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## **Research into Energy Psychology**

In the autumn of 2008 I approached Professor Edzard Ernst, Department of Complementary Medicine at the Universities of Exeter and Plymouth to discuss research into complementary therapies. After attending the 14<sup>th</sup> Annual Symposium on Complementary Medicine and joining in on a workshop targeted at therapists, I realised that conducting research was a complex process. Fuelled by enthusiasm and curiosity, I volunteered and was accepted into the team to carry out research.

### **1. Research in general**

**Oxford Dictionary definition** - Research is the systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions.

#### **Positive research results can:**

- help practitioners like yourselves to provide references for your clients/patients;
- inform the medical profession;
- lead to the introduction of new practices into the NHS and other medical organisations to treat symptoms;
- treatments can be included in health insurance policies.

#### **Negative research results can:**

- Undermine a treatment or therapy;
- Show that it is dangerous for health;
- Show that it doesn't work;
- Fuel sceptics' attacks on CAM - Quack therapies etc;
- Be excluded from being adopted by the NHS and other medical organisations.

Both can hit the headlines, misinform the public and generate angry responses!

## 2. Research definitions

**Energy Based Medicine** - you may have heard much in the media about Evidence Based Medicine (EBM) which:

- aims to apply the best available evidence gained from the scientific method to clinical decision making;
- seeks to assess the strength of evidence of the risks and benefits of treatments (including lack of treatment) and diagnostic tests
- seeks to clarify those parts of medical practice that are in principle subject to scientific methods and to apply these methods to ensure the best prediction of outcomes in medical treatment
- utilises two main types of research to come to conclusions on interventions, (whether they are pills, surgical procedures or complementary therapy interventions) which are quantitative and qualitative research methods;
- is based on the quality of the quantitative and qualitative research results;
- recognizes that many aspects of health care depend on individual factors such as quality and value-of-life judgments, which are only partially subject to scientific methods

EBM is being adopted by more and more professionals working within health care. This is good for both the healthcare workers and the patient/clients but much work has still to be done to ensure that the best treatments are gained.

For those not familiar with the differences between the different types of research, here is a quick summary.

### Quantitative research

- is concerned with counting and measuring things;
- producing in particular, estimates of averages and differences between groups (e.g. blood pressure of patients treated with two different drugs);
- examples of this type of research are:
  - clinical trials like random controlled trials (RCTs),
  - cross over studies,
  - double blind clinical trials,
  - surveys and questionnaires

## Qualitative research

- has its roots in social science;
- concerns itself with understanding why people behave as they do i.e. their attitudes, beliefs, fears, etc. (e.g., why do patients prefer to be involved in decision-making about their treatment?)
- examples of this type of research are:
  - focus groups
  - direct observation
  - in-depth interviews
  - diary keeping
  - role play and stimulation
  - case studies

## Primary research

This type of research uses either the quantitative or qualitative research methods shown above.

## Secondary research

This type of research provides an overview of primary research. Two examples of this are:-

- the **systematic review** which analyse primary research to a rigorous and predefined methodology;
- **meta-analysis** which integrates the numerical data from more than one study

## Hierarchy of evidence in descending order

- **Systematic reviews and meta-analyses**
- **Random controlled trials** - most commonly used in testing the safety (or more specifically, information about adverse drug reactions and adverse effects of other treatments)
- **Cohort studies** - two or more groups of people are selected on the basis of differences in their exposure to a particular agent such as a vaccine, medicine or an environmental toxin and followed up to see how many in each group develop a particular disease or outcome. Follow up is usually measured in years and no treatment is given
- **Case-control studies** - patients with a particular disease or condition are matched with controls. Data are then collected by searching back through these people's health history on past exposure to a causal agent for the disease. Like cohort studies, case-control studies look at the cause of the disease but not its treatment. Examples: Does whooping cough vaccine

cause brain damage? Do overhead power cables cause leukaemia

- **Cross-over trial** - a trial where two groups of patients receive two treatments in a different sequence. This ensures that both receive a treatment - however you lose the control group so have no on-going base line.
- **Cross-sectional surveys** - general questions 'half of all cases of diabetes are undiagnosed'. To find the answer a diagnostic test would be taken on a representative sample of the population
- **Case reports** - describes the medical history of a single patient in the form of a story. Weak scientific evidence but contains a great deal of information which would be lost in a clinical trial or survey.
- **Anecdotal evidence** - refers anecdotal evidence from individuals' personal experience. It may be true but it is seen as unreliable owing to cases being cherry-picked or otherwise unrepresentative of typical cases. However, it is considered evidence and can lead to the development of pilot trials to explore the effects of a treatment.

### 3. Reasons why I was interested in learning more about research

- I like finding things out;
- We all know EP and in particular, EFT, works;
- There is a perceived gap between our experience of using EFT and supporting research;
- The press and media have been unsupportive of our claims;
- The scientific community doesn't like anecdotal evidence;
- High levels of frustration amongst practitioners about the scientific view point;
- I didn't know much about research and its methods;
- I felt that my earlier scientific background may be useful in helping me to understand research.

