

# New Age and Related Novel Unsupported Therapies in Mental Health Practice

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Over 10 years have elapsed since the publication of the chapter on this topic in the first edition of this book (Singer & Nievod, 2003). In crafting the second edition of this chapter, we have reflected on the question of how the promotion and use of New Age type therapies by mental health professionals have changed over the past decade. As the promotion on the Internet of these therapies, accompanied by unsupported claims, appears to be more aggressive than ever, some of these therapies have worked their way into mainstream mental health practice, seminars, and journals, resulting in disturbing trends that we will be discussing. Although 10 years ago such therapies were practiced by those on the fringes of the profession, for some of these therapies this appears no longer to be the case.

Now more than ever, many New Age therapies can be classified as pseudoscientific, because they often take on the superficial appearance of legitimate science, when they are anything but. There is little or no more evidence for their claimed theoretical basis (e.g., the body's "energy system") than there ever was; yet some therapies based on unsupported theories are claiming to be research-based and to meet the standards of Division 12 (Society of Clinical Psychology) of the American Psychological Association for a research-supported treatment (Feinstein, 2008, 2012).

In this chapter, we continue the conversation begun by Singer and Nievod (2003) on professional accountability with regard to these types of therapies, as a basis for their evaluation. Recovered memory therapies

(RMTs) and the overdiagnosis of dissociative identify disorder (DID) were discussed in the previous edition of this chapter (see also Lilienfeld & Lynn, Chapter 5, and Lynn, Krackow, Loftus, Locke, & Lilienfeld, Chapter 8, this volume), and we will update these topics. Although the RMTs and their proponents underwent crushing legal defeats during the 1990s, DID remains in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). Such therapies, though typically couched in more cautious language by their proponents, continue in various forms including “parts work,” a type of therapy that deals with identifying, labeling, and exploring alleged “parts” of an individual’s personality and does not necessarily require a diagnosis of DID. Parts work is also used in such empirically unsupported practices as neurolinguistic programming (NLP).

In this chapter, we also review some of the changes and developments that have occurred in the continuing saga of New Age and other related novel, unsupported therapies. More constructively, we propose what might be done to place psychotherapies on a firmer scientific footing. Rather than attempt to catalogue all forms that these therapies take, which would require several volumes, we use energy psychology/Thought Field Therapy and some of the newer variants of RMT and DID therapy/parts work as exemplars, and discuss the key trends we have observed in clinical practice, education and continuing education of therapists, advertising and promotion, professional journals, and the legal arena.

## **NEW AGE AND NOVEL UNSUPPORTED THERAPIES**

The term “New Age” is a vague, umbrella term that subsumes a number of nontraditional belief systems associated with unconventional mystical practices and therapies. Originally, the term referred to an astrological belief that society is undergoing a paradigm shift from the Piscean to the Aquarian Age (Ferguson, 1980). The New Age movement means many different things to different people. In the previous edition of this book, Singer and Nievod (2003) provided the following as examples, among others: beliefs in extraterrestrials abducting people and then repressing their memory of the event; belief in reincarnation; and the belief that trauma, including birth trauma, is the cause of all psychological problems and that one can regress people to trauma that occurred in infancy and past lives to eliminate psychological problems.

We would add that a belief that the body has an invisible energy system that contains meridians and chakras is an increasingly popular belief system held by many New Age adherents. Although the term “New Age” brings to mind stereotypes of eccentric people, this is not necessarily the case when it comes to modern proponents of such therapies, who may not hold the associated mystical New Age belief systems. Some advocates of New Age psychotherapies may engage in such practices for more pragmatic

reasons. One recent survey of mental health professionals found that the most common reason for using such therapies was apparent success with them in their clinical experience (Pignotti & Thyer, 2012). Of course, client improvement or anecdotes alone are a weak evidentiary reed. To determine if a therapy is effective, it is necessary to show that a given treatment, New Age or not, yields better results compared with no treatment or a credible placebo treatment. Many client conditions, physical or emotional, are self-limiting, and often clients report or experience improvement to reduce cognitive dissonance or to please the therapist, or in response to the strong but subtle social psychological pressures that they report benefits from treatment.

