RUNNING HEAD: Comment on Feinstein

Some Comments on "Energy Psychology: A Review of the Evidence": Premature Conclusions Based on Incomplete Evidence?

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Abstract

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.

Some Comments on "Energy Psychology: A Review of the Evidence": Premature Conclusions based on Incomplete Evidence?

A recent article titled, *Energy Psychology: A Review of the Evidence* and published in this journal (Feinstein, 2008) described the use of a type of unconventional psychotherapies, collectively known as energy psychology (EP), that involve having clients provide self-stimulation, usually in the form of finger tapping, humming tunes, or counting aloud, while imagining traumatic or other unpleasant memories, thoughts, or feelings. Body tapping is said to be targeting various meridian points located on the human body, sites similar to those said to be involved in the placement of acupuncture needles. It is claimed that EP is capable of producing rapid and durable improvement for various psychological disorders such as specific and social phobias, agoraphobia, posttraumatic stress disorder, as well as physical problems and brain wave abnormalities. Feinstein provided a review of anecdotes, case studies, observations, and nomothetic studies which seemingly supported the conclusion that these treatments collectively meet the Division 12-established evidentiary threshold to be labeled as a 'probably efficacious treatment' and that "…energy psychology holds promise as a rapid and potent treatment for a range of psychological conditions" (Feinstein, 2008, p. 1999). We applaud Feinstein's willingness to examine the evidentiary basis of EP and fully agree with him regarding the importance of doing so. However, given our familiarity with EP and its related literature, we noticed a number of omissions and other problems with this review that we wish to convey to readers of the journal.

Feinstein structured the review to include several levels of evidence, ranging from anecdotal reports to randomized controlled trials (RCTs). Systematic reviews of research evidence should describe a replicable and transparent search methodology, including key words,

databases, years searched, and inclusionary and exclusionary criteria, in order for a particular study to be cited or omitted (Petticrew & Roberts, 2006). Also, cited information found in the so-called gray-literature (unpublished reports, conference proceedings, websites, etc.) should also have clear details provided as to how such references were originally obtained and the decision rules employed to determine how they are used. Feinstein failed to describe his search methodology, and this gives rise to the possibility of selective bias operating in deciding what studies to report.

Some important studies were omitted from the review, including an RCT by Waite and Holder (2003) on participants with fears or phobias. This study contained a treatment condition for a form of EP called Emotional Freedom Technique (EFT), along with two sham placebo control conditions and a no treatment control condition. The two sham conditions consisted of tapping on non-EFT treatment points and tapping on a doll. No significant differences were found between the EFT treatment and the two sham conditions. Tapping on a doll can in no way be construed as a legitimate therapy, given the theory of EP (applying 'energy' to specific and crucially selected body points, in order to balance energy meridians or disrupted energy fields thus far not detected by science), and equivalence between tapping on a doll versus tapping on one's own body would suggest that any possible therapeutic effects could be more reasonably be construed as the result of placebo influences or elements it has in common with standard exposure therapy, rather than the assumed realigning of invisible energies crucial to mental health. Feinstein (2005) had cited the Waite and Holder (2003) study in an earlier commentary, so we know he was aware of it.

Also not cited was another RCT (Pignotti, 2005), the only placebo-controlled RCT ever published on a form of EP known as Thought Field Therapy. Here it was found that having

clients tap with 'legitimate' diagnosed sequences of meridian points using the most advanced level of TFT, the proprietary Voice Technology (VT) produced positive effects no different than having them tap with randomly selected sequences requiring no specialized methods, thereby falsifying the claims of TFT proponents. Feinstein's (2008) omission of two RCTs that appeared in a peer-reviewed mental health journal, with conclusions that did not support the findings of his paper suggests that his report fell short of being a comprehensive and systematic review of all relevant literature evaluating the effects of EP. Both the Waite and Holder (2003) and Pignotti (2005) studies can be legitimately criticized, but a proper systematic review would have cited them and included relevant details, and provided a clear rationale for accepting or rejecting their findings. Readers of Feinstein's (2008) review could be lead to believe that EP is supported by two RCTs dealing with two separate conditions (weight problems and specific phobia) with positive results. In reality, when considered collectively, there are at least four RCTs, two with null results regarding the treatment's outcomes and putative mechanisms of action.

There were some other omissions that revealed inconsistencies in the review. For example, in October 2001, an entire issue of the *Journal of Clinical Psychology* was devoted to TFT (a form of EP reviewed in Feinstein, 2008), publishing five articles that were *not* peer reviewed, with critical reviews published alongside each article. Feinstein chose to include only one such outcome study in his review. Feinstein (2008) cited the critique by McNally (2001) on another EP paper in this special issue, but failed to discuss the criticisms leveled by Lohr (2001) that directly addressed the Sakai et al. (2001) article Feinstein chose to include. Additionally, even though Feinstein (2008) included several unpublished studies and one report that was based only on a personal communication (from the 'gray literature), there are other unpublished or non-

peer-reviewed studies he did not include (e.g. Carbonell's 1995 controlled study on TFT and acrophobia).

Additionally, Feinstein (2008) erred in the classification of the Carbonell and Figley (1999) clinical demonstration as an RCT. Therapists in the study were allowed to reject clients considered inappropriate for a particular approach and assignment was done by convenience and thus, not random. The authors explicitly stated that the study was not intended to test the efficacy of the approaches, nor was it intended to compare the four approaches. Moreover, no statistical testing for significance were conducted so, the statement Feinstein made about significant differences between treatments is unwarranted.

