

## APA Updates Its Position on Energy Psychology

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In September 1999, the American Psychological Association (APA) notified its 600 (at the time) Continuing Education (CE) sponsors that they may not offer APA CE credit to psychologists for courses on Thought Field Therapy (Murray, 1999). The controversial ruling, which was applied to all courses that purportedly influence the body's "energy fields" by stimulating acupuncture points or using related techniques (these approaches are collectively known as "energy psychology" and include the popular Emotional Freedom Techniques or EFT), has been challenged multiple times. Established APA CE sponsors as well as organizations that had unsuccessfully applied to offer energy psychology courses as APA CE sponsors were unable to persuade the APA that the approach was worthy of study by psychologists.

The most widely used energy psychology protocols involve the stimulation of acupuncture points, by tapping on them, while simultaneously bringing to mind problematic memories or triggers. Why this appears to bring about strong and rapid improvement for a range of disorders has been a mystery, but empirical findings are providing clues and explanations are being formulated. First of all, imaging studies have established that signals which reduce arousal in the amygdala are reliably produced by stimulating selected acupuncture points (Fang et al., 2009; Hui et al., 2005). Second, combining acupuncture point stimulation with exposure and other cognitive behavioral techniques has been shown to reduce arousal to traumatic memories more effectively than verbal exposure combined with cognitive behavioral techniques alone (Zhang, Feng, Xie, Xu, & Chen, 2011). Various other findings suggest that the procedure brings about lasting effects through memory reconsolidation, depotentiating neural pathways that maintain maladaptive conditioned fear and other outdated emotional learnings (Feinstein, 2010).

In relationship to the APA's position on energy psychology, proponents of the approach have publicly claimed that the dissemination of an unusually rapid and effective innovation for treating PTSD and other difficult conditions was being obstructed (*Truthout*, 2010). They maintained that the APA's greatest responsibility in the matter, rather than gatekeeping, was to let the public know that a more effective protocol than the treatments in common practice was available for returning veterans and other traumatized individuals. The APA did not agree. The Association for Comprehensive Energy Psychology (ACEP), after having two of its APA CE sponsorship applications rejected, mounted an extensive and well-publicized appeal process in 2009. It lost. In a news story announcing the decision, ACEP's president at the time, psychologist Gregory J. Nicosia, PhD, commented: "In blocking the dissemination of this approach, the APA . . . is hampering one of the most important clinical interventions for treating trauma that has appeared in recent years from reaching those who are in desperate need and could benefit from it most" (*Truthout*, 2010, para 4).

In July 2012, ACEP submitted another application and was quietly informed four months later that this application had been approved. ACEP can now offer courses in energy psychology.

Why the reversal? In a word, *evidence*. While the APA no doubt did not miss the passion in the applicant's convictions, its CE Committee was not persuaded by the empirical support

ACEP presented in its earlier applications. In the four years between ACEP's previous application and the one that was recently accepted, 39 of 39 studies or reports published in peer-reviewed journals investigating EFT or Thought Field Therapy (TFT) found positive clinical outcomes (Feinstein, 2012). The same literature search produced a total of 51 peer-reviewed papers, but only 12 of them had appeared in peer-reviewed journals prior to ACEP's earlier application in August 2008.

Of the 51 reports, 18 presented findings from randomized controlled trials (RCTs). A critical analysis of the 18 RCTs was conducted on dimensions such as the study's use of blinding, follow-up investigation, effect size, objective measures (vs. self-inventories only), and active-ingredient (vs. wait-list only) comparison groups. All 18 RCTs reported statistically significant positive outcomes on at least one salient clinical measure. Effect sizes were large in 15 of the 16 RCTs where effect size was calculated and moderate in the remaining study. In the eight studies that conducted follow-up investigation, each reported sustained improvement over time. The overall conclusion based on the analysis of the RCTs was that their findings "consistently demonstrated strong effect sizes and other positive statistical results that far exceed chance after relatively few treatment sessions" (Feinstein, 2012, p. 14). Investigations in more than a dozen countries by independent research teams all produced similar results.

Of particular note were three studies—with survivors of genocide or of physical abuse—in which PTSD scores dropped from well above to well below clinical PTSD cutoffs on self-inventories or caregiver inventories for a majority of participants after a *single* treatment session (Church, Piña, Reategui, & Brooks, 2011; Connolly & Sakai, 2011; Sakai, Connolly, & Oas, 2010). Sustained improvement was found at one year (Sakai et al., 2010) and two years (Connolly & Sakai, 2011). These single-session PTSD studies corroborated earlier field reports of successful single-session PTSD treatments with more than three hundred disaster survivors (described in Feinstein, 2012). The 51 papers reviewed presented statistically significant evidence regarding nine conditions that responded favorably to energy psychology treatments. In addition to PTSD, these included phobias, specific anxieties, generalized anxiety, depression, weight control, physical pain, physical illness, and athletic performance.

These findings, corroborated by the APA's decision, add the tapping of acupoints to mindfulness meditation (Shapiro, Carlson, Astin, & Freedman, 2006) and bilateral stimulation (Benish, Imel, & Wampold, 2008) as unconventional evidence-based treatments whose mechanisms of action are less than clear but whose effectiveness appears worthy of attention by practicing clinicians. For further information, visit the ACEP website at <http://www.energypsych.org>.

## References

Benish, S. G., Imel, Z. E., & Wampold, B. E. (2008). The relative efficacy of bona fide psychotherapies for treating post-traumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review, 28*, 746-758.

- Church, D., Piña, O., Reategui, C., & Brooks, A. (2011). Single session reduction of the intensity of traumatic memories in abused adolescents after EFT: A randomized controlled pilot study. *Traumatology, 18*, 73-79. doi:10.1177/1534765611426788
- 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.
- Fang, J., Jin, Z., Wang, Y., Li, K., Kong, J., Nixon, E. E., Hui, K. K.-S. (2009). The salient characteristics of the central effects of acupuncture needling: Limbic-paralimbic-neocortical network modulation. *Human Brain Mapping, 30*, 1196–1206.
- 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. doi:10.1037/a0021171
- Feinstein, D. (2012). Acupoint stimulation in treating psychological disorders: Evidence of efficacy. *Review of General Psychology*. Advance online publication. doi:[10.1037/a0028602](https://doi.org/10.1037/a0028602)
- Hui, K. K.-S., Liu, J., Marina, O., Napadow, V., Haselgrove, C., Kwong, K. K., Makris, N. (2005). The integrated response of the human cerebro-cerebellar and limbic systems to acupuncture stimulation at ST 36 as evidenced by fMRI. *NeuroImage, 27*, 479–496.
- Murray, B. (1999). APA no longer approves CE sponsorship for Thought Field Therapy. *APA Monitor, 30* (11), 5.
- Sakai, C. S., Connolly, S. M., & Oas, P. (2010). Treatment of PTSD in Rwandan genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health, 12*(1), 41-50.
- Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology, 62*, 373–386. doi: 10.1002/jclp.20237
- Truthout* interview: The American Psychological Association is blocking the most effective treatments for PTSD. (2010). *The Free Library*. Retrieved from <http://www.thefreelibrary.com>
- Zhang Y, Feng B, Xie JP, Xu FZ, Chen J. (2011). Clinical study on treatment of the earthquake-caused post-traumatic stress disorder by cognitive-behavior therapy and acupoint stimulation. *Journal of Traditional Chinese Medicine, 31*, 60-63. doi: 10.1016/S0254-6272(11)60014-9

