

Meta-Analyses, Reviews and Theoretical Articles on Energy Psychology

Brown, R.C., Witt, A., Fegert, J.M., Keller, F., Rassenhofer, M. & Plener, P.L. (2017). Psychosocial interventions for children and adolescents after man-made and natural disasters: a meta-analysis and systematic review. *Psychological Medicine* 47, 1893–1905. doi:10.1017/S0033291717000496

Children and adolescents are a vulnerable group to develop post-traumatic stress symptoms after natural or man-made disasters. In the light of increasing numbers of refugees under the age of 18 years worldwide, there is a significant need for effective treatments. This meta-analytic review investigates specific psychosocial treatments for children and adolescents after man-made and natural disasters. In a systematic literature search using MEDLINE, EMBASE and PsycINFO, as well as hand-searching existing reviews and contacting professional associations, 36 studies were identified. Random and mixed-effects models were applied to test for average effect sizes and moderating variables. Overall, treatments showed high effect sizes in pre–post comparisons (Hedges' $g = 1.34$) and medium effect sizes as compared with control conditions (Hedges' $g = 0.43$). Treatments investigated by at least two studies were cognitive–behavioural therapy (CBT), eye movement desensitization and reprocessing (EMDR), narrative exposure therapy for children (KIDNET) and classroom-based interventions, which showed similar effect sizes. However, studies were very heterogenic with regard to their outcomes. Effects were moderated by type of profession (higher level of training leading to higher effect sizes). A number of effective psychosocial treatments for child and adolescent survivors of disasters exist. CBT, EMDR, KIDNET and classroom-based interventions can be equally recommended. Although disasters require immediate reactions and improvisation, future studies with larger sample sizes and rigorous methodology are needed.

Church, D. & Feinstein, D. (2017). The Manual Stimulation of Acupuncture Points in the Treatment of Post-Traumatic Stress Disorder: A Review of Clinical Emotional Freedom Techniques. *Medical Acupuncture*, 29(4): 249-253.

Background: The manual stimulation of acupuncture points has been combined with components of cognitive and exposure therapies into a clinical and self-help approach known as Emotional Freedom Techniques (EFT). More than 40 clinical trials and four meta-analytic reviews of EFT treatments have demonstrated large effect sizes with a range of conditions, including pain, PTSD (in both civilian and military veteran populations), phobias, anxiety, and depression.

Objective: This review describes the approach, with a focus on PTSD in veterans and service members, provides an overview of how EFT is most commonly applied, and outlines obstacles and cautions related to its implementation. Methods: Peer-reviewed clinical trials and meta-

analyses of EFT in the treatment of PTSD are assessed to identify the characteristics of the approach that render it suitable for the treatment of PTSD. Results: The literature demonstrates that remediation of PTSD and comorbid conditions is typically accomplished within brief time frames, ranging from one session for phobias to between four and ten sessions for PTSD. Clinical EFT has been shown to regulate stress hormones and limbic function and to improve various neurologic markers of general health. The epigenetic effects of EFT include upregulation of immunity genes and downregulation of inflammation genes. Six dismantling studies have indicated that the acupressure component of EFT is an active ingredient and not placebo. **Conclusions:** Seven empirically supported strengths of the approach were identified that make it especially suitable for use with veterans and active military: (1) the depth and breadth of treatment effects; (2) the relatively brief timeframes required for successful treatment; (3) the low risk of adverse events; (4) the minimal training time required for the approach to be applied effectively; (5) the simultaneous reduction of physical and psychologic symptoms; (6) the utility and cost-effectiveness of clinical EFT in a large group format; and (7) the method's adaptability to online and telemedicine applications.

