0.17-0.67, $p=0.001$). EFT treatment demonstrated a significant decrease in anxiety scores, even when accounting for the effect size of control treatment. However, there was too little data available comparing EFT to standard of care treatments such as cognitive behavioral therapy, and further research is needed to establish the relative efficacy of EFT to established protocols.

Kalla, M. & Stapleton, P. (2016). How Emotional Freedom Techniques (EFT) may be utilizing memory reconsolidation mechanisms for therapeutic change in neuropsychiatric disorders such as PTSD and phobia: A proposed model. *Explore: The Journal of Science and Healing*, in press.

Maladaptive fear memories attributed to Pavlovian associations are considered to be at the crux of neuropsychiatric disorders such as post-traumatic stress disorder and phobia. The memory reconsolidation theory suggests that upon retrieval, memories become labile for a few hours, during which yielding a prediction error can lead to therapeutic change. This article proposes that Emotional Freedom Techniques (EFT), a therapeutic intervention combining psychotherapy with a somatic acupoint stimulation component may be utilizing memory reconsolidation mechanisms to facilitate therapeutic change. The EFT protocol combines three crucial elements of therapeutic change, namely, retrieval of fear memories, incorporation of new emotional experiences and learnings into the memory creating a prediction error, and finally reinforcement of the new learning.

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Metcalf, O., Varker, T., Forbes, D., Phelps, A., Dell, L., DiBattista, A., & O'Donnell, M. (2016). Efficacy of Fifteen Emerging Interventions for the Treatment of Posttraumatic Stress Disorder: A Systematic Review. *Journal of Traumatic Stress*, Online first Jan 7. DOI: 10.1002/jts.2207.

Although there is an abundance of novel interventions for the treatment of posttraumatic stress disorder (PTSD), often their efficacy remains unknown. This systematic review assessed the evidence for 15 new or novel interventions for the treatment of PTSD. Studies that investigated changes to PTSD symptoms following the delivery of any 1 of the 15 interventions of interest were identified through systematic literature searches. There were 19 studies that met the inclusion criteria for this study. Eligible studies were assessed against methodological quality criteria and data were extracted. The majority of the 19 studies were of poor quality, hampered by methodological limitations, such as small sample sizes and lack of control group. There were 4 interventions, however, stemming from a mind–body philosophy (acupuncture, emotional freedom technique, mantra-based meditation, and yoga) that had moderate quality evidence from mostly small- to moderate-sized randomized controlled trials. The active components, however, of these promising emerging interventions and how they related to or were distinct from established treatments remain unclear. The majority of emerging interventions for the treatment of PTSD currently have an insufficient level of evidence supporting their efficacy, despite their increasing popularity. Further well-designed controlled trials of emerging interventions for PTSD are required.

Nelms, J. & Castel, D. (2016). A systematic review and meta-analysis of randomized and non-randomized trials of Emotional Freedom Techniques (EFT) for the treatment of depression. *Explore: The Journal of Science and Healing*, (in press).

Background: Among a group of therapies collectively known as Energy Psychology (EP), Emotional Freedom Techniques (EFT) is the most widely practiced. EFT combines elements of cognitive and exposure therapies with the stimulation of acupuncture points (acupoints). Lacking is a recent quantitative meta-analysis that enhances understanding of the variability and clinical significance of depression reduction outcomes after EFT.

Methods: All studies (2005 - 2015), both outcome and RCT, evaluating the EFT for sufferers of depression were identified by electronic search. Our primary outcome was depression measured by a variety of psychometric questionnaire and scales. Meta-analysis was undertaken synthesizing the data from all trials, distinguishing within and between effect sizes.

Results: 21 studies qualified for inclusion into the meta-analysis (Outcome studies n = 446; RCT n = 653 (306 EFT, 347 Control)). As hypothesized, EFT training showed a moderate effect size in the treatment of depression. Cohen's d across all studies was 0.37. Effect sizes at posttest, less than 90 days, 90 days, and greater than 90 days were 0.63, 0.17, and 0.43 respectively. EFT was more efficacious than DB and SI in the

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posttest measurements ($p = 0.06$ vs DB; $p < 0.0001$ vs SI), and SHE at the 9th week assessment ($p = 0.036$).

Conclusion: The results show that EFT is effective in reducing depression in a variety of populations and settings. This meta-analysis extends the existing literature through facilitation of a better understanding of the variability and clinical significance of depression improvement subsequent to EFT treatment.

2015

Church, D., Feinstein, D., Palmer-Hoffman, J., Stein, P. and Tranguch, A. (2015). Empirically Supported Psychological Treatments: The Challenge of Evaluating Clinical Innovations. *Journal of Nervous & Mental Disease*, 202(10), 699-709. doi: 10.1097/NMD.000000000000188

Clear and transparent standards are required to establish whether a therapeutic method is “evidence based.” Even when research demonstrates a method to be efficacious, it may not become available to patients who could benefit from it, a phenomenon known as the “translational gap.” Only 30% of therapies cross the gap, and the lag between empirical validation and clinical implementation averages 17 years. To address these problems, Division 12 of the American Psychological Association published a set of standards for “empirically supported treatments” in the mid-1990s that allows the assessment of clinical modalities. This article reviews these criteria, identifies their strengths, and discusses their impact on the translational gap, using the development of a clinical innovation called Emotional Freedom Techniques (EFT) as a case study. Twelve specific recommendations for updates of the Division 12 criteria are made based on lessons garnered from the adoption of EFT within the clinical community. These recommendations would shorten the cycle from the research setting to clinical practice, increase transparency, incorporate recent scientific advances, and enhance the capacity for succinct comparisons among treatments.

Gilomen, S. A. & Lee, C. W. (2015). The efficacy of acupoint stimulation in the treatment of psychological distress: A meta-analysis. *Journal of Behavior Therapy and Experimental Psychiatry*, 48, 140-148.