Not all proponents of energy therapies, RMT, or parts work identify themselves as New Agers. Accordingly, to avoid getting sidetracked into debates over semantics and labels that seem to inflame, rather than engage in a thoughtful discussion of important issues at hand, we (Pignotti & Thyer, 2009a) have coined a more neutral term: novel unsupported therapies (NUSTs; Pignotti & Thyer, 2012). Our intention in critically examining these approaches is not to attack or malign either the therapists using them or the clients receiving them. Indeed, one of us (Pignotti) was once an advanced practitioner of Thought Field Therapy and a close associate of its founder (see Pignotti, 2007, for a detailed account). The other author, Thyer, received counseling as a teenager from a New Age-style practitioner who connected him to a Mathison electropsychometer, developed by a chiropractor, Volney Mathison, who was a proponent of L. Ron Hubbard's Dianetics. The device was a precursor to Hubbard's E-meter, used in Scientology auditing sessions, a pseudoscientific form of psychotherapy (Mathison, 1954). In his teens Thyer was also active with a New Age organization called Concept-Therapy (Fleet, 1997; Wolff, 1968; [www.concept-therapy.org](http://www.concept-therapy.org)). Although both of us left these groups many years ago, we believe that our earlier involvement in these approaches provides us with a useful perspective on how persuasive they can be to therapists and clients alike. Our intent is to provide readers with a better understanding of why mental health professionals are attracted to such interventions and how scientific thinking can improve treatment efficacy and minimize the risk of iatrogenic (harmful) treatment effects.

## **A Select History of New Age Thinking**

The American Transcendentalist Ralph Waldo Emerson said, "Once you make a decision, the universe conspires to make it happen." This quote captures the essence of New Age thinking—the belief that by concentrating one's thoughts, one can cause changes in the physical world in accordance with one's affirmations and visualizations. This magical belief system has probably been around as long as humanity and became formalized in a movement called New Thought in the latter part of the 19th century.

Although the New Thought movement was an amalgam of religious and pseudoscientific beliefs, we focus on those aspects of New Thought concerned with how the mind can supposedly influence one's health and physical environment.

In his 1902 book, *The Varieties of Religious Experience*, American philosopher William James termed the movement "Mind-Cure," which held that one's ailments, physical and mental, were caused by false beliefs and could be counteracted by correct beliefs, affirmations, and visualization exercises. In 1906, William Atkinson published his influential book *Thought Vibration or the Law of Attraction in the Thought*, which contains such statements as:

- "We close our eyes to the mighty law that draws to us the things we desire or fear that makes or mars our lives."
- "When we think we send out vibrations of a fine ethereal substance, which are as real as the vibrations manifesting light. . . . That these vibrations are not evident to our five senses is no proof that they do not exist."
- "We are sending out thoughts of greater or less intensity all the time, and we are reaping the results of such thoughts. Not only do our thoughts influence ourselves and others, but they have a drawing power—they attract to us the thoughts of others, things, circumstances, 'luck,' in accord with the character of the thought uppermost in our minds." (cf. <http://gitacademy.tripod.com/GodsInTraining/ThoughtVibration.htm>)

New Thought and Mind Cure held that thinking, affirmations, and visualizations can actually create changes in the physical world. These movements further posited a pseudoscientific mechanism in which energy vibrations created in the brain produce these changes. For a simple example, if you wish to meet someone, concentrate on this desire and it will come true. Popular magazines such as *New Thought* and *Mind Cure* enjoyed wide circulation among the general public in the early 20th century. New Thought differs from traditional prayer in that prayer is usually directed to God/Jesus/Saints, requests are made for some form of intercession (e.g., healing, a change in the weather or wealth), and the "mechanism" is clearly religious or theologically based. In the New Thought and New Age traditions, in contrast, the mind/brain is said to generate vibrations or waves that can cause things to happen to oneself and in the outside world. This assertion possesses the patina of scientific legitimacy, despite the fact that the subtle type of brain vibrations postulated by New Thought has never been detected, and controlled experiments demonstrating that New Thought techniques actually improve one's health or changing the physical world appear to be lacking.

In 1920 the French psychologist Emile Coué published *Self-mastery*

through *Conscious Autosuggestion*, and Coueism became popular as a form of mantra recitation and therapy. At the beginning and end of every day, the client was to recite the phrase “Every day in every way, I am getting better and better.” Coué claimed organic improvements in mood, attitude, and emotions, and he even stated that physical disease could be brought about though his methods. Later variations on this theme developed in the middle of the last century include Norman Vincent Peale’s (1952) *The Power of Positive Thinking* and Napoleon Hill’s (1937) *Think and Grow Rich*. More recently, the claim that thinking can create physical and mental health, and bring riches and other benefits was the centerpiece of the best-selling book *The Secret* (Byrne, 2006), which spawned a movie spinoff, additional books, and a television show. *The Secret*’s author, Rhonda Byrne, freely acknowledged that her inspiration came from the 1910 book *The Science of Getting Rich* by Wallace Wattles, itself a product of New Thought.