Leskowitz, E. (2017). Integrative Medicine for Military Injuries: Special Issue of Medical Acupuncture. *Medical Acupuncture*, 29(4). Doi: 10.1089/acu.2017.29058.1es

The very name of this journal --- *Medical Acupuncture* --- makes clear that it is devoted to medical applications of the traditional Chinese therapy of acupuncture. Thanks in part to the professional backgrounds of its editorial board members, the journal has also had a strong focus on the military applications of acupuncture. In no small part due to this focus, acupuncture has gained a high acceptance in the military, with the Battlefield Acupuncture protocol developed by the journal's editor-in-chief, Richard Niemtow, MD, PhD, MPH, having been adopted by US forces in Iraq and Afghanistan, and in the Trauma Reset residential program at Fort Hood featuring acupuncture as a key integrative modality.

Mangione, L., Swengros, D., Anderson, J. G. (2017). Mental Health Wellness and Biofield Therapies: An Integrative Review. *Issues in Mental Health Nursing*, 2017. DOI: 10.1080/01612840.2017.1364808

Biofield therapies such as Healing Touch and Reiki increase relaxation, decrease anxiety and stress, and improve mood. Understanding the efficacy of these therapies in terms of mental health wellness is important for nurses interested in complementary and integrative care. The goal of the present integrative review was to investigate the state of knowledge regarding biofield therapies and the impact on anxiety, mood, and mental health wellness. Electronic databases were searched for articles available in English and published from 2014 to 2016. Biofield therapies show safety and promise in reducing anxiety, improving mood, and cultivating mental health and wellness.

Sebastian, B., & Nelms, J. (2017). The effectiveness of Emotional Freedom Techniques in the treatment of posttraumatic stress disorder: A meta-analysis. *Explore: The Journal of Science and Healing*, 13(1), 16-25. <http://dx.doi.org/10.1016/j.explore.2016.10.001>

Background: Over the past two decades, growing numbers of clinicians have been utilizing Emotional Freedom Techniques (EFT) in the treatment of post-traumatic stress disorder

(PTSD), anxiety, and depression. Randomized controlled trials (RCTs) have shown promising outcomes for all three conditions.

Objective: To assess the efficacy of EFT in treating PTSD by conducting a meta-analysis of existing RCTs.

Methods: A systematic review of databases was undertaken to identify RCTs investigating EFT in the treatment of PTSD. The RCTs were evaluated for quality using evidence-based standards provided by the American Psychological Association Division 12 Task Force on Empirically Validated Therapies. Those meeting the criteria were assessed using a meta-analysis that synthesized the data to determine effect sizes. While uncontrolled outcome studies were excluded, they were examined for clinical implications of treatment that can extend knowledge of this condition.

Results: Seven randomized controlled trials were found to meet the criteria, and were included in the meta-analysis. A large effect was found for EFT treatment of PTSD, with a weighted Cohen's $d = 2.96$ (95% CI 1.96-3.97; $p < 0.001$). No treatment effect difference was found in studies comparing EFT to other evidence-based therapies such as Eye Movement Desensitization and Reprocessing (EMDR; 1 study) and cognitive behavior therapy (CBT; 1 study).

Conclusion: The results show that EFT is efficacious and reliable as a treatment for PTSD in time frames ranging from four to ten sessions. EFT is safe and can be used as a self-help practice as well as a primary evidence-based treatment for PTSD.

Clond, M. (2016). Emotional Freedom Techniques for anxiety: A systematic review with meta-analysis. *Journal of Nervous and Mental Disease* (in press).

Emotional Freedom Techniques (EFT) combines elements of exposure and cognitive therapies with acupressure 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. (2016). Supporting chronic disease healthcare through remote Emotional Freedom Techniques (EFT) treatment and self-care: An evaluation using the WHO determinants of health. *Energy Psychology Journal*, 7(2). doi 10.9769/EPJ.2016.8.1.MK

Purpose: The objective of the present study was to explore Emotional Freedom Techniques (EFT) practitioners' experiences of using EFT to support chronic disease patients. This was part of a larger study exploring chronic disease patients' and EFT practitioners' experiences of using EFT to support chronic disease healthcare.