Background: Emotional Freedom Techniques (EFT) is a type of therapy involving the stimulation of acupuncture points while using a spoken affirmation to target a psychological issue. While some studies cite data indicating EFT is highly efficacious, findings in other studies are unconvincing. The aim of this meta-analysis was to examine the effect of EFT, particular acupoint stimulation, in the treatment of psychological distress.

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Method: A systematic review of the literature identified 18 randomised control trials published in peer reviewed journals involving a total of 921 participants.

Results: A moderate effect size (Hedge's $g = -0.66$; 95% CI: -0.99 to -0.33) and significantly high heterogeneity ($I(2) = 80.78$) across studies was found using a random effects model indicating that EFT, even after removing outliers (decreases in $I(2) = 72.32$ and Hedge's $g = -0.51$; 95% CI: -0.78 to -0.23), appears to produce an effect. The analysis involved 12 studies comparing EFT with waitlist controls, 5 with adjuncts and only 1 comparison with an alternate treatment. Meta-regression and subgroup analyses were conducted to examine the effect of moderators on effect size of symptom change following EFT.

Conclusions: Due to methodological shortcomings, it was not possible to determine if the effect is due to acupoint stimulation or simply due to treatment elements common with other therapies.

New Jersey Psychologist. (2015). Energy psychology (special issue). *New Jersey Psychologist* 65(1).

This special issue is a collection of review articles on EFT and energy psychology, and includes articles by two former presidents of the New Jersey Psychological Association.

2014

Bakker, G.M. (2014). A bigger swamp is still a swamp: Comments on Feinstein (2014). *Energy Psychology: Theory, Research, and Treatment*, 6(1), 44-47.

David Feinstein's response, "Comment on 'The current status of energy psychology'; Growing evidence for extraordinary claims: (2014a) to my review "The current status of energy psychology: Extraordinary claims with less than ordinary evidence" (Bakker, 2013) claims to demonstrate that my selection and reporting of studies skews my data, and that (a) scientific support for the efficacy of energy psychology is accumulating, (b) initial findings suggest that the methods is surprisingly rapid and effective, and (c) plausible mechanisms are consistent with established psychological principles. On the contrary, my review illustrated how inappropriately skewed Feinstein's citation of studies has been, (a) the support for energy psychology's efficacy has flat-lined; (b) if something is surprisingly rapid and effective, it is not energy psychology; and (c) "tapping on meridians" and "energy fields" are still not consistent with established psychological principles.

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Benor, D.J., 2014. Energy psychology-practices and theories of new combinations of psychotherapy. *Curr. Res. Psychol.*, 5: 1-18.
<http://thescipub.com/abstract/10.3844/crpsp.2014.1.18>

Energy Psychology (EP) includes a spectrum of practices in which people tap on their bodies while focusing their minds on problems they want to change. EP therapies often are very rapidly effective. This article examines varieties of explanations for how EP works, including: Cognitive changes, psychological conditioning, expectation effects, distraction techniques, tapping on acupuncture points, shifts in other biological energies, wholistic healing, alternating stimulation of right and left sides of the body (presumably producing alternating stimulation of left and right brain hemispheres) and nerve conduction speeds.

Dunnewold, A.L., 2014. Thought field therapy efficacy following large-scale traumatic events. *Curr. Res. Psychol.*, 5: 34-39.
<http://thescipub.com/abstract/10.3844/crpsp.2014.34.39>

Thought Field Therapy (TFT) has been shown to reduce symptoms of Posttraumatic Stress (PTS) with trauma survivors in four studies in Africa. In a 2006 preliminary study, orphaned Rwandan adolescents, who reported ongoing trauma symptoms since the 1994 genocide, were treated with TFT. A 2008 Randomized Controlled Trial (RCT) examined the efficacy of TFT treatments facilitated by Rwandan Community leaders in reducing PTS symptoms in adult survivors of the 1994 genocide. Results of the 2008 study were replicated in a second RCT in Rwanda in 2009. A fourth RCT in Uganda (in preparation for submission) demonstrated significant differences in a third community leader-administered TFT treatment. The studies described here suggest that one-time, community leader-facilitated TFT interventions may be beneficial with protracted PTS in genocide survivors.

Feinstein, D. (2014). Comment on “The Current Status of Energy Psychology”: Growing Evidence for Extraordinary Claims. *Energy Psychology: Theory, Research and Treatment*, 6(1).

In “The Current Status of Energy Psychology: Extraordinary Claims with Less than Ordinary Evidence,” Bakker (2013) maintains that energy psychology rests on “an unsupported and implausible theoretical basis” (p. 1). He further asserts that attempts to establish empirical support for the efficacy of energy psychology have “not been able to demonstrate an effect beyond non-specific or placebo effects, or the incorporation of known effective elements” (p. 1). This rejoinder will demonstrate that Bakker’s selection and reporting skews his data toward these assertions and that a more balanced review would conclude that a) scientific support for the efficacy of energy psychology is accumulating; b) initial findings suggest, in fact, that the method

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is surprisingly rapid and effective; and c) plausible mechanisms for the documented positive outcomes are consistent with established psychological principles and have been described in the literature.

Lake, J. (2014). A review of select CAM modalities for the prevention and treatment of PTSD. *Psychiatric Times*. July 25, 1-4.

The personal, social, and economic burden of human suffering related to PTSD are major issues facing society. Conventional pharmacotherapy and psychotherapy reduce the severity of some PTSD symptoms; however, their effectiveness is limited, and many patients discontinue these pharmacological and psychotherapeutic treatments before achieving full remission. The limited effectiveness of conventional approaches and unmet treatment needs of patients provide compelling arguments for effective conventional and complementary and alternative medicine (CAM) interventions aimed at preventing PTSD and treating chronic PTSD.

