

## Controversial 2008 Research Review Published in *Psychotherapy* Finds New Support

David Gruder, Ph.D.

Private Practice, San Diego, California



Energy psychology—an umbrella term that encompasses a number of related unconventional treatments such as Thought Field Therapy (TFT) and Emotional Freedom Techniques (EFT)—has been vehemently criticized by portions of the professional community for more than a decade (e.g., Devilly, 2005; Herbert & Gaudiano, 2001; Lohr, 2001; McNally, 2001). A review of the preliminary evidence bearing upon the efficacy of the approach was published in a special theme issue on new treatments in Division 29's journal, *Psychotherapy* (Feinstein, 2008). The studies reviewed utilized the stimulation of acupuncture points (acupoints), usually by percussing on them, applied within protocols that also utilize imaginal exposure and verbal interventions. The paper concluded that "extensive clinical reports combined with the limited scientific evidence suggest that EP [energy psychology] holds promise as a rapid and potent treatment for a range of psychological conditions" (p. 212).

The paper drew scathing commentaries, published in the journal's June 2009 issue (McCaslin, 2009; Pignotti & Thyer, 2009), questioning the author's integrity, design, execution, premises, and conclusions. The author's rejoinder (Feinstein, 2009), published in the same issue, countered the commentaries point for point, while framing the long-standing controversy about energy psychology as reflecting a clash of paradigms, appropriately in my opinion.

Energy psychology adapts techniques from time-honored ancient healing and spiritual traditions as well as concepts—such as "subtle energies"—that are not yet widely accepted by Western science. The rejoinder also identified three other obstacles to energy psychology's wider acceptance: a) the procedures look patently strange (e.g., tapping on the body while repeating a specific phrase or humming a melody), b) its advocates had not provided sufficiently compelling explanatory models that made sense within conventional therapeutic frameworks, and c) its more enthusiastic proponents had made inappropriately dramatic public claims (e.g., "the five-minute phobia cure") with no peer-reviewed evidence to back them.

As is evident from psychotherapy's recent embrace of mindfulness meditation, psychotherapists do embrace unconventional procedures having roots in ancient traditions that do not yet have explanatory models within the prevailing psychological paradigm, as long as sufficient empirical evidence demonstrates the approach's effectiveness in treating psychological issues. To determine whether the most recent research findings pertaining to energy psychology continue to point in that direction, the author of the original article conducted a follow-up review that includes the studies published in the four years since his original report. It has just been published in *Review of General Psychology* (Feinstein, 2012).

A search using MEDLINE/PubMed, PsycINFO, and Google Scholar identi-

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fied 51 peer-reviewed clinical reports or outcome studies bearing upon the efficacy of acupoint tapping for addressing psychological issues. Thirty-nine of these 51 papers were published after the 2008 review article. Eighteen of those papers were randomized controlled trials (RCTs). The others included controlled trials without adequate randomization (4), outcome studies using standardized pre/post measures but no control group (14), systematic observations without standardized pre/post measures (8), and case studies (7).

### **Primary Findings**

In the 36 outcome studies that utilized standardized pre/post-measures, nine conditions were each investigated in two or more of the studies. These included PTSD, phobias, specific anxieties, generalized anxiety, depression, weight control, physical pain, physical illness, and athletic performance. Positive outcomes were found in all 36 studies. In the 18 RCTs, at least one salient clinical measure improved at the .001 level of significance in 11 of the studies and at the .05 level in the other seven. Effect sizes were large in 15 of the 16 RCTs in which they were calculated and moderate in the remaining study. In the eight RCTs that were follow-up studies, each reported sustained improvement over time.

The 18 RCTs in the sample were critically evaluated for design quality along dimensions such as: a) use of objective measures, b) active-ingredient comparison groups, c) blinding, d) follow-up investigations, and e) effect sizes. The author concluded that “they consistently demonstrated strong effect sizes and other positive statistical results that far exceed chance after relatively few treatment sessions” (p. 14).

### **An Application of Acupoint Tapping with Longstanding PTSD**

Four RCTs and five studies that compared pre- and post-treatment scores on

standardized self-inventories, but did not use a control group, all showed strong clinical outcomes in the treatment of PTSD. Surprisingly, in three of these nine studies—two with genocide survivors and one with abused adolescent males—a majority of participants went from above to below PTSD thresholds after only one session.

By way of illustrating how a single acupoint tapping session appeared to be effective in treating chronically traumatized individuals, the paper relates the following account from Caroline Sakai, the principal investigator of a study conducted at a Rwanda orphanage, working with teens who had lost their parents during the 1994 genocide twelve years earlier (Sakai, Connelly, & Oas, 2011). Sakai describes the treatment of one of the 47 (of 50) participants whose scores went from above to below the PTSD cutoff after a single session, a 15-year-old girl who was three at the time of the genocide:

She'd been hiding with her family and other villagers inside the local church. The church was stormed by men with machetes, who started a massacre. The girl's father told her and other children to run and to not look back for any reason. She obeyed and was running as fast as she could, but then she heard her father “screaming like a crazy man.” She remembered what her father had said, but his screams were so compelling that she did turn back and, in horror, watched as a group of men with machetes murdered him.