Methods: A qualitative approach was deemed suitable for this study. Eight practitioners were interviewed using semi-structured interviews via telephone or Zoom (an online video-

conferencing platform). Interviews were transcribed verbatim and data was analyzed using Interpretative Phenomenological Analysis methodology.

Results and conclusion: This article presents two super-ordinate themes which explore application of EFT for addressing emotional issues faced by chronic disease patients, and for management of physical symptoms, respectively. Chronic disease patients may benefit from a holistic biopsychosocial, patient-centered healthcare approach. EFT offers potential as a technique that may be used by health practitioners to support the psychosocial aspect of chronic disease healthcare.

Kalla, M. & Stapleton, P. (2016). How Emotional Freedom Techniques (EFT) may be utilizing memory reconsolidation mechanisms for therapeutic change in neuro psychiatric 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 utilising 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.

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*, 12(6), 416-26. <http://dx.doi.org/10.1016/j.explore.2016.08.001>

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 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.

Rancour, P. (2016). The Emotional Freedom Technique: Finally, a unifying theory for the practice of holistic nursing, or too good to be true? *J Holist Nurs*. 2016 May 11. pii: 0898010116648456. <https://www.ncbi.nlm.nih.gov/pubmed/27170647>

The Emotional Freedom Technique (EFT) is defined and described as a clinical procedure for the relief of psychological and physical distress that patients often bring to the attention of nurses. Frequently referred to as "tapping," this technique combines the cognitive reprocessing benefits of exposure and acceptance therapy with the energetic disturbance releases associated with acupuncture and other energy therapies. More than 60 research articles in peer-reviewed journals report a staggering 98% efficacy rate with the use of this procedure from psychological distress (posttraumatic stress disorder, phobias, anxiety, depression, etc.) to physical conditions (asthma, fibromyalgia, pain, seizure disorders, etc.) to performance issues (athletic, academic). Perhaps because of this, this technique has encountered a fair degree of skepticism within the health care community. Easily taught as a self-help aid that patients can administer to themselves, EFT becomes an efficacious tool in the hands of nurses who are seeking whole person approaches for the healing of a wide variety of psychological and physical conditions. A conceptual framework, mechanisms of action, evidence of safety, literature review, and case studies are also included.

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 and objectives: 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.

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.

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/crsp.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.

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*(10), 699-709.

Clear and transparent standards are required to establish whether or not 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, while 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 paper 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.

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.

Lake, J. (2014). A Review of select CAM modalities for the prevention and treatment of PTSD. *Psychiatric Times*; July 25, 2014. <http://www.psychiatrictimes.com/integrative-psychiatry/review-select-cam-modalities-prevention-and-treatment-ptsd>

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 acupuncture 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 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.

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 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). <http://www.scirp.org/journal/PaperInformation.aspx?PaperID=35751>

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. 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. (2013). Clinical EFT (Emotional Freedom Techniques) as single session therapy: Cases, research, indications, and cautions. In *Capture the Moment: Single Session Therapy and Walk-In Service*. (M. Hoyt & M. Talmon, eds). Bethel, CT: Crown House.

Clinical EFT (Emotion Freedom Techniques) is an evidence-based practice that combines elements of exposure and cognitive therapies with the manual stimulation of acupuncture points. The research literature indicates it to be efficacious for a number of psychological conditions in a variety of treatment time frames. Randomized controlled trials demonstrate that EFT effectively treats phobias and certain anxiety disorders in one session. A single session also results in a significant drop in cortisol and normalization of the EEG frequencies associated with stress. EFT has the client focus on specific traumatic memories; the emotional intensity of these memories usually diminishes rapidly during treatment. This makes EFT an efficient single-session treatment for emotional distress associated with episodic memories. For conditions such as complex co-morbid PTSD, combination treatments and longer courses are indicated, though even treatment-resistant clients often experience some relief after a single session. Psychological symptoms of PTSD, depression, and anxiety typically reduce simultaneously, along with physical symptoms such as pain and insomnia. Clinical EFT also offers a suite of techniques developed to address treatment barriers such as dissociation and overwhelming emotion. This review and case series examines the conditions for which a brief course of EFT treatment is appropriate, when it is not indicated, when it can be taught to the client as a form of self-care, and when professional administration is required. It also cautions against generalizing EFT's rapid efficacy for certain conditions; this may contribute to unreasonable expectations in therapist or client. EFT is recommended as a front line primary care intervention to improve mental health and physical symptoms.