Mollon, P. (2014). Attachment and Energy Psychology: Explorations at the interface of bodily, mental, relational, and transpersonal aspects of human behavior and experience. In *Talking Bodies* (Ed. K. White), London: Karnac.

In recent years, the field of energy psychology has opened up hitherto unimaginable realms of psychotherapeutic healing of astonishing depth and speed. The claims of unusual success, by enthusiastic pioneers and 'early adopters' have been fully vindicated as research has accumulated. So what is energy psychology (or EP, as it is often abbreviated)? It is a family of therapeutic methods that involve [1] tapping or holding acupressure meridians, or chakra energy centers, whilst [2] the client thinks of a target troublesome thought or memory. In doing this, the emotional distress is dissipated (provided the internal objections to resolving the distress have been addressed). Practitioners and clients find that these approaches are rapid, nondistressing, and can address deeper issues than talk based therapy (when used with knowledge and skill).

Schwarz, R. (2014). Deconstructing the six anti-scientific strategies for denying a highly effective therapy. *Energy Psychology: Theory, Research & Treatment*, 6(1).

This editorial describes a pattern of six basic interlocking and antiscientific strategies of discourse used by writers and editors who are deeply biased against energy psychology despite evidence in favor of its efficacy. These strategies attempt to obscure their positions under a patina of objective evaluation. The level of distortion has reached new heights in the recent publication of two highly biased and

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inflammatory articles (Gaudiano, Brown, & Miller, 2012; Bakker, 2013) followed by the refusal of the editors of each journal to publish responses written by well-qualified experts in the field. In this way, antagonistic assessments of the energy psychology field are presented as objective reviews, while scientific discourse is stifled. The goal of this editorial is to cast light on this process of distortion, so that clinicians, consumers and policy-makers can better evaluate the evidence for the efficacy of energy psychology.

Sise, M., Leskowitz, E., Stein, P., & Tranguch, A. (2014). Critical thinking in the energy therapies: Comment on Gaudiano. *Energy Psychology: Theory, Research and Treatment*, 6(1). doi 10.9769/EPJ.2014.6.1.MS.EL.PS.AT

Gaudiano, Brown, and Miller (2012) report that of 149 licensed psychotherapists who responded to an Internet-based survey, 42.3% said that they frequently use or are inclined to use Energy Meridian Techniques (EMTs). Gaudiano et al. portray EMTs as lacking an empirical basis and displaying multiple characteristics of pseudoscience. They conclude that EMT therapists may be characterized as relying on intuition in decision making, holding erroneous health beliefs, and showing lower scores on a test of critical thinking. This reply by clinicians who use EMTs demonstrates that, contrary to the claims of Gaudiano et al., there is a substantial body of research supporting the efficacy of EMTs, that theories underlying EMTs have an empirical basis, and that an affinity toward EMTs is not incompatible with critical thinking abilities.

2013

Aung, S., Fay, H., Hobbs, R. (2013). Traditional Chinese medicine as a basis for treating psychiatric disorders: A review of theory with illustrative cases. *Medical Acupuncture*, 25(6): 398-406.

Background: Integrative medicine is becoming increasingly accepted in the global scheme of health care. Traditional Chinese Medicine (TCM) is often included among integrative medicine modalities.

Objective: This article provides a background for integration of acupuncture and other TCM-derived approaches to managing psychiatric conditions.

Methods: Classical theories of TCM that pertain to psychiatric conditions are reviewed, focusing on concepts of energetic imbalance, the implications of mind-body-spirit connections, and treatment strategies that involve TCM modalities. An example of correlation between TCM patterns of disharmony and the Western diagnosis of generalized anxiety disorder (GAD) is given, along with an illustrative case in which counseling, medications, and acupuncture were combined in treatment. TCM principles

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are incorporated in certain energy psychology modalities, such as Emotional Freedom Technique (EFT). A case is presented demonstrating the integration of energy psychology with acupuncture, Qigong and hypnosis as an avenue for releasing pathogenic emotions. In classical TCM theory, assessing and treating spiritual disharmonies is fundamental for dealing with emotional disorders. Practical application in a clinical case is described.

Conclusions: TCM offers a cogent theoretical basis for assessing and clinically managing patients presenting with mental health issues. TCM principles integrate well with other systems, including Western medicine.

Bakker, G. M. (2013). The current status of energy psychology: Extraordinary claims with less than ordinary evidence. *Clinical Psychologist*. Article first published online. doi:10.1111/cp.12020

Proponents of energy psychology techniques, such as Thought Field Therapy and Emotional Freedom Techniques, have sought “empirically supported therapy” status despite an unsupported and implausible theoretical basis and claims in response of representing a “pseudoscientific” movement. Two major reviews of the supportive evidence which has accumulated over the past 30 years have been published recently. This current status report describes the history, theory, techniques, claims, and implications of the energy psychology movement, examines support for its theoretical base, its current outcome study support, and offers conclusions and recommendations as to its research and clinical prospects. It is concluded that there is scant support for the radical theories underlying energy psychology techniques, and that empirical support for their efficacy is methodologically weak, and has not been able to demonstrate an effect beyond nonspecific or placebo effects, or the incorporation of known-effective elements. The only dismantling studies to date have been disconfirmatory. Further research is highly unlikely to be scientifically productive, and scientist practitioners are advised to continue to adhere to well-established cognitive and behavioural principles.

Church, D. (2013). Clinical EFT as an evidence-based practice for the treatment of psychological and physiological conditions. *Psychology*, 4(8), 645-654. doi:10.4236/psych.2013.48092

Emotional Freedom Techniques (EFT) has moved in the past two decades from a fringe therapy to widespread professional acceptance. This paper defines Clinical EFT, the method validated in many research studies, and shows it to be an “evidence-based” practice. It describes standards by which therapies may be evaluated such as those of the American Psychological Association (APA) Division 12 Task Force, and reviews the studies showing that Clinical EFT meets these criteria.