In the 1960s, the beliefs of New Thought and Mind Cure became amalgamated in the mystical hodgepodge called New Age. One contemporary practitioner noted that New Age workshops, seminars, and techniques had become big business: “The potential of the New Age movement . . . is a blurring of the lines between mystical and psychotherapeutic approaches, in which both systems become practiced in a more holistic way” (Fleischer, 2013, p. 3).

In the 1960s, parapsychologist Jose Silva developed the Silva Mind Control Method, a structured form of meditation involving affirmations and visualization that exemplifies many of the features of a New Age therapy ([www.silvamindebodyhealing.com/lpv](http://www.silvamindebodyhealing.com/lpv)). The Silva mind control method became widely used and remains commercially available today. In the 1940s, Dr. Thurman Fleet of San Antonio, Texas, started a related movement, Concept-Therapy (see Fleet, 1997; Wolff, 1968). The continuation and commercial success of these New Age movements for over 50 years attest to their enduring appeal. Today, the Internet has enabled such therapies to be promoted and adopted by professionals more easily than ever. For example, the pseudoscientific treatment called the emotional freedom technique (EFT) links itself with the New Thought and New Age doctrine broadly called the “Law of Attraction.” The Kindle book titled *Attract Abundance Now with EFT and the Law of Attraction* (Look, 2011) makes the following grandiose claims:

By combining Law of Attraction exercises with the cutting-edge energy tool EFT (commonly referred to as “tapping”) your energy must change—and you will quickly become a vibrational match to prosperity and success in all areas of your life . . . you will be able to raise your vibration dramatically and become an energetic match to exceptional success in all areas of your life—health, wealth and professional as well as personal relationships.

In this quote we see the invocation of “vibrations,” changing one’s personal vibration to attract wealth and health, and the melding of the Law of Attraction with the body tapping methods associated with some forms of energy psychology therapies.

For reasons that are unclear, psychotherapists specializing in trauma may be especially susceptible to the lure of New Age interventions. In a study of licensed clinical social workers (Pignotti & Thyer, 2012), we found that therapists specializing in trauma were three times more likely to practice NUSTs than were therapists with other specialties. Hence, we focus our discussion mainly on trauma therapies, with the caveat that some of these approaches are also sometimes marketed for a wide variety of psychological and physical problems. We begin with a discussion of how the practice of DID therapy and parts work has evolved over the past decade.

## **RMT, DID THERAPY, AND PARTS WORK**

Some of the practices Singer and Nievod (2003) describe, particularly those practices used as part of RMT and DID treatment, have resulted in numerous lawsuits stemming from their potential iatrogenic effects. Several of these lawsuits have resulted in multimillion dollar judgments or settlements and loss or suspension of licensure for therapists (Grove & Barden, 1999). In an *amicus curiae* (friends of the court) brief, Harvard Psychology Professor Richard J. McNally noted, “The notion that traumatic events can be repressed and later recovered is the most pernicious bit of folklore ever to infect psychology and psychiatry. It has provided the theoretical basis for ‘recovered memory therapy’—the worst catastrophe to befall the mental health field since the lobotomy era” (2006, p. 9).

In recent years, RMT therapies appear to have undergone a metamorphosis, resulting in a host of new untested alphabet therapies (therapies known by their acronyms) aimed at trauma survivors and practiced by a vocal minority of mental health practitioners who identify themselves as trauma specialists. In a recent handbook, clinical social worker Robin Shapiro (2010) described a panoply of such therapies that she termed an “alphabet soup” (p. 3) for which she provided a special acronym page following the table of contents. Not only did Shapiro present such untested therapies uncritically, but she also presented misinformation regarding therapies for trauma that boast the highest degree of support. For example, she claimed that exposure-based therapies for trauma make people worse, whereas the novel therapeutic approaches she described are superior. These assertions were based on clinical experience and anecdotes rather than research evidence. In the Introduction, Shapiro stated that “research is beyond the scope of most of this book” (p. 4); subsequent chapters bear this out, as most of the book is based on clinical anecdotes and descriptions rather than empirical data. Some of the NUSTs featured in Shapiro’s volume include somatic

experiencing therapy (SE), sensorimotor psychotherapy (SP), somatic transformation, the specific trauma techniques of David Calof (a major and controversial figure in 1990s RMT), energy psychology, dyadic developmental psychotherapy (DDP), brainspotting and experiential integration, reenactment protocol, neurofeedback, and such parts work therapies as ego state therapy and internal family systems (IFS).