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 Pub.

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.

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.

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.

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 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.

Feinstein, D., Moore, D. & Teplitz, D. (2012). Addressing Emotional Blocks to Healing in an Energy Medicine Practice: Ethical and Clinical Guidelines. *Energy Psychology Journal* 4(1). doi: 10.9769/EPJ.2012.4.1.DF.DM.DT

As the impact of emotional factors on physical health is being increasingly recognized, energy medicine practitioners (e.g., acupuncture, acupressure, applied kinesiology, Barbara Brennan energy healing, Eden Energy Medicine, Healing Touch, medical qi gong, Reiki, Shiatsu, Therapeutic Touch, Touch for Health, etc.) are addressing this dimension of healing in a variety of ways. One that appears particularly promising involves the stimulation of acupuncture points and other energy centers, a strategy derived from the discipline of energy psychology. Having tools that directly impact the emotional aspects of physical health and healing enhances a practitioner’s effectiveness and provides an integrated approach to energy healing. This development has, however, raised important practical, ethical, and legal concerns regarding the scope of practice for energy medicine practitioners who are not trained or licensed to provide mental health services. This article addresses these issues, offering ethical and clinical guidelines for responsibly integrating tools from energy psychology into an energy medicine practice. The discussion focuses on when introducing these protocols may be appropriate, considerations for formulating such interventions, and guidelines on when a referral to a licensed mental health professional is required. Steps to ensure that these choices are made within an appropriate ethical framework are also delineated. The article concludes with a case history illustrating the effective integration of energy medicine and energy psychology protocols for a client with a serious illness, including a description of the techniques used and the clinical and ethical choices implemented by the practitioner.

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.

Sojcher, R., Perlman, A. & Fogerite, S. (2012). Evidence and potential mechanisms for mindfulness practices and energy psychology for obesity and binge-eating disorder. *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.

Kevin, R. (2011). Energy psychology: Time for a second look. *The North Carolina Psychologist*, 63(1), 8-9.

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 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.

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.

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.

Church, D. (2010). Your DNA is Not Your Destiny: Behavioral Epigenetics and the Role of Emotions in Health. *Anti Aging Medical Therapeutics*, 13.

In a series of studies published in 2000 and later, researchers began to demonstrate the importance of epigenetic influences on gene expression. Genes might be silenced through methylation, or their expression facilitated by acetylation. A further step occurred when behaviors and psychological states were noted to regulate the activity of genes. A body of evidence has now been accumulated that assesses the specific genes affected by behavioral influences such as nurturing, by lifestyle interventions such as meditation, by emotions, and by alleviating psychological conditions such as depression, anxiety and PTSD (posttraumatic stress disorder). Comparisons of the relative lengths of telomeres in identical twins, who start life with identical genes, show that emotional stress can result in one twin having a cellular age that is as much as 10 years older by age 40. New studies in the field of energy psychology also indicate that these psychological and emotional stressors may be remediated much more rapidly than previously believed possible, and that behavioral and psychological influences regulate the genes responsible for inflammation, immune function, and cellular regeneration, among others. These advances provide fruitful new avenues for research into the epigenetic properties of simple behavioral and emotional skills such as meditation, the Relaxation Response, and EFT (Emotional Freedom Techniques), and point to the potential of these methods as potent anti-aging and medical interventions.