A day didn't pass in the ensuing 12 years without her experiencing flashbacks to that scene. Her sleep was plagued by nightmares tracing to the memory. In her treatment ses-

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sion, I asked her to bring the flashbacks to mind and to imitate me as I tapped on a selected set of acupuncture points while she told the story of the flashbacks. After a few minutes, her heart-wrenching sobbing and depressed affect suddenly transformed into smiles. When I asked her what happened, she reported having accessed fond memories. For the first time, she could remember her father and family playing together. She said that until then, she had no memories from before the genocide.

We might have stopped there, but I instead directed her back to what happened in the church. The interpreter shot me a look, as if to ask, "Why are you bringing it back up again when she was doing fine?" But I was going for a complete treatment. The girl started crying again. She told of seeing other people being killed. She reflected that she was alive because of her father's quick thinking, distracting the men's attention while telling the children to run.

The girl cried again when she re-experienced the horrors she witnessed while hiding outside with another young child—the two of them were to be the only survivors from their entire village. Again, the tapping allowed her to have the memory without having to relive the terror of the experience.

After about 15 or 20 minutes addressing one scene after another, the girl smiled and began to talk about her family. Her mother didn't allow the children to eat sweet fruits because they weren't good for their teeth. But her father would sneak them home in his pockets and, when her mother wasn't look-

ing, he'd give them to the children. She was laughing wholeheartedly as she relayed this, and the translator and I were laughing with her.

We then went on to work through a number of additional scenes. Finally, when she was asked, "What comes up now as you remember what happened at the church," she reflected, without tears, that she could still remember what happened, but that it was no longer vivid like it was still happening. It had now faded into the distance, like something from long ago. Then she started to talk about other fond memories. Her depressed countenance and posture were no longer evident.

Over the following days, she described how, for the first time, she had no flashbacks or nightmares and was able to sleep well. She looked cheerful and told me how elated she was about having happy memories about her family. Her test scores had gone from well above the PTSD cutoff to well below it after this single treatment session and remained there on the follow-up assessment a year later. (Sakai, 2010, pp. 50–51, as quoted in Feinstein, 2012).

### **Implications**

Feinstein's research review paper goes on to consider the psychophysical mechanisms that may be involved in such rapid amelioration of severe symptoms. It proposes inside-the-box explanatory frameworks that might explain how tapping on acupoints, while a presenting emotional problem is mentally activated, might efficiently produce desired neurochemical changes that could contribute to the amelioration of that problem. For instance, studies using fMRI

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imaging conducted at Harvard Medical School have demonstrated that stimulating certain acupuncture points sends signals that instantly reduce arousal in the limbic-paralimbic-neocortical network (Fang et al., 2009). Feinstein refers to this research in proposing that tapping on acupoints while mentally activating a stressful memory or trigger reduces its affective charge. Systematically applying this protocol to multiple aspects of the situation being addressed changes the neural landscape underlying the presenting problem. He concludes: "If favorable outcome research on energy psychology continues to accumulate—as recent developments would predict—and explanatory models for the observed effects continue to evolve, acupoint stimulation will offer clinicians a technique that can be used with confidence for quickly altering the neural pathways that underlie psychological problems" (p. 14).

In publishing the 2008 review article and the subsequent critical commentaries and rejoinder, *Psychotherapy* brought attention to the earliest studies lending efficacy support to energy psychology protocols. The new paper suggests that *Psychotherapy's* editor made a professionally responsible decision to bring the journal's prestige to the fledgling body of energy psychology research that was available at that time. The 39 peer-reviewed reports and studies that have been published since then all continue to

support the efficacy of this method. Not one disconfirming study was found in the most recent literature search.

Despite this, the renewed attention on the apparent efficacy of energy psychology might well intensify the controversies surrounding the acceptance of these methods. In 1999, the APA took the unprecedented step of censoring the approach, instructing its CE sponsors in a memo that was also reported in the *APA Monitor* (Murray, 1999) that they could no longer offer APA CE credit for courses in Thought Field Therapy, the earliest established form of energy psychology. This restriction is still in place, has been generalized to all energy psychology protocols, and has been upheld in proceedings with organizations applying to be APA CE sponsors providing training in the method. Meanwhile, research findings coming from independent investigators in more than a dozen countries all point to similar conclusions, suggesting that, controversy notwithstanding, this approach is not only durably effective, but unusually rapid. The ensuing dialogue may in fact, as was previously predicted (Feinstein, 2009), lead to an expansion of conventional clinical frameworks.

**References for this article can be found in the on-line version of the *Psychotherapy Bulletin* published on the Division 29 website.**



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