“Parts work” and controversial trauma therapy also figure prominently in a lawsuit. Between November 2001 and December 2012, four former patients of Castlewood Treatment Center, a residential treatment center for eating disorders, sued the center and its director for the induction of false memories involving trauma related to sexual and satanic abuse, and for the implantation of multiple personalities and diagnoses of DID (Nasseff, 2011; Taylor, 2012; Thompson, 2012; Travers, 2012). The four lawsuits contain similar allegations and resulted in confidential settlement agreements sealed by the court. The allegations that the therapist used hypnosis to create false memories of abuse, including the patients’ belief that they were part of a satanic cult, as set forth in the complaints, bear similarities to the RMT cases of the 1990s. The therapist and the Castlewood Treatment Center have denied all charges.

An examination of Castlewood Treatment Center’s website ([www.castlewoodtc.com/about/lifs-model](http://www.castlewoodtc.com/about/lifs-model)) reveals that it uses an eclectic array of trauma therapies, including IFS (Schwartz, 1995), a therapy that involves “parts” work that is used with clients with DID as well as clients with other diagnoses. IFS proposes that patients with a history of complex trauma (trauma that occurs over an extended period of time that involves multiple instances) develop subpersonalities of patients with DID and other conditions to cope with highly aversive events. IFS works with those proposed subpersonalities, the goal being to uncover and empower the real Self, which invariably is said to have only positive qualities. Any negative qualities are attributed to parts that need to be worked with. IFS, when successful, is said to result in an individual who is Self-led. Self, with a capital S, refers to a presumably completely healthy and wise part of a person’s psyche. The goal of this therapy is to have this part be in charge of the individual’s life and the other “parts.”

Although IFS purports to be based on systems theory, the work of Sigmund Freud, and psychosynthesis (Assagioli, 1965), it fits what Singer and Nievod (2003) describe as New Age therapy goals of transformation and purification. The IFS “Self” is said to be untainted and healthy and to possess compassionate leadership qualities, once the subpersonalities or parts created by the person’s abusive past are dealt with in therapy. It would seem that in IFS therapy, a simple statement by a client that she is feeling sad, angry, or fearful about something would be reframed by the therapist as the doings of a “part” that needs to be treated, rather than the client’s true “Self.”

In an apparently unpublished paper, posted on Castlewood’s website

(Schwartz, Schwartz, & Galperin, n.d.), the authors admit, “Unfortunately, no well-constructed outcome studies testing the IFS model and methods have been completed,” and they maintain that “the best evidence of IFS is from empirical observations in the clinician’s office” (pp. 7–8). The authors assert that “until the results of these studies are in, skeptical clinicians are left to test these assertions within their own practices” (p. 8). This claim is concerning, given the vulnerability of the population this therapy targets (e.g., clients with eating disorders) and the potential for iatrogenic effects of this untested therapy, such as possible identity confusion and fragmentation of personality, as well as encouraging the recovery of potentially false memories, allegedly repressed by the “parts.”

Nevertheless, this lack of evidence has not prevented IFS from marketing expensive training to mental health professionals. According to brochures on the main IFS website (see [www.selfleadership.org](http://www.selfleadership.org)), the training consists of three levels, which together cost \$7,400. IFS also offers annual conferences (Internal Family Systems, 2011). One of the sessions led by a psychiatrist, entitled “Who’s Taking What: The Integration of Psychopharmacology and Internal Family Systems,” stated, “Therapists will learn how to work with parts in making medication decisions” (p. 9) and instructed participants on which medications work best for which “parts.” It is troubling that medication is apparently being prescribed for “parts” in ways that have not been tested in randomized controlled trials.

## RECOVERED MEMORY OF ABDUCTION BY ALIENS

In the version of this chapter in this book’s first edition (Singer & Nievod, 2003), the authors discussed recovered memory of alien abductions. The authors presented a case study of a woman who with hypnosis came to believe that she had been abducted and sexually abused by aliens. Moreover, she concluded that this trauma was the cause of her presenting back pain problems. Over the past decade, a team of researchers (McNally et al., 2004) used script-driven imagery to examine the psychophysiological responses of people who had recovered memories of alien abduction. Selection of a highly improbable experience, namely, abduction by aliens, is an ethical and internally valid way to answer the question of whether people recover clearly false memories and experience the physiological responses and intense emotional responses associated with them.

Using newspaper ads, McNally and his colleagues recruited participants who believed they had recovered memories of being abducted by aliens (“abductees”) and compared this group with a group of control participants who did not report such memories. Abductees prepared scripts of their memories and then listened to them, while their psychophysiological responses were recorded. Control group participants listened to tapes in which the abductees of the same sex and age described their experiences.