Church, D., Brooks, A. (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.

Feinstein, D. (2010). Rapid Treatment of PTSD: Why Psychological Exposure with Acupoint Tapping May Be Effective. *Psychotherapy: Theory, Research, Practice, Training*, 47(3), 385-402.

Combining brief psychological exposure with the manual stimulation of acupuncture points (acupoints) in the treatment of post-traumatic stress disorder (PTSD) and other emotional conditions is an intervention strategy that integrates established clinical principles with methods derived from healing traditions of Eastern cultures. Two randomized controlled trials and six outcome studies using standardized pre- and post-treatment measures with military veterans, disaster survivors, and other traumatized individuals corroborate anecdotal reports and systematic clinical observation in suggesting that (a) tapping on selected acupoints (b) during imaginal exposure (c) quickly and permanently reduces maladaptive fear responses to traumatic memories and related cues. The approach has been controversial. This is in part because the mechanisms by which stimulating acupoints can contribute to the treatment of serious or longstanding psychological disorders have not been established. Speculating on such mechanisms, the current paper suggests that adding acupoint stimulation to psychological exposure is unusually effective in its speed and power because deactivating signals are sent directly to the amygdala, resulting in reciprocal inhibition and the rapid attenuation of maladaptive fear. This formulation and the preliminary evidence supporting it could, if confirmed, lead to more powerful exposure protocols for treating PTSD.

Feinstein, D. & Church, D. (2010). Modulating Gene Expression through Psychotherapy: The Contribution of Non-Invasive Somatic Interventions. *Review of General Psychology*, 14, 283-295.

Mapping the relationship between gene expression and psychopathology is proving to be among the most promising new frontiers for advancing the understanding, treatment, and prevention of mental disorders. Each cell in the human body contains some 23,688 genes, yet only a tiny fraction of a cell's genes are active or "expressed" at any given moment. The interactions of biochemical, psychological, and environmental factors influencing gene expression are complex, yet relatively accessible technologies for assessing gene expression have allowed the identification of specific genes implicated in a range of psychiatric disorders, including depression, anxiety, and schizophrenia. Moreover, successful psychotherapeutic

interventions have been shown to shift patterns of gene expression. Five areas of biological change in successful psychotherapy that are dependent upon precise shifts in gene expression are identified in this paper. Psychotherapy ameliorates (a) exaggerated limbic system responses to innocuous stimuli, (b) distortions in learning and memory, (c) imbalances between sympathetic and parasympathetic nervous system activity, (d) elevated levels of cortisol and other stress hormones, and (e) impaired immune functioning. The thesis of this paper is that psychotherapies which utilize non-invasive somatic interventions may yield greater precision and power in bringing about therapeutically beneficial shifts in gene expression that control these biological markers. The paper examines the manual stimulation of acupuncture points during psychological exposure as an example of such a somatic intervention. For each of the five areas, a testable proposition is presented to encourage research that compares acupoint protocols with conventional therapies in catalyzing advantageous shifts in gene expression.

Jeong, Y-J. (2010). EFT for freedom of mind and body: A review. *Journal of the Korean Society of Jungshin Science, 14(2)*, 61-75.

Abstract unavailable.

Pasahow, R. (2010). Methodological and Theoretical Problems in the Waite and Holder (2003) Study on Fears and EFT. *Energy Psychology Journal, 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.

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

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.

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.

