The First Question about Energy Psychology: Does It Work?

David Feinstein, Ph.D.

Ashland, Oregon

The procedures look strange: tapping on one's skin; counting; humming; circling one's eyes. What could this possibly have to do with psychotherapy and how could anyone claim that these incantations are more effective than established therapies that enjoy strong empirical support?

Cognitive Dissonance

Those were the questions I asked when I first witnessed a demonstration of the Energy Psychology (EP) approach 15 years ago. At the time, no peer-reviewed efficacy research was available, only passionate claims from a small number of fringe therapists who were enthusiastically promulgating the method. Anyone using this new "tapping cure" was not only suspect due to the lack of any coherent explanation of why it might work, they were operating without a shred of scientific support.

But that first demonstration also put me into a state of cognitive dissonance. I had been invited to be a guest at a monthly meeting of local psychologists while visiting their city. The program that evening featured a member of the group who had recently introduced energy psychology into his practice. He was going to do a demonstration of the method with a woman being treated for claustrophobia by another of the group's members. Having done research on "new psychotherapies" while at the Johns Hopkins Department of Psychiatry early in my career, I was keenly attuned to the influences on therapeutic outcomes exerted by factors such as placebo, allegiance, charisma, the contagion of a therapist's belief in a method, and the suggestive power that any clinical intervention may wield.

My skepticism only mounted as I watched the treatment unfold. While what occurred during the first few minutes was familiar and comfortable for me—taking a brief history of the problem (which had not responded to treatments from several therapists) and having the client imagine being in an elevator and giving it a rating on a zero-to-ten SUD (subjective units of distress) scale (which she rated at ten)—the next part seemed laughable. The client followed the therapist's lead in tapping on about a dozen points on the skin while saying out loud "Fear of elevators." This was followed by a brief "integration sequence" that included a number of odd physical procedures and then another round of tapping. When the client next rated being in an elevator, her SUD had diminished, from a ten to a seven. She said her heart wasn't pounding as fast. I was surprised to see any decrease in her sense of distress. At that time I was using systematic desensitization for such cases, and this procedure did not utilize any relaxation methods and required only two or three minutes from the first rating to the second. Perhaps the woman had developed some affection or loyalty to the therapist and didn't want to embarrass him in front of his colleagues.

Another round of the procedure brought the SUD down to a five. After another round, however, it was back up to a seven. I was thinking, "See, I knew it wouldn't work!" When the therapist inquired, the woman reported that a memory had come to her of being about eight and playing with her brother and some of his friends. They had created a fort out of a cardboard appliance box. When she was in it, the boys closed the box and pushed the end that opens against a wall so she was trapped in it. They then left her there amidst laughter and jeering. She didn't know how long it was until she was found and freed, but in her mind it was a long time, screaming till exhausted. She had not recalled this incident for years, and she rated the memory as a ten.

I thought, “Okay, so something was accomplished! A formative event has been identified that some good psychodynamic therapy will be able to resolve over a series of sessions. However strange the method, it led to an important discovery that will give the treating therapist a new direction. It has been a useful case consultation." But that’s not where it ended. The therapist doing the demonstration started having the woman tap using phrases related to the earlier experience. Within 15 minutes, she was able to recall the incident with no subjective sense of distress (SUD at zero). They then returned to elevators and quickly had that down to zero as well. I looked on with my skepticism fighting what my eyes and ears were registering.

One of the group members suggested that it would be easy to test this, and the woman agreed to step into a hallway coat closet and to shut the door. The therapist was careful to make it clear to her that she was to open the door at any point she felt even slightly uncomfortable. The door closed. We waited. And waited. And waited. After about three long minutes, the therapist knocked and asked if she was okay. She opened the door and triumphantly announced that for the first time since childhood, she was comfortable in a small enclosed space. Meanwhile, I was thinking, “Okay, I’m onto them now! This is a social psychology experiment. We are about to be informed that we have been subjects in a study of how gullible therapists can be!” That announcement never came.

Accumulating Evidence

Fast forward to November 2012. The American Psychological Association had, in 1999, taken the unusual step of singling out the tapping therapies as a method that their CE providers could not offer for psychologist CEs. The Association for Comprehensive Energy Psychology (ACEP) was in the midst of their third application process, trying to be recognized as an APA CE provider. Their claims had been reflexively dismissed during the first two rounds, including a

long and expensive appeals process in 2009. But in 2012, the APA abandoned its earlier position and approved ACEP's third application.

Why? Because psychologists pay attention to empirical evidence. By that point, the evidence was persuasive that tapping on acupuncture points while stating phrases related to a target problem somehow shifts unwanted emotional responses. Peer-reviewed research supported the technique not only for phobias, but also for PTSD and other types of anxiety disorders, for depression, weight management, and even improved athletic performance. I had just recently at that point completed a review of the existing evidence (Feinstein, 2012).