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Several research domains are discussed, summarizing studies of: (a) psychological conditions such as anxiety, depression, phobias and posttraumatic stress disorder (PTSD); (b) physiological problems such as pain and autoimmune conditions; (c) professional and sports performance, and (d) the physiological mechanisms of action of Clinical EFT. The paper lists the conclusions that may be drawn from this body of evidence, which includes 23 randomized controlled trials and 17 within-subjects studies. The three essential ingredients of Clinical EFT are described: exposure, cognitive shift, and acupressure. The latter is shown to be an essential ingredient in EFTs efficacy, and not merely a placebo. New evidence from emerging fields such as epigenetics, neural plasticity, psychoneuroimmunology and evolutionary biology confirms the central link between emotion and physiology, and points to somatic stimulation as the element common to emerging psychotherapeutic methods. The paper outlines the next steps in EFT research, such as smartphone-based data gathering, large scale group therapy, and the use of biomarkers. It concludes that Clinical EFT is a stable and mature method with an extensive evidence base. These characteristics have led to growing acceptance in primary care settings as a safe, rapid, reliable, and effective treatment for both psychological and medical diagnoses.

Church, D., & Feinstein, D. (2013). The psychobiology and clinical principles of energy psychology treatments for PTSD: A review. In *Psychology of trauma*, ed. Thijs Van Leeuwen & Marieke Brouwer. Hauppauge, NY: Nova Science Publishers.

Energy Psychology (EP) protocols use elements of established therapies such as exposure and cognitive processing, and combines these with the stimulation of acupuncture points. EP methods such as EFT (Emotional Freedom Techniques) and TFT (Thought Field Therapy) have been extensively tested in the treatment of post-traumatic stress disorder (PTSD). Randomized controlled trials and outcome studies assessing PTSD and co-morbid conditions have demonstrated the efficacy of EP in populations ranging from war veterans to disaster survivors to institutionalized orphans. Studies investigating the neurobiological mechanisms of action of EP suggest that it quickly and permanently mediates the brain's fear response to traumatic memories and environmental cues. This review examines the published trials of EP for PTSD and the physiological underpinnings of the method, and concludes by describing seven clinical implications for the professional community. These are: (1) The limited number of treatment sessions usually required to remediate PTSD; (2) The depth, breadth, and longevity of treatment effects; (3) The low risk of adverse events; (4) The limited commitment to training required for basic application of the method; (5) Its efficacy when delivered in group format; (6) Its simultaneous effect on a wide range of psychological and physiological symptoms, and (7) Its suitability for non-traditional delivery methods such as online and telephone sessions.

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Feinstein, D. (2013). EP Treatments Over a Distance: The Curious Phenomenon of “Surrogate Tapping.” *Energy Psychology Journal*, 5(1).
doi:10.9769.EPJ.2013.5.1.DF

A psychotherapeutic approach that combines cognitive techniques with the stimulation of acupuncture points by tapping on them has been gaining increased attention among clinicians as well as among laypersons using it on a self-help basis. It is called energy psychology. Thirty-six peer-reviewed studies published or in press as of April 2012—including 18 randomized controlled trials—have found the method to be surprisingly rapid and effective for a range of disorders. More surprising are reports of “surrogate tapping.” In surrogate tapping, the practitioner taps on him or herself and applies other elements of energy psychology protocols as if he or she were the person whose problem is being addressed, all the while holding the intention of helping that person. Essentially long distance healing within an energy psychology framework, successful reports of surrogate tapping have been appearing with some frequency within the energy psychology practitioner community. A search of the literature and pertinent websites, combined with a call for cases involving surrogate tapping, produced the 100 anecdotal accounts described here where an apparent effect was observed. Studies of other long-distance phenomena, such as telepathy and distant healing, are reviewed to put these reports into context. The paradigm challenges raised by reports of positive outcomes following surrogate treatments are considered, and conclusions that can and cannot be legitimately reached based on the current data are explored.

Gallo, F. (2013). Energy for healing trauma: Energy Psychology and the efficient treatment of trauma and PTSD. *Energy Psychology Journal*, 5(1). doi: 10.9769.EPJ.2013.5.1.FPG

Recently there has been increasing interest in investigating energy psychology theoretically and as clinical intervention. This article provides an overview of energy psychology, including its history, theory, active ingredients, and empirical research on the effects in general and for the treatment of trauma and PTSD. Personal and case vignettes are also provided to illustrate the treatment process. The therapeutic effects are also discussed with respect to neuroscience, cognitive restructuring, reciprocal inhibition, genetics, distraction, placebo effect, memory reconsolidation, energetic and spiritual considerations.

Kim, S-Y., Yin, C-S., Choi, In, W., & Kim, J-W. (2013). Trends in meridian-based psychotherapy—a review of research on Emotional Freedom Techniques (EFT). *Journal of Oriental Neuropsychiatry*, 24(1). 89-100.

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Objectives: The purpose of this study is to investigate the research regarding Emotional Freedom Technique (EFT) and to understand the trends in meridian-based psychotherapy.

Methods: Every article relevant to EFT was obtained from Pubmed and Korean journal databases. Keywords used for searching included “EFT” and “Emotional freedom technique.”

Results: 1) 5 reviews, 11 randomized controlled trials, 3 controlled trials, 1 single group comparative study and 4 case studies were identified. 2) Anxiety disorders were most frequently studied. Other studies included insomnia, depression and pain symptoms. EFT interventions used many different protocols and assessed with various tools. 3) Review articles indicated that meridian-based psychotherapies, such as EFT, are based on the meridian theory of oriental medicine. They evaluate EFT positively for its effectiveness on psychiatric conditions.

Conclusions: EFT is increasingly studied and used in clinical practice in various fields. Objective evaluation tools and standardized intervention protocols are needed for the development of a new guideline for EFT.