Feinstein correctly pointed out that there have been a large number of anecdotal reports of successes of EP on the internet and he noted some limitations of anecdotal evidence. Nevertheless, we challenge his assertion that

> . . .when reports coming in large numbers from a range of sources quite removed from the method's originators are consistently corroborating one another, a different level of evidence may be accumulating. Strong anecdotal validation of EP is being offered in a wide variety of settings by second, third, and fourth generation practitioners, as contrasted with the method's developers, who are characteristically biased in evaluating their own approach (p. 202).

Multiple anecdotes do not increase the strength of the evidence and thus the statement that a different level of evidence "may be accumulating" is not warranted. In fact, when large numbers of people come together in the types of organizations and internet discussion groups he describes, this may only increase the enthusiasm and high expectancy for EP. There are numerous examples of highly popular therapies supported primarily on the basis of clinical anecdotes that were later discredited by higher quality research evidence. Examples of such treatments include phrenology (Bakan, 1966), Mesmerism (McNally,

1999), facilitated communication (Romanczyk, Arnstein, Soorya & Gillis, 2003) and therapeutic touch (Rosa, Rosa, Sarner, & Barnett, 1998). Like the originators and initial proponents of any new treatment, next-generation EP practitioners are not immune to bias, as they too may be financially benefiting from the practice and promotion of these therapies and any reports based upon clinical experience can be subject to confirmation biases (Meehl, 1997).

Although the websites promoting EP approaches mention mainly anecdotal successes, there have been a number of anecdotal reports elsewhere of treatment failures following EP (e.g., Gaudiano & Herbert, 2000; Hooke, 1998; Pignotti, 2007; Rogers, 2000). Although Feinstein includes anecdotes in treating survivors of Hurricane Katrina, another anecdotal interview with a survivor who was treated with TFT reveals that the therapy did not work for her and she blamed herself for this 'failure' (Spiegel, 2006). Since it is possible that a dissatisfied client of EP would simply not return for more therapy rather than let the therapist know and few would come forward publicly, it is likely that positive anecdotal reports on EP are over-represented. Several generations of professional psychologists have been educated in the scientific-practitioner model and have been correctly taught that the plural of anecdote is not data.

We also take issue with the manner in which the controversy surrounding EP was portrayed as a gate keeping issue. For example, a critical review (McNally, 2001) was described by Feinstein as a "scathing commentary" (p. 201). Had McNally's substantive criticisms of the study he was critiquing (e.g. reporting only successful cases, lack of controls for expectancy and other nonspecific effects, using inappropriate measures) been summarized, it would have become readily apparent why he reached the critical conclusions quoted by Feinstein. The gist of the criticism surrounding EP pertains to premature and unwarranted claims based mostly on anecdotes and uncontrolled case reports (Gaudiano & Herbert, 2000; Hooke, 1998), not on any desire by members of the 'establishment' to exclude newly developed but effective psychological treatments. The intention is not to

dismiss novel therapies out of hand, but rather to point out that the burden of proof for extraordinary claims rests with the claimant (Lilienfeld, Lynn & Lohr, 2003).

In response to Feinstein's opinion that EFT and TAT now qualify to be classified as a probably efficacious treatment, this may not necessarily be the case. In a clarification on APA Division 12 procedures for classifying treatments, Chambless et al. (1998) have noted that they consider all evidence and

> When the evidence for a particular treatment is mixed, the reviewer is charged with determining whether the clear preponderance of the evidence is positive. If not, we choose to err on the side of caution by not listing the treatment (p. 4).

Although it is legitimate to offer an opinion, the ultimate determination of whether a given psychotherapy meets the Division 12 standards to be classified as an empirically supported treatment requires more than simply locating two published RCTs with favorable results. Also included in the Division 12 criteria are factors such as the quality of the studies, the interventions must be delivered using treatment manuals, the characteristics of the study samples must be clearly specified, the studies must have adequate statistical power, that the experimental treatment is either superior to a pill or psychological placebo, or to an already established treatment (Nathan & Gorman, 1998). Several of the positive studies cited by Feinstein used outcome measures that are quite labile and highly subject to placebo influences, demand characteristics, and expectancy effects (e.g., SUDs or subjective units of distress; visual analog scales). Due consideration of factors such as treatment fidelity, the quality of outcome measures, and the equivalent credibility of active and placebo treatments, would go into any determination of a given psychotherapy as empirically-supported. Feinstein (2008) also failed to include any measures of effect sizes when reporting studies, an increasingly

important consideration when preparing systematic reviews. Lastly we note that designating a treatment as empirically supported is a function of a Division 12-appointed committee of psychologists with solid records in clinical research. It is not the prerogative on an individual (Klonsky, 2008). We note this out of concern that the publication of a statement of such an opinion may be taken by those who are uninformed about the process as an official declaration of EP as empirically supported when it is not.

Finally, we have concerns about a lack of transparency regarding a possible conflict of interest. Feinstein did not disclose in a footnote to his paper that he and his wife have a business that sells books, tapes, and seminars on EP (see http://www.innersource.net/). Just as drug companies have the obligation to disclose their involvement in clinical trials or reviews of evidence for pharmacological treatments, authors of other therapies should also disclose their financial affiliations in professional articles they author (see American Psychological Association, 2001. p. 29).

In terms of future research that may provide a better quality of evidence for EP, Herbert & Gaudiano (2005) recommended that RCTs for EP employ placebo tapping points and sequences and pointed out that "because the energy therapies make such specific and potentially falsifiable claims regarding the putative mechanism of action in their treatments, a trial using any lesser methodology than a single- or double-blind trial is largely uninformative" (p. 896). They further note that the Waite and Holder (2003) design was an improvement over that of Wells and his colleagues (2003) who used diaphragmatic breathing as a control condition, rather than a placebo condition with sham points. Thus, future researchers of EP would do well to consider using control groups with sham points, along with a wait-list control group to control for non-specific treatment effects and standardized assessment measures.

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