The two groups were also administered a battery of psychological tests. Participants in the abductees group scored significantly higher on measures of dissociation, absorption, and magical ideation than participants in the control group. Abductees also experienced greater physiological reactivity to the scripts compared with those in the control group, as well as heightened self-reported emotional responses. The abductees group displayed the kinds of physiological responses (e.g., increased heart rate and skin conductance) that people with verifiable trauma, such as war trauma, had displayed in other studies. This study counters the arguments made by RMT proponents that their memories must be true because they evoked vivid emotions and strong physiological responses, as it demonstrates that individuals with memories that are almost certainly false can also display such reactivity.

## **ENERGY PSYCHOLOGY AND THOUGHT FIELD THERAPY**

Thought Field Therapy (TFT; Callahan & Trubo, 2001), a treatment developed by psychologist Roger Callahan, employs stimulation, usually by finger tapping, on purported acupressure points on the body. This procedure is performed while the client focuses on an emotionally disturbing issue, such as a traumatic event and/or its repercussions or fear. The early development of TFT began in the late 1970s when Callahan studied a chiropractic muscle testing technique called applied kinesiology, which he incorporated into TFT as an assessment technique. Callahan called this technique “causal diagnosis” and claimed that unlike conventional diagnoses used in mental health (e.g., standard DSM-5 diagnoses), his form of diagnosis addresses the root cause of all psychological problems, which he believes to be perturbations (i.e., energy disturbances). Callahan borrowed concepts from physics such as perturbation, field, and isomorphism, frequently citing physicist David Bohm (Bohm & Hiley, 1993). However, there is no credible evidence for such a human energy system or for perturbations. Because TFT displays the hallmark characteristics of pseudoscience, it is sometimes used as an exemplar of pseudoscientific practice (Herbert & Gaudiano, 2000).

As Singer and Nievod (2003) observed, the American Psychological Association had denied continuing education credits for TFT in the 1990s (Murray, 1999). They quoted Lilienfeld and Lohr’s (2000, p. 5) optimistic statement that “these two recent actions herald a shift away from a laissez-faire approach to psychotherapeutic practice and toward heightened clinician accountability.” This optimism appears to have been unwarranted.

In November 2012, the American Psychological Association reversed its position and approved the Association for Comprehensive Energy Psychology as a provider to offer training seminars in these therapies. Energy psychology is said to comprise a larger body of meridian tapping therapies

that include TFT and its many offshoots, the best known being emotional freedom techniques (EFT). One of the authors of this chapter (Thyer) served on the American Psychological Association's Continuing Education Committee when this latest request for approved provider status was slated to again come before the Continuing Education Committee for review and a determination was to be made. The Association for Comprehensive Energy Psychology contacted the American Psychological Association staff of the Continuing Education Committee to request that Thyer be recused from discussing their application, as he had written an article critical of the theory and practice of energy psychology (Pignotti & Thyer, 2009a). Thyer left the room for 20 minutes while the Association for Comprehensive Energy Psychology provider application was discussed. Upon his return, Thyer learned to his dismay that the Association for Comprehensive Energy Psychology had been approved as an American Psychological Association-endorsed provider of continuing education for psychologists. The Association for Comprehensive Energy Psychology is now providing training in energy psychology-based therapies, and licensed psychologists are acquiring skills in these methods, which produce effects essentially equivalent to placebo treatments (Pignotti & Thyer, 2009b).

An examination of the American Psychological Association's criteria for granting CE credits (American Psychological Association, 2009) provides some insight into how this decision may have been made. The American Psychological Association's (2012) *Standards and Criteria for Approval of Sponsors of Continuing Education* (American Psychological Association, 2012) describes four ways in which a CE provider can be approved by the American Psychological Association. One is by demonstrating that the methods taught are broadly accepted by the psychological practice, educational, or scientific communities. A second is that the content is supported by credible research; a third way is to demonstrate that the content is supported by peer-reviewed, noncommercial professional publications; and a fourth way is that the proposed content is related to professional ethical, legal, statutory, or regulatory issues impacting psychology.

Program content needs to meet only one of these standards, and because significant numbers of psychologists do practice some of these therapies, the first criterion was met. Also, some proponents of these approaches have created their own professional journals, which technically meets the third standard related to peer-reviewed publications.

The Association for Comprehensive Energy Psychology application is apparently not the first time the American Psychological Association has approved a provider of continuing education for psychologists who offer New Age therapies. The Kripalu Center for Yoga and Health, located in Stockbridge, Massachusetts, claims to be an American Psychological Association-approved provider of CE for psychologists (<http://kripalu.org/cecredits>). As we prepared this chapter, the Kripalu Center was advertising CE programming for psychologists on topics such as "Manage Your Mood

with LifeForce Yoga: I Am Bliss and So Are You (6 hours of CE),” “The Wise and Loving Heart: Meditation for Freedom and Compassion Everywhere (23.5 CE),” “Creating on Purpose: Manifesting through the Chakras (22 CE),” and “Seven Windows to the Soul: Transformation Through the Chakras (7 CE).” The last two programs are taught by a self-proclaimed pagan priestess. Here is how this workshop is described:

This workshop will introduce you to the experience of the seven sacred energy centers, or chakras, that spin at the core of your being, generating your life patterns and physical health. Combining yoga and bioenergetic exercises with guided meditations, partner work, breath, sound, art, and dynamic discussions of chakra principles, you will gain valuable tools for self-diagnosis and healing of common energetic blocks.