### 4. How I got involved

- I was appointed an Honorary Research Fellow by the University of Plymouth and assigned to work alongside two other researchers in the unit;
- the unit only conducts secondary research i.e., research of other people's research;
- I agreed with the other two researchers to conduct a systematic review of energy psychology (EP) which would include EFT, TFT, TAT;
- It was a steep learning curve as I had to replace my therapy head with a scientific one - that was quite challenging at times!

## 5. What is involved in carrying out the Systematic Review?

The process of conducting the systematic review into Energy Psychology (EP) involved the following steps:-

- conducting an initial search of scientific databases to see if any research existed for EP;
- writing a research protocol to define the basis and criteria of what I would analyse in depth;
- on completing the protocol the following databases were searched for papers to match the research protocol criteria, e.g. Medline, PsychInfo, Amed and other sources of research, professional bodies, associations and EP organisations;
- sifting through all search results to identify potential papers to include in the study;
- only Random Control Trial evidence was included and all other forms of research excluded
- obtaining the papers which met the criteria, examining them to decide if they matched the protocol;
- from the included papers data like the number of participants, where they were recruited, randomisation, intervention used, control groups, sham treatment used, outcome measures and results were extracted;
- the methodological quality of each paper was studied against a list of standard items such as how were the participants randomised, who was blinded, was a power calculation carried out, were drop outs mentioned and reasons given, was there a follow-up, outcome measures, results;
- tables showing the methodological quality and results from each paper were created;
- I am currently writing up the findings of the systematic review which showed positive results for EP and in particular EFT. The paper is broken down into the following format:-
  - Abstract - details of research
  - Background - what was being studied
  - Objective - to determine whether EP works

- Methods - how I went about identifying the papers to be included - in other words, my protocol
- Discussion - where the results of the papers are explored, what could have been included in particular papers, flaws, and conclusions
- Conclusion - summing up of the effectiveness of EP

## 6. What's next?

- I aim to have the systematic review completed by the spring for Submission to publishers for printing - this can take some time as many papers are rejected;
- work with the EFT research group to design a protocol for conducting a piece of primary research into EFT using existing scientifically verified questionnaires such as MYMOP and/or a lifestyle questionnaire (such as one called SF36 or CORE);
- draft the protocol for this research for discussion and input from the EFT research group and get feedback from the University on its robustness;
- roll it out nationally for use with our clients to gather information on how they feel before and after their treatment;
- to work alongside others to submit quality research to NICE for their next review of treatments for PTSD in 2014.

## 7. Conclusion

From analysing the papers, there was evidence that EFT was effective but more research is needed. Fortunately new research is emerging such as the Scottish study last year and although it too has methodological flaws, it still shows EFT to have a positive effect.

On research itself, I am very much more aware of the complexity of what is involved in exploring even the simplest research idea and looking forward to getting involved in the primary research project.

I learned that many trials could have been carried out better and that by excluding key pieces of information in the final written paper, can lead to its findings being undermined.

I now take the headlines with a pinch of salt until I find out who the 'Scientists' are behind the headlines and source the facts.

And finally, I used this recently acquired questioning to challenge the Cancer Research Website for a comment about aloe vera causing thyroid

problems which was based on one case report for one patient. Hardly statistically significant!

So don't be scared to ask more questions!

## 8. References

Papers studied in my systematic review to date - this does not include the recent Scottish study or further RCTs I may have to include before the systematic review is completed.

**Brattberg, G. M. (2008).** Self-administered EFT (Emotional Freedom Technique) in individuals with fibromyalgia: a randomised trial. *Integrative Medicine: A Clinician's Journal*

**Church D. (2009)** Psychological Trauma in Veterans using EFT (Emotional Freedom Techniques): A Randomized Controlled Trial

**Church D. (2009)** The Effect of EFT (Emotional Freedom Technique) on Athletic Performance: A Randomised Controlled Blind Trial

**Elder, C., Ritenbaugh, C., Mist, S., Aickin, M., Schneider, J., Zwickey, H, Elmer, P.** Randomized Trial of Two Mindon-Body Interventions for Weight-Loss Maintenance, *The Journal of Alternative and Complementary Medicine.* (2007, Jan), Vol 13, No. 1 : 67-78

**Johnson, C. Shala, M, Sejdija, X., Odell, R., Dabishevci, K. (2001) (1991)** Thought Field Therapy- soothing bad moments of Kosovo. *Journal of Clinical Psychology*, 57 (10), 1237-1240.

**Schoninger, B (2010)** Changes on Self-report Measures of Public Speaking Anxiety Following Treatment with Thought Field Therapy

**Sezgin, N and Özcan, B.** The Effect of Progressive Muscular Relaxation and Emotional Freedom Techniques on Test Anxiety in High School Students: A Randomised Controlled Trial, *Energy Psychology* 1:1 November 2009

**Wells, S.; Polglase, K.; Andrews, H.B.; Carrington, P.; Baker, H.A.** Evaluation of a meridian-based intervention, Emotional Freedom Techniques (EFT) for Reducing Specific Phobias of Small Animals *Journal of Clinical Psychology*, 2003 Vol. 59 (9), p943-966

**Baker, H.A., Siegel, L.S. (2010)** Emotional Freedom Techniques (EFT) Reduces Intense Fears: A partial replication and extension of Wells, Polglase, Andrews, Carrington & Baker (2003)