2012

Feinstein, D. (2012). Acupoint stimulation in treating psychological disorders: Evidence of Efficacy. *Review of General Psychology*. Advance online publication. doi: 10.1037/a0028602

Energy psychology is a clinical and self-help modality that combines verbal and physical procedures for effecting therapeutic change. While utilizing established clinical methods such as exposure and cognitive restructuring, the approach also incorporates concepts and techniques from non-Western healing systems. Its most frequently utilized protocols combine the stimulation of acupuncture points (by tapping on, holding, or massaging them) with the mental activation of a targeted psychological issue. Energy psychology has been controversial, in part due to its reliance on explanatory mechanisms that are outside of conventional clinical frameworks and in part because of claims by its early proponents—without adequate research support—of extraordinary speed and power in attaining positive clinical outcomes. This paper revisits some of the field’s early claims, as well as current practices, and assesses them in the context of existing evidence. A literature search identified 50 peer-reviewed papers that report or investigate clinical outcomes following the tapping of acupuncture points to address psychological issues. The 17 randomized controlled trials in this sample were critically evaluated for design quality, leading to the conclusion that they consistently demonstrated strong effect sizes and other positive statistical results that far exceed chance after relatively few treatment sessions. Criteria for evidence-based treatments proposed by Division 12 of the American Psychological Association were also applied and found to be met for a number

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of conditions, including PTSD. Neurological mechanisms that may be involved in these surprisingly strong findings are also considered.

Feinstein, D. (2012). What does energy have to do with energy psychology? *Energy Psychology Journal*, 4(2). doi: 10.9769/EPJ.2012.4.2.DF

An obstacle to professional acceptance of the growing body of research supporting the efficacy of energy psychology is the vague use of the term “energy” in the field’s name and explanatory models. This paper explores whether the concept of “energy” is useful in accounting for the observed clinical outcomes that follow “energy psychology” treatments. Several anomalies within energy psychology that confound conventional clinical models are considered. The most vexing of these is that a growing number of anecdotal accounts suggest that one person can self-apply an energy psychology protocol, with the intention of helping another person who is in a distant location, leading to the other person reporting unanticipated benefits more frequently than chance would seem to explain. The possible roles of “energy” and macrosystem quantum effects in these anomalies are examined. A working model is proposed that attempts to explain the actions of energy psychology treatments in a manner that is consistent with established scientific knowledge while accounting for the anomalies. Three premises about the role of energy are delineated in this working model, and potential strengths of the model for practitioners and researchers are discussed.

Gaudiano, B. A., Brown, L. A., & Miller, I. W. (2012). Tapping their patients' problems away?: Characteristics of psychotherapists using energy meridian techniques. *Research on Social Work Practice*, 22, 647-655. doi:10.1177/1049731512448468

The objective was to learn about the characteristics of psychotherapists who use energy meridian techniques (EMTs).

Methods: We conducted an Internet-based survey of the practices and attitudes of licensed psychotherapists.

Results: Of 149 survey respondents (21.4% social workers), 42.3% reported that they frequently use or are inclined to use EMTs. EMT therapists reported higher use of a number of techniques from different theoretical orientations, reliance on intuition in decision making, positive attitudes toward complementary and alternative treatments, erroneous health beliefs, and importance placed on the intuitive appeal of evidence-based treatments. EMT therapists also had lower scores on a test of critical thinking.

Conclusions: Results suggest that a number of characteristics differentiate therapists who are inclined to use EMTs, which can aid in future educational efforts.

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Sojcher, R., Perlman, A. & Fogerite, S. (2012). Evidence and potential mechanisms for mindfulness practices and energy psychology for obesity and binge-eating disorders. *Explore: The Journal of Science and Healing*, 8(5), 271-276.

Obesity is a growing epidemic. Chronic stress produces endocrine and immune factors that are contributors to obesity's etiology. These biochemicals also can affect appetite and eating behaviors that can lead to binge-eating disorder. The inadequacies of standard care and the problem of patient noncompliance have inspired a search for alternative treatments. Proposals in the literature have called for combination therapies involving behavioral or new biological therapies. This manuscript suggests that mind–body interventions would be ideal for such combinations. Two mind–body modalities, energy psychology and mindfulness meditation, are reviewed for their potential in treating weight loss, stress, and behavior modification related to binge-eating disorder. Whereas mindfulness meditation and practices show more compelling evidence, energy psychology, in the infancy stages of elucidation, exhibits initially promising outcomes but requires further evidence-based trials.

2011

Kwon, Y-J., & Cho, S-H. (2011). Oriental medical interventions for posttraumatic stress disorder: A model of Oriental Medicine for disaster mental health. *Journal of Oriental Neuropsychiatry*, 22(4), 77-86.

Objectives: Rates of assault as well as natural and human disasters are increasing. In Korea however, Oriental Medicine PTSD treatment research has been limited to motor vehicle accident survivors. Our objective is to develop a model for the application of evidence-based Oriental Medicine interventions for PTSD to a wide spectrum of traumatic disasters.

Methods: An online search was performed for Korean research in Oriental Medicine journals. International studies were sourced from Pubmed and the US Department of Veterans Affairs. We sorted studies into Randomized Controlled Trials (RCTs) and non-RCTs, and further analyzed them by the elapsed time from traumatic exposure to treatment.

Results: We confirmed that acupuncture, cognitive behavioral therapy (CBT) and progressive muscular relaxation (PMR) were effective in the acute stages immediately after a traumatic event. We further determined that Eye Movement Desensitization and Reprocessing (EMDR), Emotional Freedom Techniques (EFT) and relaxation therapy were efficacious in the chronic stages. Building on these findings, we propose a model of Oriental Medicine for disaster mental health.

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Conclusions: An analysis of research into Oriental Medicine shows that the above evidence-based interventions are efficacious for different stages of PTSD treatment. Oriental Medicine is an appropriate mental health intervention in disasters.