Other continuing education programs approved for psychology continuing education at the Kripalu Center include “Breath–Body–Mind Level 1 Training for Transformation and Well-Being (10.5 CE),” “Energy Medicine: A Hands-on Experience (8.5 CE),” “Mind Whispering: A New Path to Freedom from Self-Defeating Emotional Habits (8.5 CE),” and “LifeForce Yoga and Internal Family Systems for Your Anxious Parts (8.5 CE).” This listing reflects the New Age integration of the secular (energy medicine) and the religious (yoga is derived from the Hindu religion). Professional psychologists can fulfill licensed-mandated CE requirements by taking such courses that are increasingly presented to the public as a legitimate form of psychotherapy.

Institutions of higher learning are also offering courses in TFT, EFT, and other meridian therapies. For example, the top-ranked School of Social Work at the University of Michigan, from which both authors of this chapter graduated, has offered a 2-day mini-course that included an uncritical presentation of EFT and other questionable therapies (Pignotti, 2007; see [www.ssw.umich.edu/shared/course\\_outlines/20065/bs790-002s06-1.pdf](http://www.ssw.umich.edu/shared/course_outlines/20065/bs790-002s06-1.pdf)). More recently, the reputable SUNY Buffalo School of Social Work announced on its Career Development webpage (see [www.socialwork.buffalo.edu/conted/trainings-buffalo.asp](http://www.socialwork.buffalo.edu/conted/trainings-buffalo.asp)) that in November 2012 it sponsored training course in another energy therapy, Reiki, entitled “Reiki I Certification: Using Energy Work in Human Service Practice.” Reiki postulates the existence of a universal energy unknown to science and thus far undetectable surrounding the human body, which practitioners can learn to manipulate using their hands. Through use of both soft touch and touchless techniques, the goal is to restore a client’s physical and mental health. Learning objectives for this continuing education program involves learning about Reiki energy, learning to experience and use this energy, and providing Reiki therapy to clients (School of Social Work, State University of New York, Buffalo, 2012, p. 3).

In 2012, another top-ranked school of social work program at SUNY

Albany accepted a \$15,000 grant from the Association for Comprehensive Energy Psychology and the Global Gateway Foundation to conduct uncontrolled research on an EFT intervention, directed toward older adults who have developed PTSD following a heart attack. Of even greater concern is the fact that the website for the SUNY Albany School of Social Welfare includes unsupported claims about EFT: It maintains that EFT “calms the limbic structures of the brain” and is “grounded in neuroscience research” (see [www.albany.edu/ssw\\_eneews/30924.php](http://www.albany.edu/ssw_eneews/30924.php)).

Proponents of energy psychology are also making forays into peer-reviewed publications. Two favorable reviews were published in American Psychological Association journals, authored by psychologist David Feinstein (2008, 2012), a proponent of energy psychology. It is important to examine these reviews carefully because (1) unlike many of the studies, these reviews were published in high-impact American Psychological Association journals and (2) they purport to be accurate summaries of all the research on energy psychology (i.e., tapping therapies) to date and, as such, can be cited to imply that these practices are “evidence based” or “proven.”

In his initial review, Feinstein (2008) claimed that energy psychology met the American Psychological Association’s Division 12 criteria for a probably efficacious therapy for specific phobias and for weight loss. We (Pignotti & Thyer, 2009b) challenged a number of his claims, noting that his review omitted two randomized controlled studies (Pignotti, 2005; Waite & Holder, 2003) using sham control treatments that had produced null results and that Feinstein had only included reviews with favorable results. Also, he classified one study as a randomized controlled trial when it was only a clinical demonstration (Carbonell & Figley, 1999) that did not employ random assignment or formal tests of statistical significance. Because Feinstein did not clearly describe how he searched the literature, readers had no way of knowing the method he used to retrieve studies, including his inclusion and exclusion criteria. Moreover, we took issue with Feinstein’s claims that energy psychology meets the American Psychological Association’s criteria for an empirically supported treatment, due to flaws in the study methodology that we will discuss later in this chapter.