My literature search found 51 peer-reviewed papers that reported outcomes of tapping on acupuncture points (acupoints) as part of a psychological intervention. Of these, seven presented case studies, eight presented systematic observations of multiple cases, 14 used standardized pre/post measures but did not have a control condition, four included a control condition but had design limitations such as lack of randomization, and 18 were randomized controlled trials (see Table 1).

Table 1: Literature Search of Published Energy Psychology Outcome Reports

51 Peer-Reviewed Papers Met the Search Criteria

Type of Report	
Case Study	7
Systematic Observation	8
Uncontrolled Outcome Study	14
Control Group but No Randomization	4
Randomized Controlled Trial	18
	51

Feinstein, 2012, *Review of General Psychology*

Forty-nine of the 51 papers, including all 18 RCTs, investigated the use of Thought Field Therapy (TFT) or Emotional Freedom Techniques (EFT). TFT and EFT are the two best-known

energy psychology approaches, and their procedures are closely related. Three of the RCTs used TFT and 15 used EFT.

All 51 papers reported positive outcomes, with each of the 18 RCTs showing statistically significant changes from pre- to post-treatment on at least one salient clinical measure. While the findings of two of the 51 papers were open to multiple interpretations (Feinstein, 2009), positive post-intervention changes were described in each report.

Evaluating the Evidence

Energy psychology research is still in a relatively early stage, and substantial variation was found in the quality of the studies. Sample sizes, for example, ranged from 15 to 145 for the RCTs. While all 18 RCTs used self-inventories as an outcome measure, only nine of them also assessed outcomes using external or objective measures such as blinded clinician-administered diagnostic interviews, salivary cortisol assays, or pulse rate during exposure to a feared stimulus. The control condition in nine of the studies was wait-list group only while the other nine used a control treatment that included a placebo or active therapeutic ingredient.

Positive clinical outcomes were found, however, regardless of the quality of the research design (see Table 2). For instance, due to large effect sizes, statistical significance was reached even with small samples. Comparisons between the "subjective measures only" vs. the "objective measures" studies and between the "wait-list only" vs. the "active control" condition studies were conducted to determine the degree to which design weaknesses may have skewed findings. In both comparisons, the outcomes were approximately equivalent, suggesting that the less stringent designs were still allowing credible interpretations. While only eight of the RCTs included follow-up investigation, ranging from three months to two years, in each of these, the benefits persisted.

Table 2: The Randomized Controlled Trials

N = 18

Wide range in design quality, but:

~ each reported a positive outcome

~ often with unusual speed,

~ high effect sizes, and

~ sustained improvement where followed

Feinstein, 2012, *Review of General Psychology*

Stated in another way, as the level of rigor has increased in the research designs being used, early inferences from the preliminary data—rather than being shown to be overly optimistic—are being corroborated after more stringent experimental validation. The earliest studies were all conducted by proponents—practitioners of the new method who wanted to demonstrate its efficacy. They were often newcomers to research, working after hours with little or no funding or institutional support. More recently, however, the few studies conducted by distinterested research teams with greater resources have been producing findings that parallel the earlier investigations. For example, a study conducted by Scotland's National Health Service, which allowed subjects to receive up to eight sessions for the treatment of PTSD, reported strong positive outcomes on subjective as well as objective measures and voluntary termination of treatment after an average of 3.8 sessions (Karatzias et al., 2011). Tables 3 and 4 provide a glimpse into two other PTSD outcome studies. The study of Rwanda genocide survivors is particularly noteworthy in terms of claims of rapid results by energy psychology practitioners because the treatment had to be limited to a single session due to practical constraints.

Table 3: EFT FOR VETERANS WITH PTSD

Percent Meeting Criteria for PTSD*

Treatment	Before Treatment	After Treatment
6 EFT Sessions (49 Veterans)	100%	14%

*As assessed using the *PTSD Checklist—Military Version*

Pre-/Post $p < .0001$

Gains held on 6-month follow-up. Church et al., 2013, *Journal of Nervous & Mental Disease*

(a replication by Geronilla et al., 2014, demonstrated equivalent outcomes)

Table 4: Adult Survivors of the Rwanda Genocide

(presenting with PTSD symptoms a dozen years after the genocide)

Severity of Symptoms Scores*

Treatment	Pre-Tx Scores	Post-Tx Scores	In PTSD Range
1 TFT Session (71 survivors)	45.0	26.9	72% → 39%

*Based on The Modified PTSD Symptom Scale (Falsetti et al., 1993)