Varvogli, L., & Darviri, C. (2011). Stress Management Techniques: Evidence-based procedures that reduce stress and promote health. *Health Science Journal, 5(2)*, 74-89.

Purpose: According to the World Health Organization, stress is a significant problem of our times and affects both physical as well as the mental health of people. Stress is defined as a situation where the organism's homeostasis is threatened or the organism perceives a situation as threatening. Stress coping methods are the cognitive, behavioral and psychological efforts to deal with stress.

Method: After a thorough literature review in major databases (MEDLINE, Scopus, Science Direct) the following techniques were identified and are presented and briefly discussed here: progressive muscle relaxation, autogenic training, relaxation response, biofeedback, guided imagery, diaphragmatic breathing, transcendental meditation, cognitive behavioral therapy, mindfulness-based stress reduction and emotional freedom technique.

Conclusion: These are all evidence-based techniques, easy to learn and practice, with good results in individuals with good health or with a disease.

2010

Church, D., & Brooks, A. J. (2010). Application of Emotional Freedom Techniques. *Integrative Medicine: A Clinician's Journal, 9(4)*, 46–48.

This paper describes an intervention called Emotional Freedom Techniques (EFT). EFT is a brief exposure therapy combining cognitive and somatic elements and focuses on resolving emotional trauma that might underlie a presenting condition. Research indicates that EFT is an effective treatment for anxiety, depression, posttraumatic stress disorder, phobias, and other psychological disorders, as well as certain physical complaints. This article describes the techniques, how EFT is taught in a workshop setting, and provides case examples. The clinical benefits of EFT and future research directions are discussed.

Energy Psychology (EP) occupies a unique niche in the range of modalities used by psychologists and other mental health professionals. Like other techniques early in their potential arcs of transition from untested innovation to unremarkable standard practice, EP has committed defenders and implacable detractors. Unlike most well established therapies, EP originated outside of the Western psychological/medical

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tradition as an integration of Western psychotherapy and several forms of Eastern medicine. EP also has the unique status of having been banned by the APA Education Directorate as a topic for which CEU's can be granted. The controversy surrounding EP and its promise as a healing technique have the makings of a case study of how professional and academic psychology responds to innovation. What follows is a brief introduction to EP through my clinical experience and a summary of recent literature.

Pasahow, R. (2010). Methodological and Theoretical Problems in the Waite and Holder (2003) Study on Fears and EFT. *Energy Psychology: Theory, Research & Treatment*, 2(2). doi: 10.9769/EPJ.2010.2.2.RP

Energy psychology (EP) represents a paradigm for the treatment of mental health problems. A number of studies and case reports have demonstrated its efficacy in reducing psychological conflicts and symptoms. Emotional Freedom Techniques (EFT) are the most extensively researched model of EP. For EFT to be classified as an empirically based treatment according to American Psychological Association (APA) Division 12 Task Force criteria, research needs to demonstrate its efficacy in a number of experimental and clinical settings. It is also necessary to provide alternative explanations when experimental data are interpreted as disproving major hypotheses. In Waite and Holder's (2003) study on EFT, inclusion of two sham treatment groups and a control group attempted to isolate the factors that cause symptom reduction. Initial reviewers interpreted these data as disproving the fundamental hypothesis of EFT. The APA's Continuing Education Committee cited this study as 1 factor for disputing the scientific basis of EFT. Subsequent analyses have interpreted this study as being supportive of EFT hypotheses. However, numerous statistical omissions, incorrect applications of EFT procedures, and insufficient treatment time preclude meaningful conclusions regarding EFT. The only dependent variable was participants' fear ratings, which many researchers do not consider an adequate outcome measure. Multidimensional assessments would have provided more precise data and limited how much demand characteristics influenced the results.

2009

Baker, A.H., Carrington, P., Putilin, D. (2009). Theoretical and Methodological Problems in Research on Emotional Freedom Techniques (EFT) and Other Meridian Based Therapies. *Energy Psychology: Theory, Research & Treatment*, 6(2), 34-46.

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Controlled research into Emotional Freedom Techniques (EFT) and other meridian-based therapies is at its beginnings. We examined several issues facing EFT researchers, including: the number and type of dependent measures; expectancy effects; the need for follow-up assessment; a newly proposed procedure for keeping participants blind; the duration of the intervention; the value of treating the hypothesized Energy Meridian System and EFT's operations as separate constructs; and the possibility that EFT's efficacy is mediated by processes long known to be associated with psychotherapy. Such issues are considered in the context of three recent EFT studies: Waite and Holder (2003); Wells et al. (2003); and Baker (2010). Some limitations of these studies are delineated and guidelines on EFT research are suggested.

Feinstein, D. (2009). Controversies in Energy Psychology. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 45-56.

In the nearly three decades since tapping on acupuncture points was introduced as a method psychotherapists could use in the treatment of anxiety disorders and other emotional concerns, more than 30 variations of the approach have emerged. Collectively referred to as energy psychology (EP), reports of unusual speed, range, and durability of clinical outcomes have been provocative. Enthusiasts believe EP to be a major breakthrough while skeptics believe the claims are improbable and certainly have not been substantiated with adequate data or explanatory models. Additional controversies exist among EP practitioners. This paper addresses the field's credibility problems among mental health professionals as well as controversies within EP regarding (a) its most viable explanatory models, (b) its most effective protocols, (c) how the approach interfaces with other forms of clinical practice, (d) the conditions it can treat effectively, (e) what should be done when the method does not seem to work, and (f) how the professional community should respond to the large number of practitioners who do not have mental health credentials.

Feinstein, D. (2009). Facts, paradigms, and anomalies in the acceptance of energy psychology: A rejoinder to McCaslin's (2009) and Pignotti and Thyer's (2009) comments on Feinstein (2008a). *Psychotherapy (Chic)*. 46(2):262-9. doi: 10.1037/a0016086.