McCaslin (2009) also published a critique of Feinstein’s (2008) review, noting a number of serious flaws in the research Feinstein had adduced in support of his claim that energy psychology is empirically supported. In one of the studies (Elder et al., 2007), there was no indication that dropouts were accounted for, nor were statistical outliers analyzed. The authors of the study reported that the treatment showed benefit over the control, but the results were not statistically significant. Also, McCaslin contacted the authors and found that participants had been allowed to come and go from the study as they pleased.

In his rejoinder to Pignotti and Thyer (2009) and McCaslin (2009), Feinstein (2009) asserted that the two controlled studies that had produced null results (Pignotti, 2005; Waite & Holder, 2005) actually provided

support for the therapies being tested. Waite and Holder's study included an EFT treatment group and three control groups: a group that received sham (not supposedly treatment-specific) acupressure points, a sham treatment group that tapped on an inanimate object (a doll), and a no treatment control group. The researchers found no statistically significant differences between the EFT treatment group and the two sham treatment control groups, although all three differed significantly from the no treatment group. Moreover, Feinstein attributed the null findings between treatment and sham controls to the possibility that acupressure points in the fingertips were stimulated during the sham treatment, when participants were asked to tap on a doll rather than their bodies. This explanation amounts to an ad hoc maneuver common to many pseudoscientific claims.

Feinstein also attempted to reverse the burden of proof, maintaining that Pignotti (2005) had not provided any evidence that nonspecific treatment effects could account for a 97% success rate. The study tested an advanced form of TFT known as voice technology (VT) by randomly assigning participants to a group that received actual VT or to a group that received a sham treatment (Pignotti, 2005). There were no significant differences between the "real" TFT treatment and the sham control group who received "fake" TFT. Hence, it is reasonable to conclude that nonspecific rather than specific treatment effects of VT were responsible for the statistically significant changes in participants' subjective distress. The burden of proof is on the claimant to show that TFT VT has specific treatment effects, not on the researcher to show that nonspecific treatment effects could have produced these changes. The fact that there were no differences between the VT and the sham treatment implies that something other than the treatment (e.g., nonspecific treatment effects, desire to please the therapist) could be responsible for the participants' positive self-reported changes or that another mechanism (e.g., exposure) could be responsible.

More recently, Feinstein (2012) published another review of energy psychology in an American Psychological Association journal in which he identified 18 randomized controlled trials and again claimed that energy psychology meets the American Psychological Association criteria for a research-supported treatment for posttraumatic stress disorder and other anxiety-based conditions. Nevertheless, the control group for 10 of the studies was a wait-list/no treatment condition, which does not rule out placebo effects or other nonspecific factors. Other studies used control conditions consisting of relaxation, diaphragmatic breathing, an inspirational talk by a coach, and supportive therapy, none of which directly control for the putative mechanism of action of the treatment, which involves the stimulation of specified acupressure points. Additionally, some of the studies were "in press" and unavailable for independent review.

The only study that compared two energy therapies with an active, empirically supported treatment (cognitive-behavioral therapy) for treating test anxiety included only five participants in each group. This limited the

ability to conduct an adequate statistical analysis. The only two studies included in the review that employed sham points or sequences (Pignotti, 2005; Waite & Holder, 2003) yielded null results, as previously discussed. Herbert and Gaudio (2005) noted that these types of therapies are exceptions to the rule that double-blind studies cannot be conducted in psychotherapy and that a study could easily be designed, employing sham tapping points, in which both therapist and client are blind to the treatment condition. They further observed that “a trial using any lesser methodology than a single- or double-blind trial is largely uninformative” (p. 896). We agree that this is the case with the studies of lesser methodology adduced in support of TFT and EFT in Feinstein’s review.

## CONCLUSIONS

Feinstein (2012) provides some quotes illustrating the close link between New Age therapies and energy psychology, the injudicious amalgamation of legitimate science with mysticism:

“energy healing practitioners believe they are also working with energies that involve a ‘subtle’ dimension that is not easily detected or measured” (p. 63). “Three subtle energy systems that may be addressed by energy psychology interventions: (a) energy pathways, such as ‘meridians’; (b) energy centers such as ‘chakras’; and (c) the energy field surrounding the body, known scientifically as the ‘biofield’ or in healing and spiritual traditions as the ‘aura’ ” (p. 63). “Energy psychology interventions are believed to produce shifts in the energy systems that code psychological information, particularly the meridians, the chakras, and the biofield that surrounds the body” (p. 75).