Pre-/Post $p < .001$

Gains held on 2-Yr follow-up. Sakai & Connolly, 2012

Widespread Application Calls for More Stringent Research

Because acupoint tapping can be applied in back-home as well as clinical settings, it is used both as a therapeutic intervention and as a self-help approach. Concurrent with the growing empirical support of its clinical efficacy has been the increased use of energy psychology, particularly EFT, on a self-help basis. An online EFT manual has, in various versions, been downloaded from the Internet by more than two million individuals. Over a half million people have, during *each* of the past six years, participated in an online EFT telesummit. More than 5000 case studies are listed on the searchable website www.EFTUniverse.com, and over six million visits to the top five EFT websites were tracked during the sample month of June 2013 (Church, Feinstein, Palmer-Hoffman, Stein, & Tranguch, 2014).

The expanding uses of energy psychology in both clinical and self-help contexts adds to the urgency for sound knowledge about the approach's effectiveness, best applications, mechanisms, and limitations. Additional investigation is needed in each of these areas. Studies demonstrating efficacy for specific conditions that have been conducted by advocates of the method need, for instance, to be replicated by impartial investigators. The few head-to-head

comparisons with established empirically-supported treatments have produced comparable outcomes, but more studies of this nature are necessary for determining best practices. The few dismantling studies to identify active ingredients have been instructive but many questions remain unanswered. Studies using brain imaging and other physiological measures have been clarifying, but again many questions that would readily lend themselves to investigation remain unanswered. The self-help uses of energy psychology have not been systematically investigated. Information about issues such as the method's safety when used without professional supervision, the traits of those most likely to benefit, and the kinds of conditions that respond best would be invaluable.

Conclusion

After my 2012 analysis of the existing efficacy research bearing on energy psychology, I was able to conclude:

> A review of current evidence revealed that the use of acupoint stimulation in treating psychological disorders has been examined in a number of studies that met accepted scientific standards. These studies have consistently demonstrated strong effect sizes and other positive statistical results that far exceed chance after relatively few treatment sessions. Investigations in more than a dozen countries by independent research teams have all produced similar results. Speculation on the mechanisms involved suggests that tapping on acupoints while a presenting emotional problem is mentally activated rapidly produces desired changes in the neurochemistry involved in that problem (p. 377).

Since that time, nearly a dozen additional RCTs have been published or are being prepared for publication, and each lends further support for the efficacy of the method. If favorable outcome research continues to accumulate—as recent developments would predict—acupoint stimulation

will offer clinicians a technique that can be used with strong confidence for quickly altering the neural pathways that underlie a range of psychological disorders.

David Feinstein, Ph.D. is a clinical psychologist in Ashland, Oregon. For links to videos and additional papers on this topic, visit his website at www.EnergyPsychEd.com.

References

Church, D., Feinstein, D., Palmer-Hoffman, J., Stein, P. K., & Tranguch, A. (2014). Empirically supported psychological treatments: The Challenge of evaluating clinical innovations. *Journal of Nervous and Mental Disease, 202,* 699-768. doi:10.1097/NMD.0000000000000188

Church, D., Hawk, C., Brooks, A., Toukolehto, O., Wren, M., Dinter, I., & Stein, P. (2013). Psychological trauma in veterans using EFT (Emotional Freedom Techniques): A randomized controlled trial. *Journal of Nervous and Mental Disease, 201*(3),153–160. doi:10.1097/NMD.0b013e31827f6351

Connolly, S., & Sakai, C. (2011). Brief trauma intervention with Rwandan genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health. 13*(3), 161-172.

Falsetti, S.A., Resnick, H.S., Resnick, P.A., & Kilpatrick, S.G. (1993). The modified PTSD symptom scale: A brief self-report measure of Posttraumatic Stress Disorder. *The Behavior Therapist, 16*, 161-180.

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: Theory, Research, Practice, Training. 46*, 262-269. doi 10.1037/a0016086

Feinstein, D. (2012). Acupoint stimulation in treating psychological disorders: Evidence of efficacy. *Review of General Psychology, 16,* 364-380. doi: 10.1037/a0028602

Geronilla, L., McWilliams, M., Clond, M., & Palmer-Hoffman, J. (2014). EFT (Emotional Freedom Techniques) Remediates PTSD and Psychological Symptoms in Veterans: A

Randomized Controlled Replication Trial. Presented at Grand Rounds, Fort Hood, April 17, 2014. Submitted for publication.

Karatzias, T., Power, K., Brown, K., McGoldrick, T., Begum, M., Young, J. . . . & Adams, S. (2011). A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder: Eye Movement Desensitization and Reprocessing vs. Emotional Freedom Techniques. *Journal of Nervous & Mental Disease, 199*, 372-378. doi:10.1097/NMD.0b013e31821cd262