Allegations of selection bias and other departures from critical thinking in Feinstein (see record 2008-07317-008) found in the Pignotti and Thyer (see record 2009-08897-011), and the McCaslin (see record 2009-08897-010) commentaries, are addressed. Inaccuracies and bias in the reviewers' comments are also examined. The exchange is shown to reflect a paradigmatic clash within the professional community, with energy psychology having become a lightning rod for this controversy. While postulated "subtle

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energies" and "energy fields" are entangled in this debate, the most salient paradigm problem for energy psychology may simply be that accumulating reports of its speed and power have not been explained using established clinical models.

Gallo, Fred. (2009). Energy Psychology in Rehabilitation: Origins, Clinical Applications, and Theory. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 57-72.

Three forces have dominated psychology and psychological treatment at different times since the early 1900s. The first force was Freudian psychoanalysis and its offshoots that focus on unconscious psychodynamics and developmental fixations, with principal therapeutic techniques including free association, dream analysis, interpretation, and abreaction. Second came behaviorism, spearheaded by Pavlov, Watson, and Skinner, which emphasized environmental stimuli and conditioning—its techniques including respondent and operant conditioning, exposure, desensitization, schedules of reinforcement, modeling, and more. The third force involved humanistic and transpersonal approaches that attend to values and choice, including client-centered therapy, gestalt therapy, phenomenology, and cognitive therapy, some of the principal leaders being Rogers, Maslow, Perls, Rollo May, Binswanger, and Ellis. Recently the new paradigm of energy psychology has emerged, which may be considered psychology's fourth force. The earliest pioneers included Goodheart, Diamond, and Callahan. This theoretical and practice approach offers the field some unique findings, as it views psychological problems as body–mind interactions and bioenergy fields, providing treatments that directly and efficiently address these substrates. Some of energy psychology's techniques include stimulating acupoints and chakras, specific body postures, affirmations, imagery, manual muscle testing, and an emphasis on intention. This review covers energy psychology's historical development and experimental evidence base. Case illustrations and treatment protocols are discussed for the treatment of psychological trauma and physical pain, two of the most important and ubiquitous aspects common to rehabilitation conditions. Additionally, the research on energy psychology is highlighted, and the distinction between global treatments and causal energy diagnostic-treatment approaches to treatment is addressed.

McCaslin, D. (2009). A review of efficacy claims in energy psychology. *Psychotherapy (Chic)*, 46(2): 249-56. doi: 10.1037/a0016025.

In a recent article in this journal, Feinstein (see record 2008-07317-008) cited evidence that he claimed shows the efficacy of the emotional freedom technique and the Tapas acupressure technique, 2 energy psychology therapies. Further investigation into these claims reveals serious flaws in the methodology of the research cited by Feinstein. The small successes seen in these therapies are potentially attributable to well-known

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cognitive and behavioral techniques that are included with the energy manipulation. Psychologists and researchers should be wary of using such techniques, and make efforts to inform the public about the ill effects of therapies that advertise miraculous claims.

Pignotti, M. & Thyer, B. (2009). Some comments on "Energy psychology: A review of the evidence": Premature conclusions based on incomplete evidence?
Psychotherapy (Chic), 46(2): 257-61. doi: 10.1037/a0016027.

A review of the evidence on energy psychology (EP) was published in this journal (see record 2008-07317-008). Although Feinstein's stated intention of reviewing the evidence is one we support, we noted that important EP studies were omitted from the review that did not confirm the claims being made by EP proponents. We also identify other problems with the review, such as the lack of specific inclusion and exclusion criteria, misportrayal of criticism of EP, incorrectly characterizing one of the studies as a randomized clinical trial, and lack of disclosure regarding an EP-related business. We note that in the American Psychological Association, decisions on classification of therapies as empirically supported are most rightfully the function of Division 12-appointed committees of psychologists. It is not enough for any one individual or group of proponents of a particular approach to make such a determination.

2008

Feinstein, D. (2008). Energy psychology: a review of the preliminary evidence.
Psychotherapy: Theory, Research, Practice, Training. 45(2), 199-213.

Energy psychology utilizes imaginal and narrative-generated exposure, paired with interventions that reduce hyperarousal through acupressure and related techniques. According to practitioners, this leads to treatment outcomes that are more rapid, powerful, and precise than the strategies used in other exposure-based treatments such as relaxation or diaphragmatic breathing. The method has been exceedingly controversial. It relies on unfamiliar procedures adapted from non-Western cultures, posits unverified mechanisms of action, and early claims of unusual speed and therapeutic power ran far ahead of initial empirical support. This paper reviews a hierarchy of evidence regarding the efficacy of energy psychology, from anecdotal reports to randomized clinical trials. Although the evidence is still preliminary, energy psychology has reached the minimum threshold for being designated as an evidence-based treatment, with one form having met the APA Division 12 criteria as a "probably efficacious treatment" for specific phobias; another for maintaining weight loss. The limited scientific evidence, combined with extensive clinical reports, suggests that

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energy psychology holds promise as a rapid and potent treatment for a range of psychological conditions.

2007

Mollon, Phil. (2007). Thought Field Therapy and its derivatives: Rapid relief of mental health problems through tapping on the body. *Primary Care and Community Psychiatry, 12*[3-4], 123-127.

A genre of psychotherapeutic enquiry, involving work with the body's energy system as well as the mind, began in the 1970s, arising from the field of Applied Kinesiology as elaborated by psychiatrist Dr. John Diamond. Clinical psychologist, Roger Callahan, built on this work to develop simple procedures for the rapid relief of anxieties and phobias. This approach, called Thought Field Therapy, was later applied to trauma and other forms of mental distress. In recent years a number of derivative methods have been developed. These can be combined with conventional psychodynamic or CBT approaches. A variety of forms of evidence support the use of these 'energy psychology' techniques, including a very large South American study.