Currently, conventional science has yet to validate the core principles of New Age psychotherapies—the idea that thoughts can influence one’s external environment, the existence of subtle energies and fields—or of meridians, acupuncture points, chakras, auras, or of the ability of some psychotherapists to reliably detect these constructs. The default assertion of New Age therapists is that because completely effective, inexpensive, and widely available treatments are not available for all client problems, they are justified in applying their unsubstantiated psychotherapies to clients. Here we invoke a principle of the Declaration of Helsinki of the World Medical Association (see [www.wma.net/en/30publications/10policies/b3](http://www.wma.net/en/30publications/10policies/b3)) as providing some possible ethical guidelines in this area. Specifically:

35. In the treatment of a patient, where proven interventions do not exist or have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorized representative, may use an unproven intervention if in the physician’s judgment it

offers hope of saving life, re-establishing health or alleviating suffering. Where possible, this intervention should be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information should be recorded and, where appropriate, made publicly available.

We do not believe that the vast majority of the instances in which New Age or other NUSTs are applied by psychotherapists are consistent with the Helsinki Declaration's principle of providing informed consent, or of conducting research on the intervention's safety and efficacy. It is rare that the books, training workshops, CDs, or DVDs advertising training in these treatments, or offering them to the public as legitimate therapies, include a disclaimer along the lines of "The treatment being promoted lacks an adequate scientific evidence that it is an effective therapy. It is offered solely on the basis of the psychologist's clinical judgment, intuition, and personal beliefs."

Recall the confident assertion of one mental health professional who claimed, "I am a sensitive observer, and my conclusion is that a vast majority of my patients get better as opposed to worse after treatment." This professional was a psychiatrist who provided crude lobotomies on the brains of persons with mental illness during the 1950s (cf. Dawes, 1994, p. 48). It is now evident that prefrontal lobotomies are an ineffective treatment for persons with mental illness and in many instances are seriously injurious (Valenstein, 1986).

Here are some laudable ethical principles drawn from the field of medicine:

The following general guidelines are offered to serve physicians when they are called upon to decide among treatments:

- (1) Treatments which have no medical indication and offer no possible benefit to the patient *should not be used*.
- (2) *Treatments which have been determined scientifically to be invalid should not be used.* (American Medical Association, 2012; emphasis in original. Retrieved March 27, 2013, from [www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page?](http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page?))

Offering a New Age or other NUST to a client, when the psychologist is aware that the proffered treatment lacks credible scientific evidence of its effectiveness, and when other psychosocial or medical interventions with a stronger evidentiary foundation exist, raises troubling ethical questions. We suggest that the ethical standards of the American Psychological Association and related professional organizations be amended to require full informed consent, especially when a practitioner wishes to provide an intervention lacking in empirical support, including New Age and many experimental treatments.

Dante claimed that false counselors were fated to reside in the eighth

circle of hell, with their heads on backwards, so they could only walk in reverse. We know of no empirical evidence to support Dante's conclusions, and we hope he is incorrect. However, his vision has as much support as do many of the claims made by the purveyors of New Age therapies. Perhaps some circumspection is in order.

## GLOSSARY

**Emotional freedom technique (EFT):** An offshoot of TFT, developed by Gary Craig, a student of Roger Callahan, that is similar to TFT but differs in that the sequence of the treatment points is not believed to matter (see *also* Thought Field Therapy).

**Energy psychology or energy therapies or meridian therapies:** Interchangeable terms denoting any of a number of therapies that posit the existence of invisible energy fields surrounding the human body and an energy meridian system similar to that posited by proponents of acupuncture, which are said to influence a person's physical or mental health. Supposed misalignments in these fields are said to be correctable in various ways, such as tapping body points, touching, stimulation with weak electrical currents or laser pointers, or placing the therapist's hand on the meridian points.

**New Age:** An umbrella term used to describe nontraditional belief systems associated with unconventional mystical practices and therapies.

**Novel unsupported therapies (NUSTs):** Newly developed psychotherapies that either are under-researched or have been fairly well researched and shown not to be helpful, beyond placebo influences, yet make unsupported claims in their promotions for their efficacy and/or superiority over well-tested approaches.

**Parts work:** A term used to describe a number of different therapies (e.g., ego state therapy, internal family systems, transactional analysis) that are based on the belief that the human personality consists of multiple parts. This type of therapy is premised on the belief that it is therapeutic to address and deal with these parts as if they were separate entities.

**Reiki:** A form of energy therapy in which practitioners believe they can learn to manipulate the claimed human energy field by using their hands, with both soft touch and touchless techniques, as a means of restoring a client's physical and mental health.

**Thought Field Therapy (TFT):** A nontraditional form of therapy developed by psychologist Roger Callahan that employs finger tapping on specified points on the body in specific sequences while thinking the problem being addressed. It is claimed to rapidly address and cure a variety of psychological and physical problems.

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