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The efficacy of acupoint stimulation in the treatment of psychological distress: A meta-analysis

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ABSTRACT

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.

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Emotional Freedom Techniques (EFT) fall into the Energy Psychology modality and have its origin in Thought Field Therapy (TFT) developed by Roger Callahan in the 70s (Callahan, 1985; Callahan & Callahan, 1996; Feinstein, 2012). TFT postulates that thoughts associated with emotional problems are based in a thought field and become perturbations which correspond to meridian points on the body. To eliminate the emotional pathology, the individual must tap the exact meridian point in a precise sequence (Algorithm). It is thought that this process will unblock or balance the energy flow thereby removing the perturbations (Dietrich et al., 2000; Lukoff, 2012). A variant protocol of Callahan's early formulation was developed by Gary Craig and is used as the standard treatment manual for EFT (Craig, 2011). The protocol requires the person to recall the traumatic event, use a spoken affirmation, for example “Even though I have this fear of dogs, I deeply and completely accept myself”, and tap acupuncture points on the body.

EFT has been used in outpatient settings to treat a range of disorders. This includes addictions (Sparks, 2002), PTSD (Church, Piña, Reategui, & Brooks, 2011; Karatzias et al., 2011), chronic pain (Bougea et al., 2013; Brattberg, 2008) and anxiety (Irgens, Dammen, Nysæter, & Hoffart, 2012). It has also been used to treat habit problems such as weight gain (Sojcher, Gould-Fogerite, & Perlman, 2012) The number of EFT sessions delivered ranges from one (Church et al., 2011) to eight (Stapleton, Sheldon, & Porter, 2012).

EFT has been controversial due to its proponent's claims of speed, durability, effectiveness, and mechanism of action, in the treatment of multiple psychological disorders (Callahan, 2001; Coelho, 2007; Devilly, 2005; Feinstein, 2012; Gaudiano, Brown, & Miller, 2012; Lohr, 2001; McCaslin, 2009; Moritz et al., 2011; Pignotti, 2007; Pignotti & Thyer, 2009; Rosen & Davison, 2001). These claims have been made despite questionable empirical support.

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The most recent review, by Feinstein (2012), focussed on "Acupoint Stimulation in Treating Psychological Disorders". Feinstein conducted a literature search, identifying 51 peer-reviewed papers up to April 2012. The studies reviewed investigated clinical outcomes following the tapping of acupuncture points, to address a range of psychological disorders including, depression, anxiety, specific phobias and somatoform disorders. A number of studies in the review also examined the use of EFT to enhance sports performance. Of the 51 studies, a total of 18 met the criteria of randomized controlled trials. Feinstein concluded that all 18 studies reported positive outcomes on at least one clinical measure and that "effect sizes were large in 15 of 16 studies" in which effect size was calculated (Feinstein, 2012). However the review did not test the significance of the effect sizes or use statistical methods to synthesize the data.

The present study is a meta-analysis of all RCTs on EFT identified in our systematic literature search. The aim was to examine the effect of EFT, in particular acupoint stimulation, in the treatment of psychological distress. More specifically, this study seeks to establish if EFT is more efficacious in relieving a person's psychological distress than comparison treatments or no treatment controls.

1. Method

1.1. Literature search

Literature searches were conducted in Medline, PsycINFO, PsycArticles, ProQuest, and Science Direct databases. The search was conducted in April 2013 and spanned the previous 30 years. In addition, reference papers from the articles that were retrieved were also sought. Search terms used were Energy Psychology, Thought Field Therapy, Emotional Freedom Techniques, acupoint tapping, acupoint stimulation, acupuncture point tapping, acupuncture point stimulation, psychological disorder, and randomised outcome or randomized outcome or controlled study. Additional articles were identified by reviewing the research category of the Association for Comprehensive Energy Psychology (ACEP) website and the Energy Psychology Journal. Personal contact was also made with an accredited trainer in Thought Field Therapy to identify any in press articles. Finally a systematic review of the literature by Feinstein (Feinstein, 2012) was used to cross reference any articles identified in the search and to locate any not yet identified that were published up until March 2013.

1.2. Inclusion criteria

We aimed to assess randomised control trials published in peer reviewed journals that involved treatment of a psychological disorder or psychological distress. The aim of the search was not to restrict the population to any specific type of disorder or distress but to include as many studies as possible that used the intervention of interest. Thus whether the study had participants with a formal diagnosis of PTSD or depression or any disorder they were included. If the study involved psychological distress that was insufficient to meet diagnostic criteria for a formal diagnosis or this was not assessed formally the study was still included. In terms of intervention any study that reported EFT, Thought Field Therapy, acupoint tapping or stimulation, were included. In terms of comparisons the search was not restricted to a comparison intervention of a particular type rather as long as there was a comparison group whether a waitlist control or an active intervention group the study was included. Given the heterogeneity of the studies included, outcome scores were calculated using the measures reported in the included studies.

1.3. Exclusion criteria

Studies were excluded if they did not randomly assign participants to treatment or if they did not contain a comparison group (either a no treatment control or another type of intervention). Furthermore studies were excluded if the intervention did not target psychological distress or a disorder. Examples of the latter were excluding studies where the intervention attempted to improve sport performance.

1.4. Quality of included studies

The validity of the included studies was assessed against the Gold Standard (GS) Scale for Post-Traumatic Stress Disorder (PTSD) treatment outcome research (Table 1), adapted from Foa & Meadows (Foa & Meadows, 1997) by Maxfield & Hyer (Maxfield & Hyer, 2002). This was used because it is an established scale and can be used to study a wide variety of psychological disorders. The included studies were rated on this scale by two Clinical Psychology post graduate students and each study was evaluated and discussed until a consensus was reached.

1.5. Analyses

For each study, Hedge's g (standardized mean difference) was calculated by subtracting (at post-test) the mean score of the control group from the mean score of the experimental group and dividing the result by the pooled standard deviations of the experimental and control group. Effect sizes of 0.80 and higher are regarded as large, while effect sizes of 0.50–0.80 are moderate, and lower effect sizes are considered small (Cohen, 1998). Hedge's g is considered to provide a better estimate of effect size compared to Cohen's d when the sample sizes are small (Grissom, 2010).

The two authors separately calculated effect size data from each study and discrepancies were evaluated and discussed until consensus was reached. Where means and standard deviations were not available in the study (Jones, Thornton, & Andrews,

Table 1
Gold Standard (GS) Scale adapted from Foa and Meadows (1997) by Maxfield and Hyer (2002).

GS#1 Clearly defined target symptoms.
0: no clear diagnosis, symptoms not clearly defined
0.5: not all subjects with a psychological disorder, clear defined symptoms
1: all subjects with psychological disorder
GS#2 Reliable and valid measures.
0: did not use reliable and valid measures
0.5: measures used inadequate to measure change
1: reliable, valid, and adequate measures
GS#3 Use of blind independent assessor.
0: assessor was therapist
0.5: assessor was not blind
1: assessor was blind and independent
GS#4 Assessor reliability
0: no training in administration of instruments used in the study
0.5: training in administration of instruments used in the study
1: training with performance supervision, or reliability checks
GS#5 Manualized, replicable, specific treatment.
0: treatment was not replicable or specific
1: treatment followed a training manual, Craig, 2011
GS#6 Unbiased assignment to treatment.
0: assignment not randomized
0.5: only one therapist, OR other semi-randomized designs
1: unbiased assignment to treatment
GS#7 Treatment adherence
0: treatment fidelity poor
0.5: treatment fidelity unknown, or variable
1: treatment fidelity checked & adequate

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