2006

Flint, G., Lammers, W. & Mitnick, D. (2006). Emotional Freedom Techniques: A safe treatment intervention for many trauma based issues. *Journal of Aggression, Maltreatment and Trauma, 12* (1-2), 125-50. doi:10.1300/J146v12n01_07

Callahan (1985) developed a procedure of tapping on acupressure points for treating mental problems. Craig and Fowlie (1995) modified Callahan's procedure to a simplified version called Emotional Freedom Techniques (EFT). EFT is easy to teach and is effective with symptoms of PTSD. This article presents EFT as an adjunct to the Critical Incident Stress Reduction debriefing procedures. The use of EFT in debriefings results in shorter and more thorough sessions. It often reduces the emotional pain of the debriefing. This paper provides complete instructions and safeguards for using EFT when debriefing in disaster situations and with other applications. Included are references for further reading and training.

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2005

Pignotti, M. (2005). Thought Field Therapy Voice Technology vs. Random Meridian Point Sequences: A Single-blind Controlled Experiment. *Scientific Review of Mental Health Practice*, 4(1), 2005, 38-47.

The Thought Field Therapy Voice Technology (TFT VT) is a proprietary procedure, claimed by proponents to have a 97-98% success rate in curing psychological problems. VT practitioners can allegedly "diagnose" over the telephone precise, individualized codes of acupressure points, which the individual is then instructed to tap on. This single-blind controlled study quasi-randomly assigned 66 participants to either TFT VT treatment (n=33) or to a control group (n=33), which received a randomly selected sequence of treatment points. For each group, 97% of the participants reported a complete elimination of all subjective emotional distress. A 2x2 two-way mixed ANOVA revealed no significant differences between the two groups. Possible explanations for the 97% self-reported "success" rate are discussed and the wisdom and ethics of having mental-health treatments that are proprietary trade secrets is questioned.

Ruden, R. A. (2005). A neurological basis for the observed peripheral sensory modulation of emotional responses. *Traumatology*, 11, 145-158. doi: 10.1177/153476560501100301

A new therapy for phobias, PTSD, addictive behaviors and other psychological issues was first described by Dr. Roger Callahan and involves thought activation of the problem followed by tapping on certain acupoints in a specific sequence. In addition, a gamut procedure involving further tapping, eye movements and following simple commands is used. He calls his method Thought Field Therapy. In most cases, the problems were reportedly cured in a matter of minutes. We theorize about the neuroanatomical and neurophysiological mechanisms underlying the success of this technique.

We propose that tapping and other sensory stimulation procedures globally increase serotonin. The important structures specifically involved in this therapy are the prefrontal cortex and the amygdala. The success of this technique requires that glutamate first be increased in the circuit that involves the conditioning stimulus and the unconditioned stimulus. This analysis does not define sequences for tapping. We suggest the name **Psychosensory Therapy** to encompass this specific treatment as well as to define a broader new paradigm for the treatment of these problems.

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2002

Rubik B. (2002). The biofield hypothesis: Its biophysical basis and role in medicine
Journal of Alternative and Complementary Medicine, 8:703-717.

This paper provides a scientific foundation for the biofield: the complex, extremely weak electromagnetic field of the organism hypothesized to involve electromagnetic bioinformation for regulating homeodynamics. The biofield is a useful construct consistent with bioelectromagnetics and the physics of nonlinear, dynamical, nonequilibrium living systems. It offers a unifying hypothesis to explain the interaction of objects or fields with the organism, and is especially useful toward understanding the scientific basis of energy medicine, including acupuncture, biofield therapies, bioelectromagnetic therapies, and homeopathy. The rapid signal propagation of electromagnetic fields comprising the biofield as well as its holistic properties may account for the rapid, holistic effects of certain alternative and complementary medical interventions.

2001

Herbert, J. & Gaudio, B. (2001). The search for the holy grail: heart rate variability and thought field therapy. *J Clin Psychol, 57(10):1207-14.*

Thought Field Therapy (TFT) is one of several unusual psychotherapies that have witnessed rapid growth over the past few years, despite the absence of scientific support. Promoters of TFT frequently cite changes in heart rate variability (HRV) as evidence of TFT's effects. Pignotti and Steinberg (2001) present reports of 39 cases in which HRV was assessed prior to and immediately following TFT. Serious methodological shortcomings preclude interpretation of these data with respect to either the efficacy of TFT or the clinical utility of HRV. Ethical concerns are raised about the aggressive promotion of TFT and the misuse of HRV.

McNally, R. (2001). Tertullian's motto and Callahan's method. *J Clin Psychol, 57(10): 1171-4.*

The purposes of this commentary are to provide a critique of Callahan's (this issue) article on Thought Field Therapy (TFT) and to discuss when our commitment to intellectual open-mindedness requires that we attend to nontraditional treatment interventions in clinical psychology.

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Pignotti, M. & Steinberg, M. (2001). Heart rate variability as an outcome measure for Thought Field Therapy in clinical practice. *J Clin Psychol*, 57(10):1193-206.

The need for empirical, objective, clear, and practical outcome measures for therapy has long been recognized by clinicians and researchers. Pragmatic tools for objective determination of the efficacy of therapy have been scarce in clinical practice settings. Heart rate variability (HRV) is increasing in popularity for use in clinical settings as a measure of treatment success. Since HRV is stable and placebo-free, it has the potential to meet this need. Thirty-nine cases are presented from the clinical practices of the authors and three other clinicians where HRV was used as an outcome measure for Thought Field Therapy (TFT). The cases included TFT treatments which addressed a wide variety of problems including phobias, anxiety, trauma, depression, fatigue, attention deficit hyperactivity disorder, learning difficulties, compulsions, obsessions, eating disorders, anger, and physical pain. A lowering of subjective units of distress was in most cases related to an improvement in HRV.