Are Energy Therapies Supported by Randomized, Placebo-Controlled Trials? A Systematic Review

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Introduction

• Therapeutic Touch and Healing Touch are complementary, energy-based treatments. They are based on the premises that (1) illness is a result of “a disruption of the flow of energy surrounding a person’s being” and (2) re-patterning the energy field facilitates health (Mengten, 2001, p. 145).
• During an energy intervention, practitioners hover their hands just above the patient’s body, purportedly adjusting and balancing the energy field via the flow of healing energy through their hands.
• Healing Touch and Therapeutic Touch are promoted in the nursing curriculum at UWEC and at universities nationwide.
• Proponents of these interventions claim myriad benefits, such as pain relief, accelerated wound healing, reduced anxiety, and improved immune system functioning (Fazzino et al., 2010).
• However, peer-reviewed, controlled studies have shown that human energy fields are not systematically measurable or detectable, even by trained energy therapy practitioners (Rosa et al., 1998).
• Further, multiple previous reviews of the studies that have examined these practices have concluded that the research attempting to support the validity of these interventions is fraught with methodological errors, such as small sample size, lack of appropriate control groups, and subjective rather than objective outcome measures (Anderson & Taylor, 2011; Peters, 1999; Robinson et al., 2007).
• We conducted a review of recently published papers (2010-2016) to determine if the quality of the research has improved, and if high-quality studies support the efficacy of Therapeutic Touch and Healing Touch.

Study Selection

• During the 2016-2017 academic year, the 31 empirical articles were coded independently by three raters on three critical elements of methodological integrity (searched MEDLINE, references section searches, and empirical tests of TT/HT or for the 57 papers we found, just nine involved a rigorous, well-designed test of the claim that practitioners can facilitate healing through intentional patterning or “smoothing” of a yet-undetectable energy field (Rosa et al., 1998). We categorized these studies as well-designed because they (1) did not involve touch, and (2) addressed the possibility of placebo effects by blinding participants to their treatment condition (e.g., by using infants or conducting the treatment while patients slept) or by including a placebo or “mimic” group.

Quality Assessment Process

• Of the 31 empirical articles, 13 did not involve touch. Of those, nine addressed the possibility of placebo effects either by blinding patients to condition or by using a mimic/sham intervention; thus, those nine studies were characterized as well-designed.

• During an energy intervention, practitioners hover their hands just above the patient’s body, purportedly adjusting and balancing the energy field via the flow of healing energy through their hands.

Quality Assessment

- Empirical (n=26)
- Non-Empirical (n=26)
- Does Not Involve Touch (n=13)
- Involves Touch (n=18)
- Includes Blind/Placebo (n=9)
- Does Not Include Blind/Placebo (n=26)

Results

- Results Did Not Support TT/HT (n=4)
- Mixed Results (n=4)
- Results Supported TT/HT (n=1)

• At UWEC and many universities worldwide, class time and resources are devoted to energy therapies such as Therapeutic Touch and Healing Touch. We are not suggesting that complementary therapies in general are ineffective; however, we are opposed to researchers’ claims that their evidence supports energy therapy in particular if their effects may actually be a product of physical touch, relaxation, or hope inspired by a caring and well-intentioned practitioner.

Implications

• Previous reviews of the empirical literature on Healing Touch and Therapeutic Touch (e.g., Anderson & Taylor, 2011) have called for more rigorous tests of these energy therapies before the medical establishment can conclude that they are evidence-based practices.
• Review of the literature published since then shows that the quality of the research has not improved. Of the 57 papers we found, just nine involved a rigorous, well-designed test of the claim that practitioners can facilitate healing through intentional patterning or “smoothing” of a yet-undetectable energy field (Rosa et al., 1998). We categorized these studies as well-designed because they (1) did not involve touch, and (2) addressed the possibility of placebo effects by blinding participants to their treatment condition (e.g., by using infants or conducting the treatment while patients slept) or by including a placebo or “mimic” group.

References

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