Lane, J. (2009). The neurochemistry of counterconditioning: acupressure desensitization in psychotherapy. *Energy Psychology: Theory, Research, & Treatment, 1(1), 31-44.*

A growing body of literature indicates that imaginal exposure, paired with acupressure, reduces midbrain hyperarousal and counterconditions anxiety and traumatic memories. Exposure therapies that elicit the midbrain's anxiety reflex and then replace it with a relaxation response are said to "reciprocally inhibit" anxiety. More recent research indicates that manual stimulation of acupuncture points produces opioids, serotonin, and gamma-aminobutyric acid (GABA), and regulates cortisol. These neurochemical changes reduce pain, slow the heart rate, decrease anxiety, shut off the FFF response, regulate the autonomic nervous system, and create a sense of calm. This relaxation response reciprocally inhibits anxiety and creates a rapid desensitization to traumatic stimuli. This paper explores the neurochemistry of the types of acupressure counterconditioning used in energy psychology and provides explanations for the mechanisms of actions of these therapies, based upon currently accepted paradigms of brain function, behavioral psychology, and biochemistry.

Pignotti, M., & Thayer, B. (2009). Some comments on "Energy psychology: A review of the evidence." Premature conclusions based on incomplete evidence? *Psychotherapy: Theory, Research, Practice, Training, 46(2), 257-261.*
doi: 10-1037/a0016027

A review of the evidence on energy psychology (EP) was published in this journal. Although the author's stated intention of reviewing the evidence is one we support, we note that important EP studies were omitted from the review that did not confirm 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 APA, 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.

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

Feinstein, D. (2008) Energy psychology in disaster relief. *Traumatology* 141:1, 124-137.

Energy psychology utilizes cognitive operations such as imaginal exposure to traumatic memories or visualization of optimal performance scenarios—combined with physical interventions derived from acupuncture, yoga, and related systems—for inducing psychological change. While a controversial approach, this combination purportedly brings about, with unusual speed and precision, therapeutic shifts in affective, cognitive, and behavioral patterns that underlie a range of psychological concerns. Energy psychology has been applied in the wake of natural and human-made disasters in the Congo, Guatemala, Indonesia, Kenya, Kosovo, Kuwait, Mexico, Moldavia, Nairobi, Rwanda, South Africa, Tanzania, Thailand, and the U.S. At least three international humanitarian relief organizations have adapted energy psychology as a treatment in their post-disaster missions. Four tiers of energy psychology interventions include 1) immediate relief/stabilization, 2) extinguishing conditioned responses, 3) overcoming complex psychological problems, and 4) promoting optimal functioning. The first tier is most pertinent in psychological first aid immediately following a disaster, with the subsequent tiers progressively being introduced over time with complex stress reactions and chronic disorders. This paper reviews the approach, considers its viability, and offers a framework for applying energy psychology in treating disaster survivors.

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 energy psychology techniques, including a very large South American study.

Deville, G. J. (2005). Power therapies and possible threats to the science of psychology and psychiatry. *Australian and New Zealand Journal of Psychiatry*, 39, 437-445. doi: 10.1080/j.1440-1614.2005.01601.x

Objective: Advocates of new therapies frequently make bold claims regarding therapeutic effectiveness, particularly in response to disorders which have been traditionally treatment refractory. This paper reviews a collection of new therapies collectively self-termed 'The Power Therapies', outlining their proposed procedures and the evidence for and against their use. These therapies are then put to the test for pseudoscientific practice.

Method: Therapies were included which self-describe themselves as 'Power Therapies'. Published work searches were conducted on each therapy using Medline and PsychInfo databases for randomized controlled trials assessing their efficacy, except for the case of Eye Movement Desensitization and Reprocessing (EMDR). Eye Movement Desensitization and Reprocessing has more randomized controlled studies conducted on its efficacy than any other treatment for trauma and thus, previous meta-analyses were evaluated.

Results and conclusions: It is concluded that these new therapies have offered no new scientifically valid theories of action, show only non-specific efficacy, show no evidence that they offer substantive improvements to extant psychiatric care, yet display many characteristics consistent with pseudoscience.

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.

Rubik B. (2002). The biofield hypothesis: Its biophysical basis and role in medicine. *Journal of Alternative and Complementary Medicine*, 8(6): 703-717. doi:10.1089/10755530260511711.

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.